



REHABILITATION HOSPITAL
— OF THE PACIFIC —

Rebuilding Lives Together

State of Hawaii
Community Health Needs Assessment

September 2016



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Executive Summary

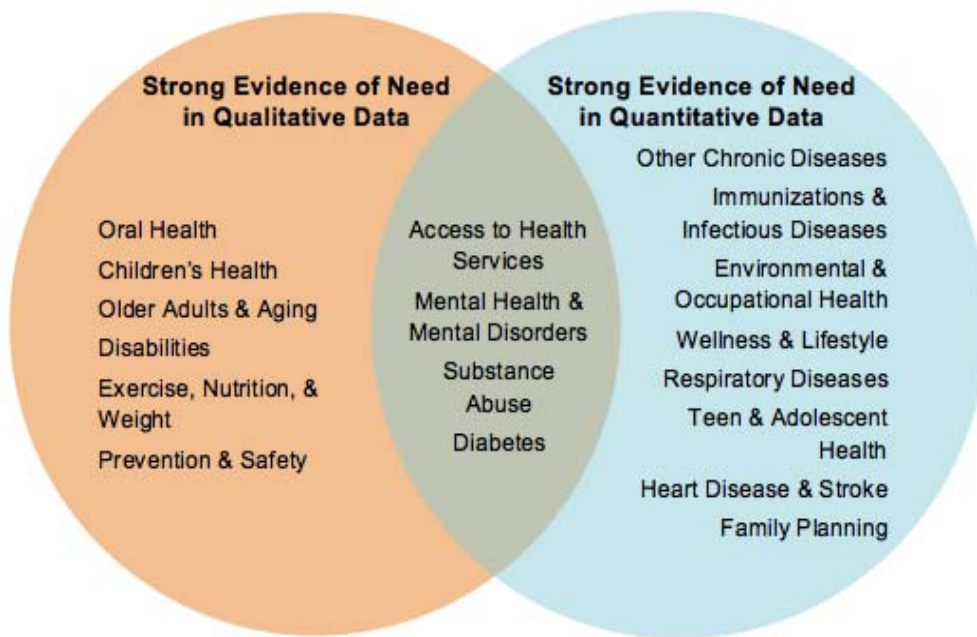
Introduction

The Healthcare Association of Hawaii and its member hospitals are pleased to present the 2015-2016 State of Hawaii Community Health Needs Assessment (CHNA). This CHNA report was developed through a collaborative process and provides an overview of the health needs in Hawaii. The Healthcare Association of Hawaii partnered with Healthy Communities Institute to conduct the CHNA for Hawaii.

The goal of this report is to offer a meaningful understanding of the health needs across the state, as well as to guide the hospitals in their community benefit planning efforts and development of implementation strategies to address prioritized needs. The report provides a foundation for working collaboratively with Hawaii stakeholders to improve health. Special attention has been given to identify health disparities, needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Although this report focuses on needs, community assets and the *aloha* spirit support expanded community health improvement.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of quantitative data (over 400 secondary data indicators) and in-depth qualitative data from key community health leaders and experts from the Hawaii Department of Public Health and other organizations that serve and represent vulnerable populations and/or populations with unmet health needs.



The most severe health needs, based on the overlap between quantitative data (indicators) and qualitative data (interviews), include Access to Health Services, Mental Health & Mental Disorders, Substance Abuse, and Diabetes. Other significant health needs are based on strong evidence from either quantitative or qualitative data, and span a range of topic areas.

Though Hawaii as a state experiences better overall health, well-being, and economic vitality compared to most states in the U.S., major themes emerged from the health needs:

- **Access to Care:** Hawaii has a significant need in healthcare access across many areas of care, especially primary care, mental health, substance abuse, and oral health.
- **Chronic Diseases:** Many are at-risk for developing chronic disease due to poor nutrition and low physical activity, and those who have any chronic health issue also experience poor health outcomes from both inadequate management of and the burden of the illness.
- **Environmental Health & Respiratory Diseases:** Hawaii residents are exposed to poor air quality and experience high burdens of asthma, especially in children five and younger. Tuberculosis is another concern.
- **Mental Health & Health Risk Behaviors:** Poor preventive care and access to care in mental health exacerbates the burden of mental health disorders in Hawaii residents. In addition, several poor health outcomes could be averted through behavioral changes, from increasing condom use and vaccination rates to improving safety education and sleep habits.
- **Women’s, Infant, & Reproductive Health:** Poor birth outcomes are another area of concern in Hawaii due to substance abuse among pregnant women and poor access to healthcare.
- **Highly Impacted Populations:** The cross-cutting major themes are even more acute in certain geographical areas and subpopulation groups. These highly impacted populations tend to experience poorer health status, higher socioeconomic need, and/or cultural and linguistic barriers. For the highly impacted populations, a focus on the social determinants of health in addition to topic specific needs is likely to lead to the most improvement in health status.

Geographies with High Socioeconomic Need

Kau district, Hawaii County
Puna district, Hawaii County
Molokai Island, Maui County
Leeward Oahu, Honolulu County

Subpopulation Groups of High Need

Native Hawaiian	Pacific Islander	Filipino	Children, teens, and adolescents	Older adults
Low-income populations	Rural communities	People with disabilities	Homeless population	People from Micronesian regions*

**This is intended to be a respectful reference that includes, but is not limited to, individuals from Micronesian states, Marshall Islands, Palau, Nauru, and other islands in the region. These individuals may have come to Hawaii through a Compact of Free Association agreement and may be provided healthcare benefits.*



The isolation of many subpopulations and geographies presents spatial and/or cultural/social challenges leading to the recommendations to increase the continuity of care and leverage telemedicine.

Opportunities to prevent and intervene early with mental health issues, substance abuse, and the development of chronic disease are needed.

Upstream interventions to address the determinants of health are important for all health improvement approaches, but especially crucial for the highest-need geographies and populations that experience the greatest health inequities. Together, Hawaii hospitals and health stakeholders are working towards a community where safety, wellness, and community support exist for all residents.

Selected Priority Areas

Together, the Healthcare Association of Hawaii (HAH) member hospitals prioritized the areas of need for the state. The top ranked priority was Access to Health Services.

Next, each hospital conducted an independent prioritization of need to determine their facility-specific priorities. Rehabilitation Hospital of the Pacific (REHAB) has selected the following priority areas:

- Disabilities
- Heart Disease and Stroke

1 Introduction

1.1 Summary of CHNA Report Objectives and Context

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

1.1.1 Healthcare Association of Hawaii

HAH is the unifying voice of Hawaii’s healthcare providers and an authoritative and respected leader in shaping Hawaii’s healthcare policy. Founded in 1939, HAH represents the state’s hospitals, nursing facilities, assisted living facilities, home health agencies, hospices, durable medical equipment suppliers, and other healthcare providers who employ about 20,000 people in Hawaii. HAH works with committed partners and stakeholders to establish a more equitable, sustainable healthcare system driven to improve quality, efficiency, and effectiveness for patients and communities.

1.1.2 Member Hospitals

Fifteen Hawaii hospitals,¹ located across the state, participated in the CHNA project:

- [Castle Medical Center](#)
- [Sutter Health Kahi Mohala Behavioral Health](#)
- [Kaiser Permanente Medical Center](#)
- [Kapiolani Medical Center for Women & Children](#)
- [Kuakini Medical Center](#)
- [Molokai General Hospital](#)
- [North Hawaii Community Hospital](#)
- [Pali Momi Medical Center](#)
- [Rehabilitation Hospital of the Pacific](#)
- [Shriners Hospitals for Children - Honolulu](#)
- [Straub Clinic & Hospital](#)
- [The Queen’s Medical Center](#)
- [The Queen’s Medical Center – West Oahu](#)
- [Wahiawa General Hospital](#)
- [Wilcox Memorial Hospital](#)

1.1.3 Advisory Committee

The CHNA process has been defined and informed by hospital leaders and other key stakeholders from the community who constitute the Advisory Committee.

¹Tripler Army Medical Center, the Hawaii State Hospital, and the public hospital system of Hawaii Health Systems Corporation (HHSC) are not subject to the IRS CHNA requirement and were not a part of this initiative.

The following individuals shared their insights and knowledge about healthcare, public health, and their respective communities as part of this group.

Kurt Akamine, Garden Isle Rehabilitation & Healthcare Center
Marc Alexander, Hawaii Community Foundation
Gino Amar, Kohala Hospital
Maile Ballesteros, Stay At Home Healthcare Services
Joy Barua, Kaiser Permanente Hawaii
Dan Brinkman, Hawaii Health System Corporation, East Hawaii Region
Rose Choy, Sutter Health Kahi Mohala Behavioral Health
Kathy Clark, Wilcox Memorial Hospital
R. Scott Daniels, State Department of Health
Thomas Driskill, Spark M. Matsunaga VA Medical Center
Tom Duran, CMS
Laurie Edmondson, North Hawaii Community Hospital
Lynn Fallin, State Department of Health
Brenda Fong, Kohala Home Health Care of North Hawaii Community
Andrew Garrett, Healthcare Association of Hawaii
Beth Giesting, State of Hawaii, Office of the Governor
Kenneth Graham, North Hawaii Community Hospital
George Greene, Healthcare Association of Hawaii
Robert Hirokawa, Hawaii Primary Care Association
Mari Horike, Hilo Medical Center
Janice Kalanihuia, Molokai General Hospital
Lori Karan, MD; State Department of Public Safety
Darren Kasai, Kula and Lanai Hospitals
Nicole Kerr, Castle Medical Center
Peter Klune, Hawaii Health Systems Corporation, Kauai Region
Tammy Kohrer, Wahiawa General Hospital
Jay Kreuzer, Kona Community Hospital
Tony Krieg, Hale Makua
Eva LaBarge, Wilcox Memorial Hospital
Greg LaGoy, Hospice Maui, Inc.
Leonard Licina, Sutter Health Kahi Mohala Behavioral Health
Wesley Lo, Hawaii Health Systems Corporation, Maui Region
Lorraine Lunow-Luke, Hawaii Pacific Health
Sherry Menor-McNamara, Chamber of Commerce of Hawaii
Lori Miller, Kauai Hospice
Pat Miyasawa, Shriners Hospitals for Children – Honolulu
Ramona Mullahey, U.S. Department of Housing and Urban Development
Jeffrey Nye, Castle Medical Center
Quin Ogawa, Kuakini Medical Center
Don Olden, Wahiawa General Hospital
Ginny Pressler, MD, State Department of Health
Sue Radcliffe, State Department of Health, State Health Planning and Development Agency
Michael Robinson, Hawaii Pacific Health
Linda Rosen, MD, Hawaii Health Systems Corporation
Nadine Smith, Ohana Pacific Management Company

Corinne Suzuka, CareResource Hawaii
Business Development Specialist, Rehabilitation Hospital of the Pacific
Sharlene Tsuda, The Queen’s Medical Centers
Stephany Vaoleti, Kahuku Medical Center
Laura Varney, Hospice of Kona
Cristina Vocalan, Hawaii Primary Care Association
John White, Shriners Hospitals for Children – Honolulu
Rachael Wong, State of Hawaii Department of Human Services
Betty J. Wood, State Department of Health
Barbara Yamashita, City and County of Honolulu, Department of Community Services
Ken Zeri, Hospice Hawaii

1.1.4 Consultants

Healthy Communities Institute

Based in Berkeley, California, Healthy Communities Institute was retained by HAH as consultants to conduct foundational community health needs assessments for HAH’s member hospitals. The Institute, now part of Midas+, a Xerox Company, also created the community health needs assessments for HAH member hospitals in 2013, to support hospitals in meeting the first cycle of IRS 990 CHNA reports.

The organization provides customizable, web-based information systems that offer a full range of tools and content to improve community health, and developed www.HawaiiHealthMatters.org in partnership with the Hawaii Department of Health. The organization is composed of public health professionals and health IT experts committed to meeting clients’ health improvement goals.

To learn more about Healthy Communities Institute please visit www.HealthyCommunitiesInstitute.com.

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Storyline Consulting

Dedicated to serving and enhancing Hawaii’s nonprofit and public sectors, Storyline Consulting assisted with collecting community input in the form of key informant interviews. Storyline is based in Hawaii and provides planning, research, evaluation, grant writing, and other organizational development support and guidance. By gathering and presenting data and testimonies in a clear and effective way, Storyline helps organizations to improve decision-making, illustrate impact, and increase resources.

To learn more about Storyline Consulting please visit www.StorylineConsulting.com.

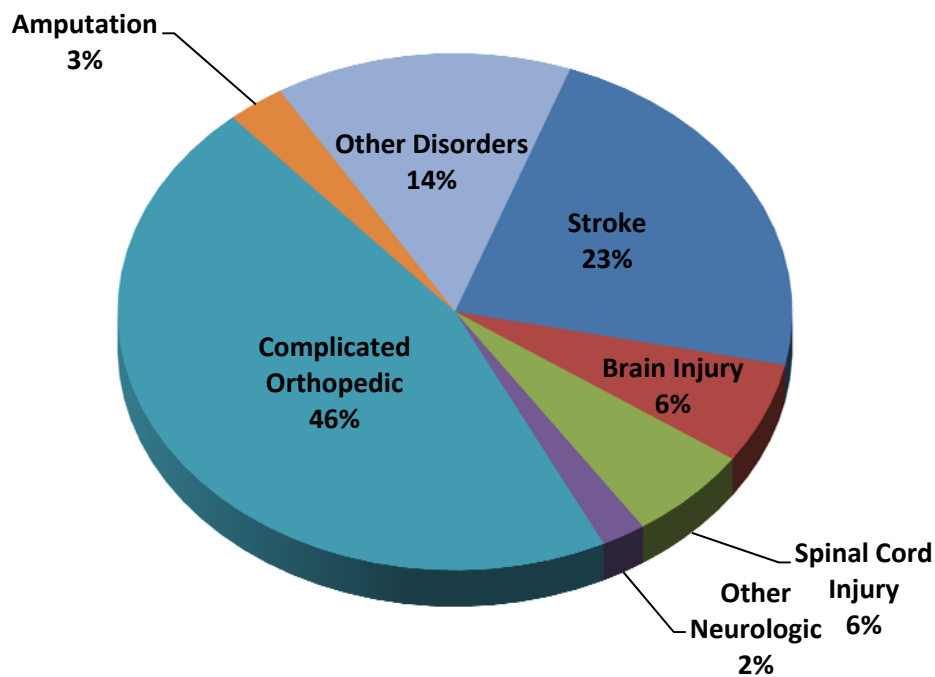
Key informant interviewers from Storyline Consulting:

Lily Bloom Domingo, MS
Kilikina Mahi, MBA

1.2 About REHAB

Founded in 1953, REHAB is the only provider of acute medical rehabilitation services in the State of Hawaii. With seventy licensed inpatient beds and three outpatient clinics and a hospital based physicians' clinic, REHAB cares for over 6,500 patients per year. All of the patients receiving care at REHAB have experienced a serious illness or injury that has resulted in major functional impairments and residual disabilities. Our highly-skilled multidisciplinary care teams are physician-led and provide a comprehensive and intensive level of rehabilitative services to maximize the recovery of our patients. The makeup of our patient population is shown in Figure 1.1.

Figure 1.1: REHAB Inpatient Admissions by Diagnosis - FY2015



1.2.1 Mission

The Mission of Rehabilitation Hospital of the Pacific can be summed up in the words Rebuilding Lives Together: Rebuilding Lives Together with individuals, families and communities by providing exemplary patient care services for those with physical and cognitive disabilities in Hawaii and the Pacific utilizing a continuum of rehabilitation services that are advanced through education, technology and research.

1.2.2 Non – profit status

Rehabilitation Hospital of the Pacific is recognized by the US Internal Revenue Service as an exempt organization under section 501(c)(3) of the Internal Revenue Code.

1.2.3 Leadership Team

As of September 30, 2016, REHAB's leadership team consisted of the following persons

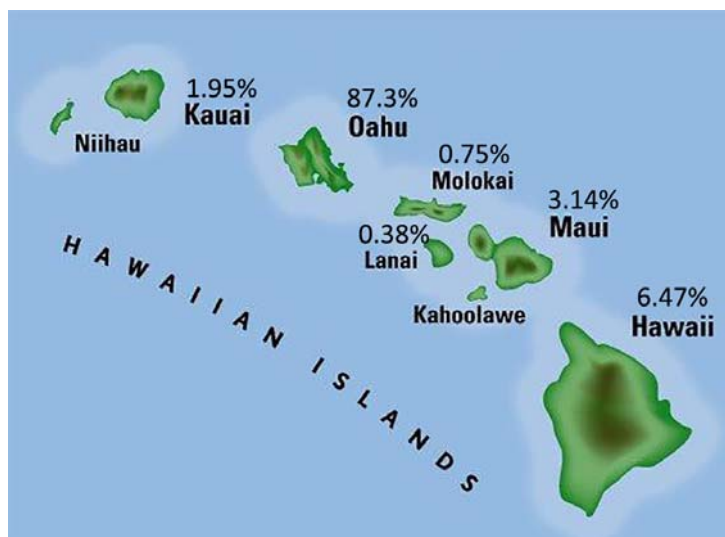
Raymond Ono	Chairman, Board of Directors
Timothy J. Roe MD MBA	President & CEO
Audrey Torres	Senior Vice President, Patient Care Services
Jason Chang, MD	Vice President and Chief Medical Officer
Wendy Manuel	Vice President and Chief Financial Officer
Faye Miyamoto	Assistant Vice President, Human Resources
Susan Gabriel	Assistant Vice President, Outpatient Services

1.2.4 Definition of Community + Map

REHAB is the only provider of acute inpatient medical rehabilitation services in the State of Hawaii. In addition, REHAB provides outpatient rehabilitative services in three clinics located in Honolulu, Aiea, and Hilo. REHAB also provides services through its hospital based physicians clinic located in Honolulu. In general, the intensive, medically supervised rehabilitation that we provide is utilized by those in the community who have suffered a severe injury or illness that has resulted in significant functional impairment and disability.

The hospital service area is defined by a geographical boundary of the State of Hawaii. The state will serve as the unit of analysis for this Community Health Needs Assessment. Hence, the health needs discussed in this assessment will pertain to individuals living within this geographic boundary. When possible, highlights for sub-geographies within Hawaii are provided. As the sole provider of acute inpatient medical rehabilitation, REHAB's service area extends throughout the entire state. Given the nature of the state's demographics and acute care service patterns, approximately 87% of REHAB's inpatients reside in Honolulu County, with the distribution in the community as shown in Figure 1.2.

Figure 1.2: Admissions to REHAB by Island and Zip Code Region - FY2015



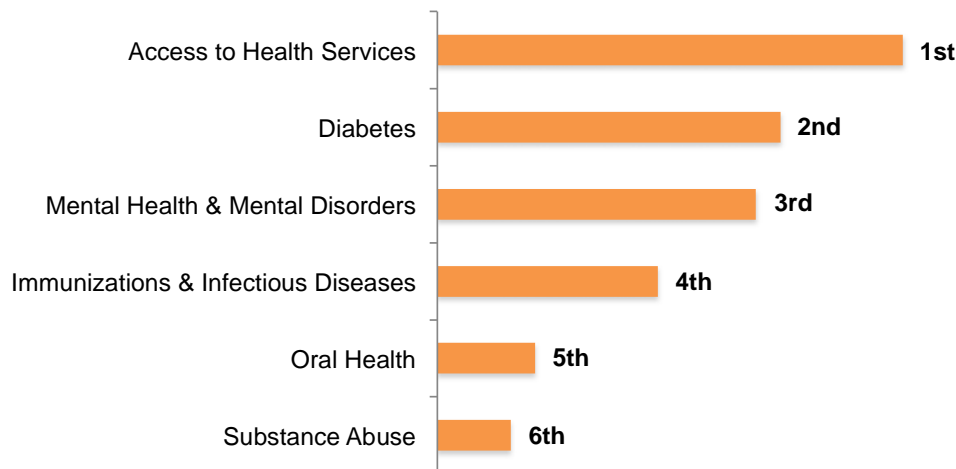
2 Selected Priority Areas

On September 23, 2015, twelve HAH member hospitals came together to rank state-wide priorities, based on the CHNA results. Using the Prioritization Matrix method, members scored the top health needs using these five criteria:

- Opportunity to intervene at the prevention level
- Opportunity for partnership
- Solution could impact multiple problems
- Opportunities to address disparities of subgroups
- Community input

Members considered how well the health need met the criteria, on a scale of 1-3 (met criteria, could meet the criteria, or did not meet the criteria). Members then voted using Poll Everywhere software. The results of the voting were as follows:

Figure 2.1: Ranking of Statewide Priorities



Based on these results, the hospitals chose Access to Health services as the top priority.

Following the collaborative group process, each facility completed their own facility-specific prioritization process, to determine which additional priorities the hospital would focus on.

Careful consideration was given to REHAB's mission as well as historical efforts of the hospital in the community as it worked to address some of the priority areas. Consideration was also given to the unique and specialized skills that REHAB has fostered in servicing as the only acute medical rehabilitation facility in the State of Hawaii. REHAB has selected the following two areas as priorities for the development of its' Implementation Plan:

- Disabilities
- Heart Disease and Stroke

3 Evaluation of Progress since Prior CHNA

3.1 Impact since Prior CHNA

In 2013, REHAB selected Disabilities and Heart Disease and Stroke as its priority areas. Over the past three years, REHAB has conducted the following activities to address the community health needs identified.

PRIORITY: DISABILITIES

Strategy 1: Improve Accessibility

- **Wheelchair, Seating and Mobility Clinic:** REHAB established the Wheelchair Seating and Mobility Clinic to allow patients access to a comprehensive evaluation to determine the most appropriate mobility device to maximize functional independence and achieve mobility goals. Through this Clinic, patients receive a wheelchair evaluation, home visit, pressure mapping and are able to trial equipment before receiving their new equipment. During the three year period, 95 patients were treated in this Clinic.
- **Mobility courtyard:** With the input of licensed therapists, REHAB developed and built a Mobility Courtyard to assist with therapy provided to patients. Using the courtyard, patients receive rehabilitative therapy maneuvering through various terrain types, perform walking and standing balancing activities as well as develop wheelchair mobility skills. Patients can also familiarize themselves with mobility using walkers, canes, crutches, or wheelchairs.
- **Physicians' Clinic:** REHAB opened its hospital-based physicians' clinic to provide quality care to patients upon discharge and for life. Programs available in the Physicians' Clinic include: continuity of care/orthopedic; stroke, spasticity, amputee, comprehensive pain management, neurotrauma recovery and osteoporosis.

Strategy 2: Improve Community Awareness of Availability of Services

- **Community collaboration:** In collaboration with Mountain Pacific Health, REHAB participated in the West Oahu, Windward and Honolulu Coalitions to create the Capabilities Poster, Discharge Checklist and other patient education materials to increase awareness of provider services in the community. The materials were distributed to numerous healthcare and healthcare-related locations.
- **Educational materials:** REHAB revised its inpatient and outpatient educational materials, including brochures, fact sheets and education booklets, to highlight the benefits and availability of REHAB services.
- **Community outreach:** REHAB visited physicians, case managers and community members to provide information related to the REHAB's inpatient and outpatient programs and the benefits to patients. During face-to-face meetings, REHAB shared general information about REHAB and services and specializations offered. In addition, REHAB held numerous open house sessions where acute hospital, physician and other clinical community members could tour the facilities

and equipment and learn more about REHAB's inpatient, outpatient, physicians' clinic and specialty programs.

Strategy 3: Enhance Community-based Services

- **Education and training of rehabilitation professionals:** REHAB employees delivered multiple spinal cord injury, brain injury, and orthopedic presentations and educational support to students at the University of Hawaii, Kapiolani Community College, Japan-American Institute of Management Science, and Job Corps. REHAB employees also delivered presentations to attendees at multiple healthcare conferences to further the education of rehabilitation professionals with real world rehabilitative medicine experience. REHAB collaborated with the University of Hawaii School of Engineering for research in rehabilitative medicine. REHAB is also involved with fellowship programs with the John A. Burns School of Medicine, University of Hawaii and Western University, and supports students in physical medicine and rehabilitation rotations and geriatric fellowships. In addition, REHAB supports preceptorships for nursing students and therapy student shadowing.
- **REHAB Strong Program:** REHAB developed its new REHAB Strong Lifestyle and Wellbeing Program to offer activities which encourage a healthy and active lifestyle. The REHAB Strong program includes group swim, massage, tai chi chair, chair yoga and Qigong classes.

Strategy 4: Improve Community Injury and Disability Prevention Efforts

- **Community education on injury/disability prevention:** REHAB participated in the State of Hawaii Injury Prevention Advisory Council, Traumatic Brain Injury Advisory Board, and the Stroke Coalition which addressed various disability issues in Hawaii. REHAB personnel provided information at various education booths at the American Heart Association Health Walk, American Health and Stroke Association events, Oahu Health and Stroke Walk, Aging in Place Workshop, and ESPN 1420 Sports Festival; and helmet fitting at the Keiki Ultimate Fitness Day. REHAB also supported multiple support groups (Stroke, Amputee, and Brain Injury) meetings to help the disabled population return to the community and productively function with their disabilities.
- **Collecting healthcare data:** REHAB collaborated with the Healthcare Association of Hawaii and Hawaii Health Information Council to collect and disseminate data on illness and injury for patients cared for in Hawaii.

PRIORITY: HEART DISEASE AND STROKE

Strategy 1 – Improve Access to Cardiovascular Rehabilitation:

- **Cardiac Health Program:** REHAB's Cardiac Health Program received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), the only peer-reviewed accreditation process designed to review facilities for adherence to the AACVPR standards and guidelines. REHAB's Cardiac Health Program is the only program with this

certification in the State of Hawaii and Pacific Region. During the three years, 618 patients received service in the Cardiac Health Program.

- **REHAB Strong Program:** REHAB developed its new REHAB Strong Lifestyle and Wellbeing Program to offer activities which encourage a healthy and active lifestyle. The REHAB Strong program includes group swim, massage, tai chi chair, chair yoga and Qigong classes.
- **Collecting research data:** REHAB utilized its electronic medical records to monitor the progress and impact of cardiac rehabilitation on its patients in order to share data with clinical professionals, insurers, and community members on the results of the Cardiac Health Program.

Strategy 2 – Improve Community Prevention Efforts through Education:

- **Educational facilities:** REHAB constructed a classroom and mobility courtyard to improve community prevention efforts through education. The classroom and mobility courtyard are used by various support, healthcare and community groups for educational activities.
- **Training courses:** REHAB offered multiple cardiopulmonary resuscitation, automated external defibrillation and first aid training educational programs to various healthcare groups as well as community and youth groups.
- **Diet and nutrition curriculum:** Sponsored the certification of an Exercise Physiologist in diet and nutrition in order to develop a nutrition class curriculum to educate the community on management of expanded risk factors.

Strategy 3 – Improve Community Awareness of Availability of Services:

- **Educational materials:** REHAB revised its outpatient educational materials, including brochures, fact sheets and education booklets, to highlight the benefits and availability of the Cardiac Health Program and other REHAB services.
- **Physician engagement:** REHAB visited approximately 125 physicians in the community to provide information related to the Cardiac Health Program and the benefits to patients. During face-to-face meetings with community physicians, REHAB shared actual results from patients cared for, answered any questions regarding the program or policies and offered tours of the facilities.
- **Community collaboration:** REHAB collaborated with healthcare insurers in the community to foster increased awareness of the benefits and availability of cardiac rehabilitation and REHAB's Cardiac Health Program. REHAB also participated in various community events like the American Heart Association Health Walk, American Health and Stroke Association events, Oahu Health and Stroke Walk, Aging in Place Workshop, and ESPN 1420 Sports Festival to build awareness of services available and provide community outreach and education.
- **Stroke Vendor Fair:** REHAB hosted a Stroke Vendor Fair to build awareness of community stroke resources. Vendor participants shared the benefits and availability of their services and equipment with stroke survivors and their families.

3.2 Community Feedback on Prior CHNA or Implementation Strategy

REHAB did not receive any written comments or feedback from the community on its 2013 CHNA or Implementation strategy.

4 Methods

Two types of data were analyzed for this Community Health Needs Assessment: quantitative data (indicators) and qualitative data (interviews). Each type of data was analyzed using a unique methodology, and findings were organized by health or quality of life topic areas. These findings were then synthesized for a comprehensive overview of the health needs in Hawaii.

4.1 Quantitative Data Sources and Analysis

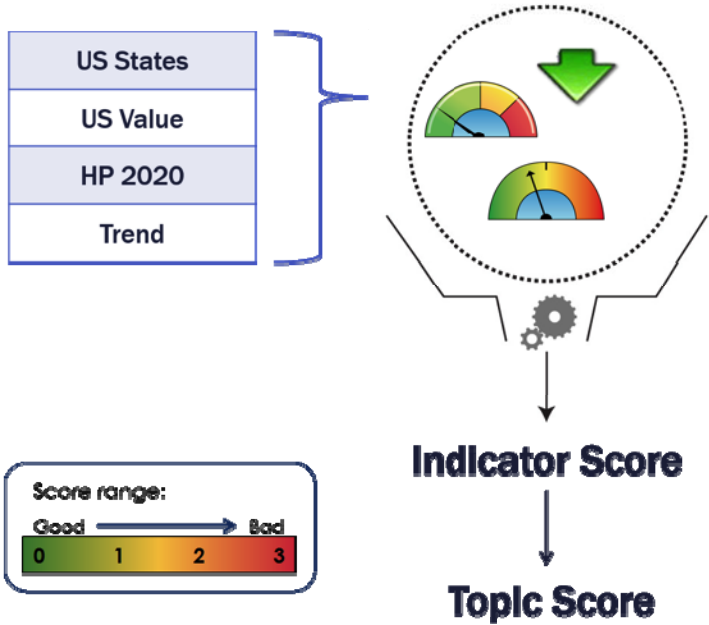
All quantitative data used for this needs assessment are secondary data, or data that have previously been collected. The main source for the secondary data is [Hawaii Health Matters](http://www.hawaiihealthmatters.org),² a publicly available data platform that is maintained by the Hawaii Department of Health, the Hawaii Health Data Warehouse, and Healthy Communities Institute. As of March 31, 2015, when the data were queried, there were over 500 health and health-related indicators on the Hawaii Health Matters dashboard, and 414 of those were available for this analysis for the state (some indicators have data at the county level only). For each indicator, the online platform includes several ways (or comparisons) by which to assess Hawaii’s status, including comparing to other U.S.

states, the U.S. value, the trend over time, and Healthy People 2020 targets.

Figure 4.1: Secondary Data Methods

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

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



² <http://www.hawaiihealthmatters.org>

4.1.1 Race/Ethnicity Disparities

Indicator data were included for race/ethnicity groups when available from the source. The race/ethnicity groups used in this report are defined by the data sources, which may differ in their approaches. For example, some sources present data for the Native Hawaiian group alone, while other sources include this group in the larger Native Hawaiian or Other Pacific Islander population. Additionally, some race/ethnicity data may be based on small sample sizes due to relatively small populations within Hawaii.

The health needs disparity by race/ethnicity was quantified by calculating the Index of Disparity³ for all indicators with at least two race/ethnic-specific values available. This index represents a standardized measure of how different each subpopulation value is compared to the overall population value. Indicators for which there is a higher Index of Disparity value are those where there is evidence of a large health disparity.

4.1.2 Preventable Hospitalization Rates

In addition to indicators available on Hawaii Health Matters, indicators of preventable hospitalization rates were provided by Hawaii Health Information Corporation (HHIC). These Prevention Quality Indicators (PQI),⁴ defined by the Agency for Healthcare Research and Quality (AHRQ) to assess the quality of outpatient care, were included in secondary data scoring. Unadjusted rates of admission due to any mental health condition are also presented as an assessment of the relative utilization of services among subpopulations due to mental health conditions.

4.1.3 Shortage Area Maps

Access to care findings are supplemented with maps illustrating the following types of federally-designated shortage areas and medically underserved populations⁵:

- Primary care health professional shortage areas and/or populations
- Mental health professional shortage areas and/or populations
- Dental health professional shortage areas and/or populations

4.1.4 External Data Reports

Finally, several health topic areas were supplemented with quantitative data collected from previously published reports. This additional content was not incorporated in secondary data scoring due to the limited number of comparisons possible, but is included in the narrative of this report for context.

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

⁴ For more about PQIs, see http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx

⁵ Criteria for medically underserved areas and populations can be found at: <http://www.hrsa.gov/shortage/> Data included in this report were accessed June 9, 2015

4.2 Qualitative Data Collection and Analysis

The qualitative data used in this assessment consists of key informant interviews collected by Storyline Consulting. Key informants are individuals recognized for their knowledge of community health in one or more health areas, and were nominated and selected by the HAH Advisory Committee in September 2014. Fifteen key informants were interviewed for their knowledge about community health needs, barriers, strengths, and opportunities (including the needs for vulnerable and underserved populations as required by IRS regulations). In many cases, the vulnerable populations are defined by race/ethnic groups, and this assessment will place a special emphasis on these findings. Interview topics were not restricted to the health area for which a key informant was nominated.

Key Informants from:

American Diabetes Association	Department of Human Services	Hawaii Primary Care Association
Catholic Charities Hawaii	Executive Office on Aging	Hawaii State Department of Health
Department of Education	Governor's Office	Homeless Programs Office
Department of Health, Behavioral Health Services	Hawaii Dental Services	John A. Burns School of Medicine
Department of Health, Disease Outbreak and Control Division	Hawaii Medical Service Association	State Senate

Excerpts from the interview transcripts were coded by relevant topic areas and other key terms using the qualitative analytic tool Dedoose.⁶ The frequency with which a topic area was discussed in key informant interviews was one factor used to assess the relative urgency of that topic area's health and social needs.

Please see Appendix A for a list of interview questions.

4.3 Prioritization

In order to better target community resources on Hawaii's most pressing health needs, twelve member hospitals participated in a group prioritization facilitated by HCI to select one top health need.

4.3.1 Prioritization Process

On September 23rd, 2015, representatives from twelve member hospitals convened at the HAH office in Honolulu to review and discuss the results of HCI's primary and secondary data analysis, which led to identification of the top six significant health needs in the state:

- Access to Care
- Diabetes
- Immunizations & Infectious Diseases
- Mental Health & Mental Disorders

⁶ Dedoose Version 6.0.24, web application for managing, analyzing, and presenting qualitative and mixed method research data (2015). Los Angeles, CA: SocioCultural Research Consultants, LLC (www.dedoose.com).

- Oral Health
- Substance Abuse

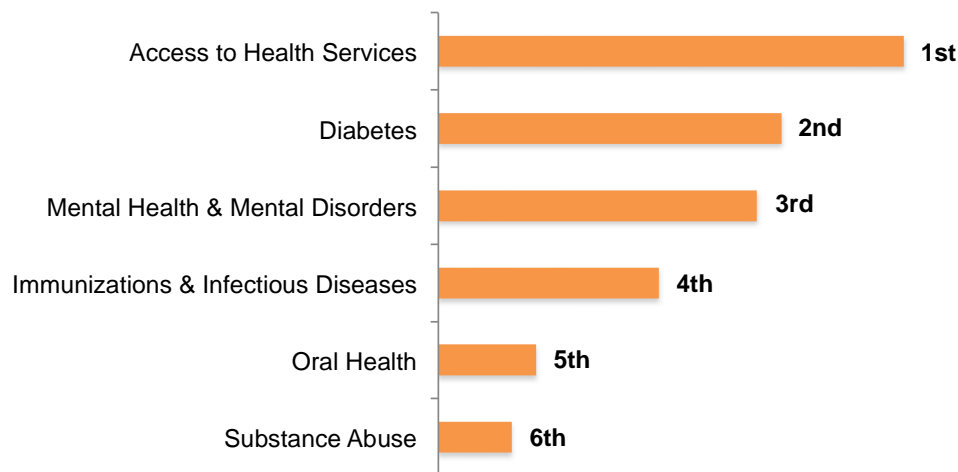
From there, participants utilized a prioritization toolkit to examine how well each of the six significant health needs met the agreed-upon criteria. The criteria for prioritization were:

- Opportunity to intervene at the prevention level
- Opportunity for partnership
- Solution could impact multiple problems
- Opportunities to address disparities of subgroups
- Community input

Completion of the prioritization toolkit allowed participants to arrive at numerical scores for each health need that correlated to how well the need met the HAH state-wide criteria for prioritization.

Participants then ranked the top six health needs according to their topic scores, with the highest scoring health needs receiving the highest priority ranking. Participants were encouraged to use their own judgment and knowledge of their community in the event of a tied score. After completing their individual ranking of the six health needs, participants submitted their ranking into an online polling platform that collates the submissions and results in an aggregate ranking of the health needs. The aggregate ranking can be seen below:

Figure 4.2: Ranking of Statewide Priorities



Upon seeing the group ranking above, prioritization participants were in agreement that Access to Health Services was indeed the top priority, and that future planning will determine how the hospitals can work together to address pressing issues related to Access to Health Services.

4.4 Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of quantitative data indicators and qualitative findings. In some topics there is a robust set of quantitative data indicators, but in others there may be a limited number of indicators for which data are collected, or limited subpopulations covered by the indicators. The breadth of qualitative data findings is dependent on who was nominated and selected to be a key informant, as well as the availability of selected key informants to be interviewed during the time period of qualitative data collection. Since the interviews were conducted, some policies may have changed and new programs may have been implemented. The Index of Disparity is also limited by data availability: for some indicators, there is no subpopulation data, and for others, there are only values for a select number of race/ethnic groups. For both quantitative and qualitative data, efforts were made to include as wide a range of secondary data indicators and key informant expertise areas as possible.

Finally, there are limitations for particular measures and topics that should be acknowledged. Measures of income and poverty, sourced from the U.S. Census American Community Survey, do not account for the higher cost of living in Hawaii and may underestimate the proportion of residents who are struggling financially. Additionally, many of the quantitative indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

5 Demographics

The demographics of a community significantly impact its health profile. Different race/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All estimates are sourced from the U.S. Census Bureau’s American Community Survey unless otherwise indicated.

5.1 Population

In 2013, Hawaii had a population of 1,404,054. As measured by the decennial Census,⁷ the population density in the state is much higher than the U.S. overall. Between 2010 and 2013, population growth was higher across all counties in Hawaii compared to the U.S., as shown in Table 5.1.

Table 5.1: Population Density and Change

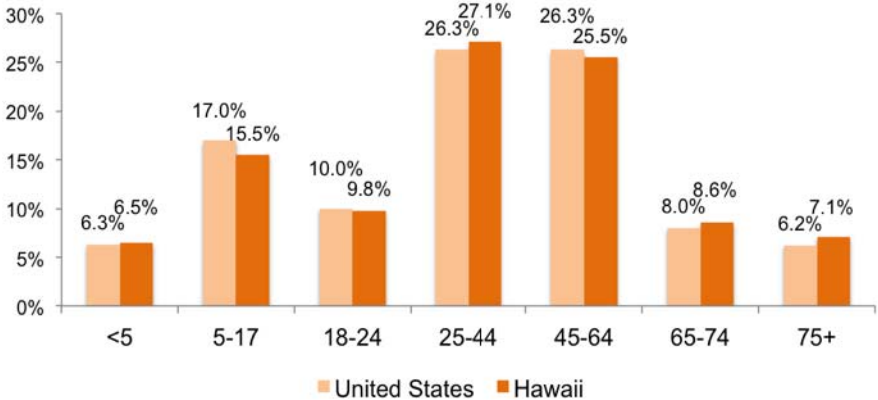
	U.S.	Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Population, 2013	316,128,839	1,404,054	190,821	983,429	69,512	160,202
Pop. density, persons/sq mi, 2010*	87	212	46	1,587	108	133
Population change, 2010-2013	2.4%	3.2%	3.1%	3.2%	3.6%	3.5%

*2010 U.S. Census

5.1.1 Age

Hawaii’s population is slightly older than the rest of the country, with a median age of 38.1 in 2013, compared to 37.5 for the nation. As shown in Figure 5.1, children under 18 made up only 22.0% of the state’s population (compared to 23.3% in the U.S.) and adults over 65 made up 15.7% of the population (compared to 14.2% in the U.S.).

Figure 5.1 Population by Age, 2013

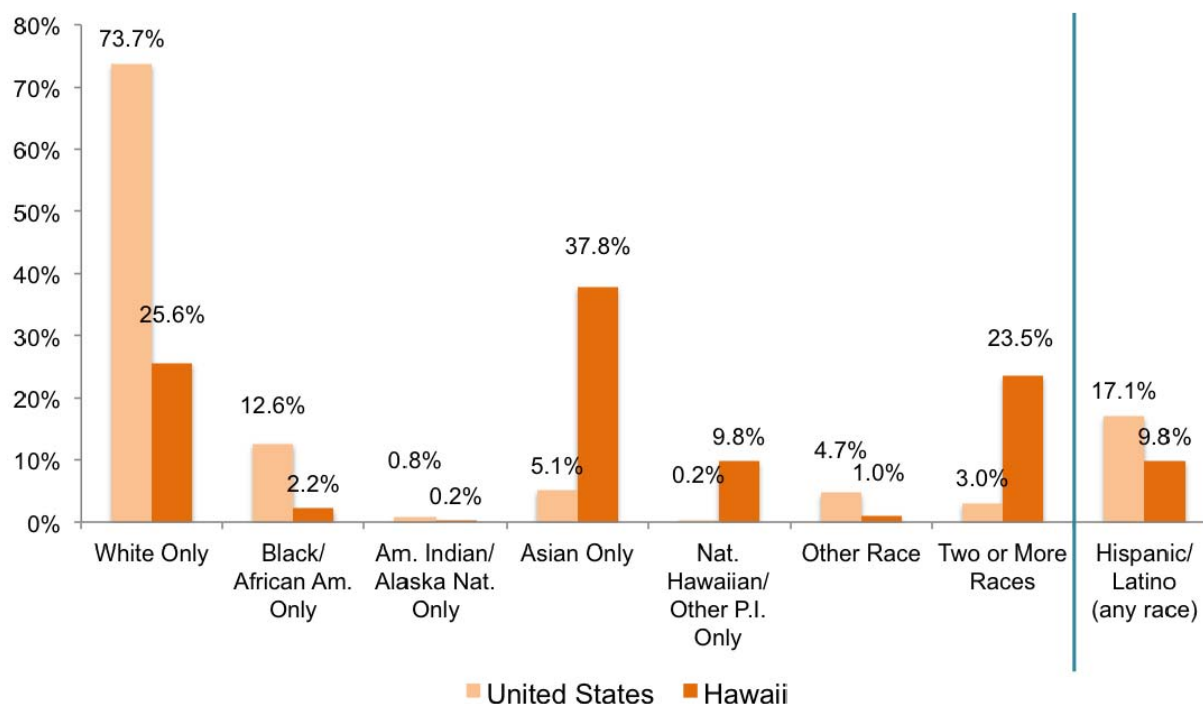


⁷ United States Census Bureau. (2010). *2010 Census Demographic Profiles*. Available from <http://www.census.gov/2010census/data/>

5.1.2 Racial/Ethnic Diversity

A higher percentage of Hawaii’s population is foreign-born compared to the U.S. In 2009-2013, 17.9% of the state was foreign-born, compared to 12.9% of the nation. In addition, more residents of Hawaii speak a foreign language: in 2009-2013, 25.4% of Hawaii’s population aged 5 and older spoke a language other than English at home, compared to 20.7% of the U.S.

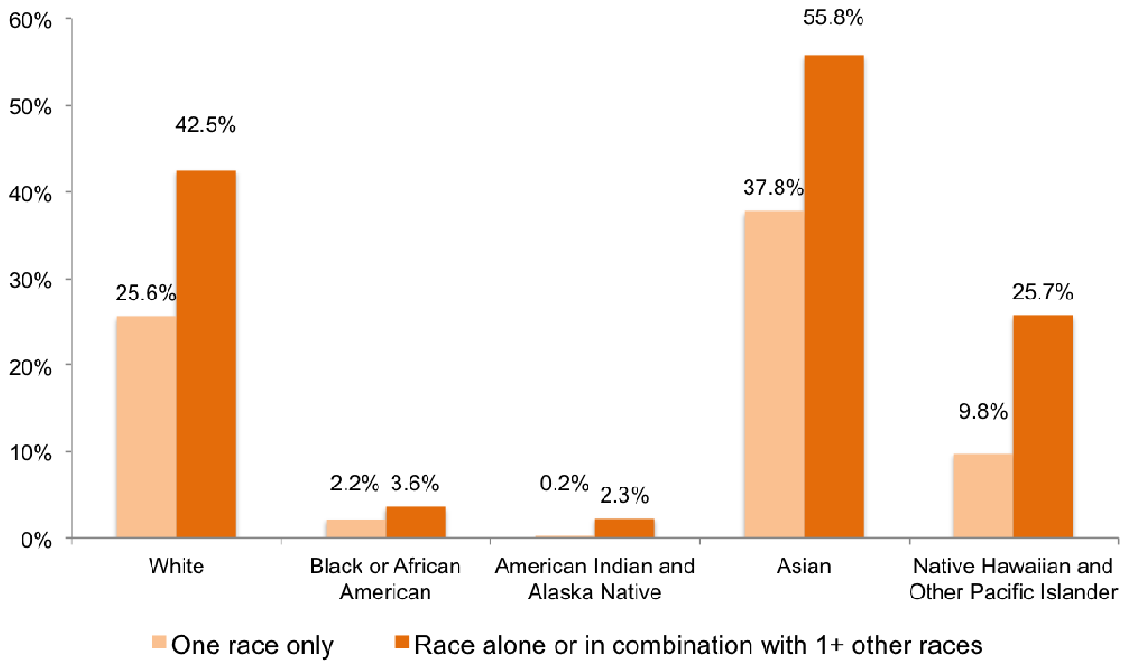
Figure 5.2: Population by Race/Ethnicity, 2013



The race/ethnicity breakdown of Hawaii is significantly different from the rest of the country. In Figure 5.2, racial identity is displayed to the left of the line, while Hispanic/Latino ethnicity (of any race) is shown to the right. The population reporting as White only made up 25.6% of the population, compared to 73.7% of the nation. Black/African American, Hispanic/Latino, and Other race/ethnicity groups are also much smaller than the U.S. overall.

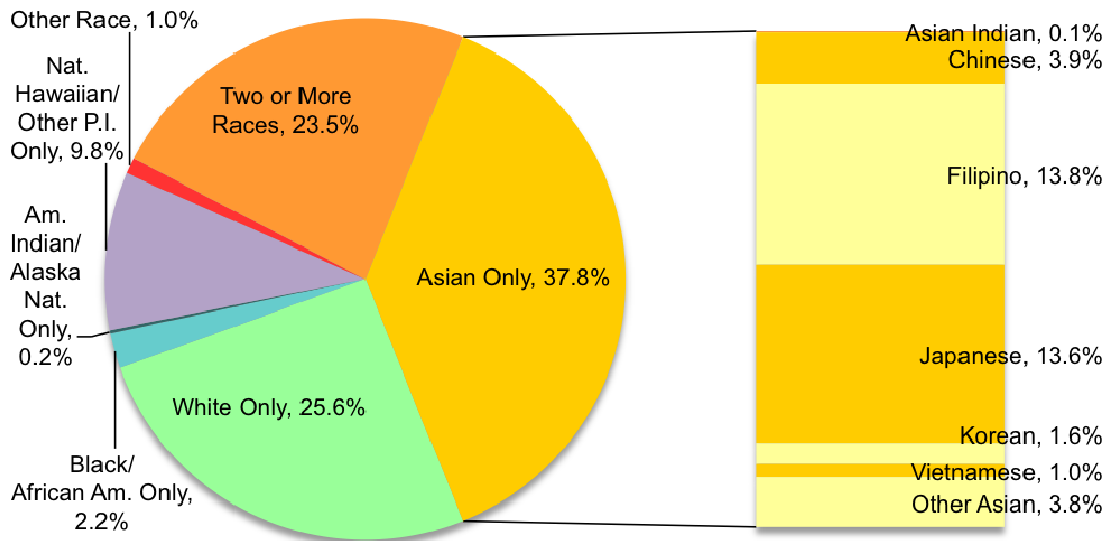
Almost one in four residents identifies as two or more races, which is much more than in the U.S. overall. A closer examination of the multiracial population, in addition to the single-race populations, sheds more light on the singular diversity of the State of Hawaii, and gives a different perspective on the race/ethnicity makeup. Within Hawaii in 2013, 25.7% of the population identified as any part Native Hawaiian or Pacific Islander, 55.8% as any part Asian, and 42.5% as any part White, as shown in Figure 5.3.

Figure 5.3: Population by One or Multiple Races, 2013



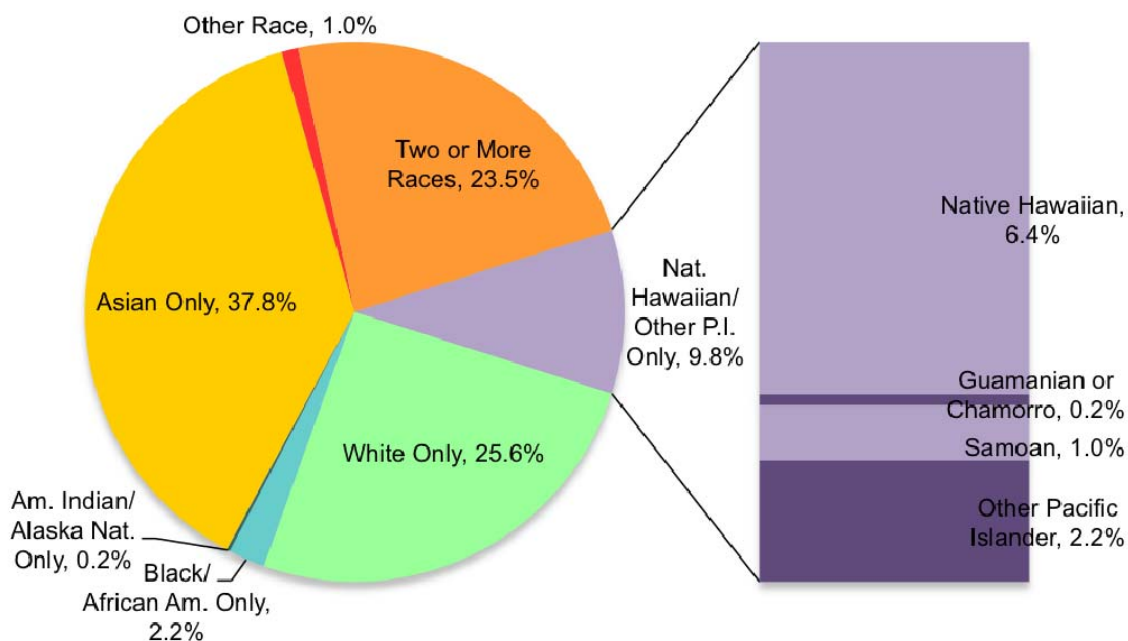
The largest single race group in Hawaii is Asian, of which the majority comprises Filipino (13.8%), Japanese (13.6%), and Chinese (3.9%) populations (Figure 5.4).

Figure 5.4: Population by Race: Breakdown of Asian Population, 2013



Among the Native Hawaiian and Other Pacific Islander group, the majority identify as Native Hawaiian (Figure 5.5).

Figure 5.5: Population by Race: Breakdown of Native Hawaiian and Other Pacific Islander Population, 2013



5.2 Social and Economic Determinants of Health

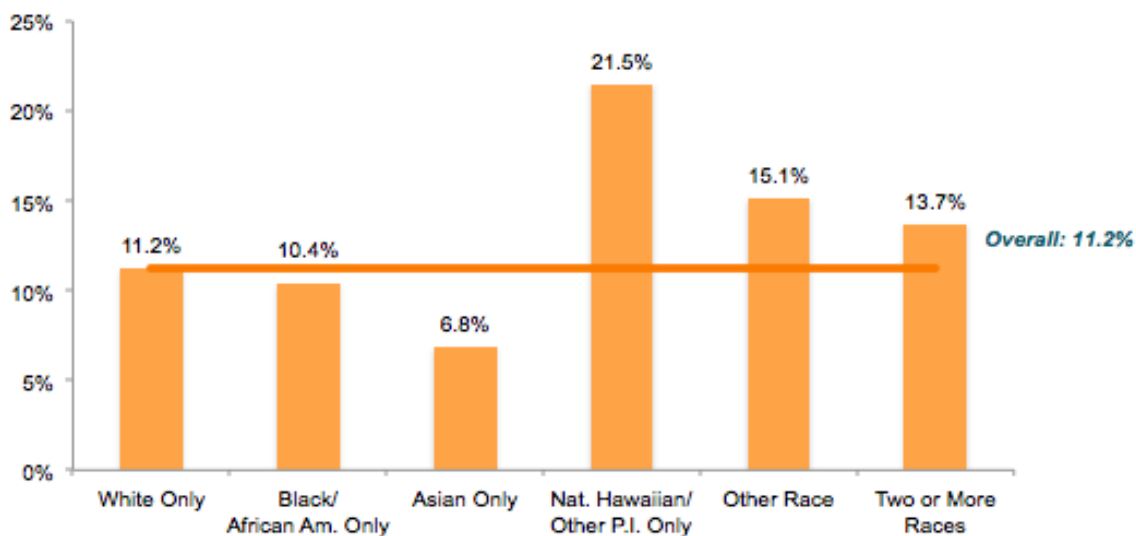
5.2.1 Income

The overall income in Hawaii is relatively high. Median household income for the state in 2009-2013 was \$67,402; the national value was substantially lower at \$53,046. Per capita income was also higher for the state at \$29,305, compared to \$28,155 for the nation.

5.2.2 Poverty

Certain race/ethnic groups are more affected by poverty, as seen in Figure 5.6. 11.2% of Hawaii's population lived below poverty level in 2009-2013, which was lower than the national value of 15.4%. It is important to note, however, that federal definitions of poverty are not geographically adjusted, so the data may not adequately reflect the proportion of Hawaii residents who struggle to provide for themselves due to the high cost of living in the state. For instance, the 2013 median gross monthly rent was \$905 in the U.S. but \$1,414 in Hawaii.

Figure 5.6: Persons Below Poverty Level by Race/Ethnicity, 2009-2013



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

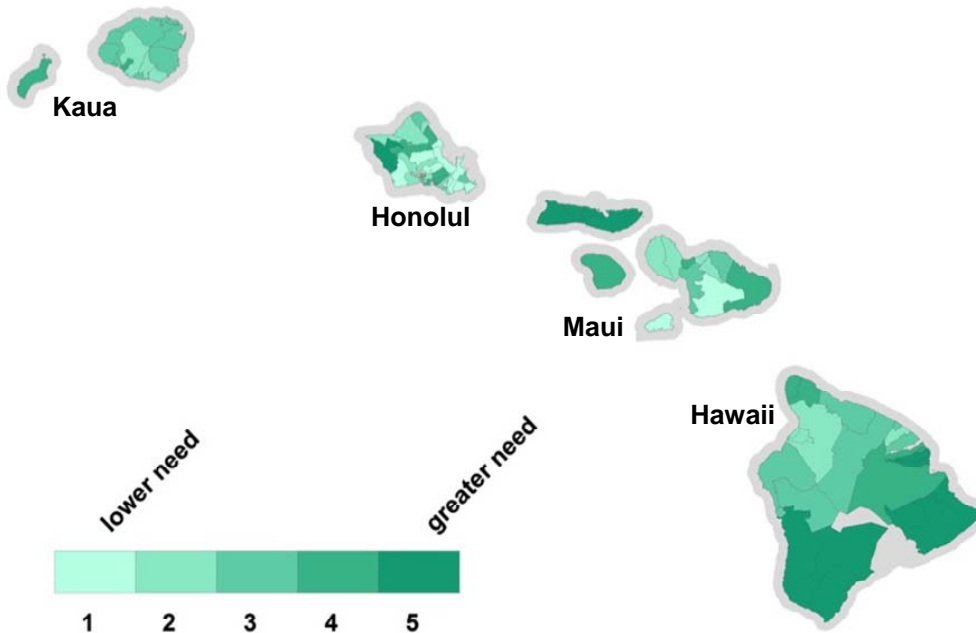
5.2.3 Education

Hawaii residents have higher levels of educational attainment than the rest of the nation. In 2009-2013, 90.4% of the state’s residents aged 25 and older had at least a high school degree, and 30.1% had at least a bachelor’s degree. By contrast, 86.0% of the nation’s 25+ population had a high school degree or higher, and 28.8% had a bachelor’s degree or higher.

5.2.4 SocioNeeds Index®

Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health that are associated with health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment, and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 300. Zip codes have index values ranging from 0 to 100, where zip codes with higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes, including preventable hospitalizations and premature death. Within Hawaii, zip codes are ranked based on their index value to identify the relative level of need within the state, as illustrated by the map in Figure 5.7. Index values were not calculated for those areas missing on the map below due to low population count.

Figure 5.7: 2015 SocioNeeds® Index for Hawaii



The zip codes with the highest levels of socioeconomic need are found on Leeward Oahu in Honolulu County, the Island of Molokai in Maui County, and in the Kau and Puna districts in Hawaii County, as seen in Figure 5.7 and Table 5.2. These areas are more likely to experience poor health outcomes.

Table 5.2: Zip Codes with Highest Socioeconomic Need

Zip Code	Index	County
96778	93.7	Hawaii
96729	90.6	Maui
96757	90.2	Maui
96770	90.1	Maui
96783	88.8	Hawaii
96748	86.4	Maui
96760	86.3	Hawaii
96749	86.1	Hawaii
96772	85.8	Hawaii
96771	85.7	Hawaii
96785	83.2	Hawaii
96792	81.5	Honolulu
96781	79.6	Hawaii
96704	77.0	Hawaii
96777	74.4	Hawaii

6 Findings

Together, qualitative and quantitative data provided a breadth of information on the health needs of Hawaii residents. Figure 6.1 shows where there is strong evidence of need in qualitative data (in the upper half or the graph); in quantitative data (towards the right side of the graph); or in both qualitative and quantitative data (in the upper right quadrant).

Figure 6.1: Strength of Evidence of Need

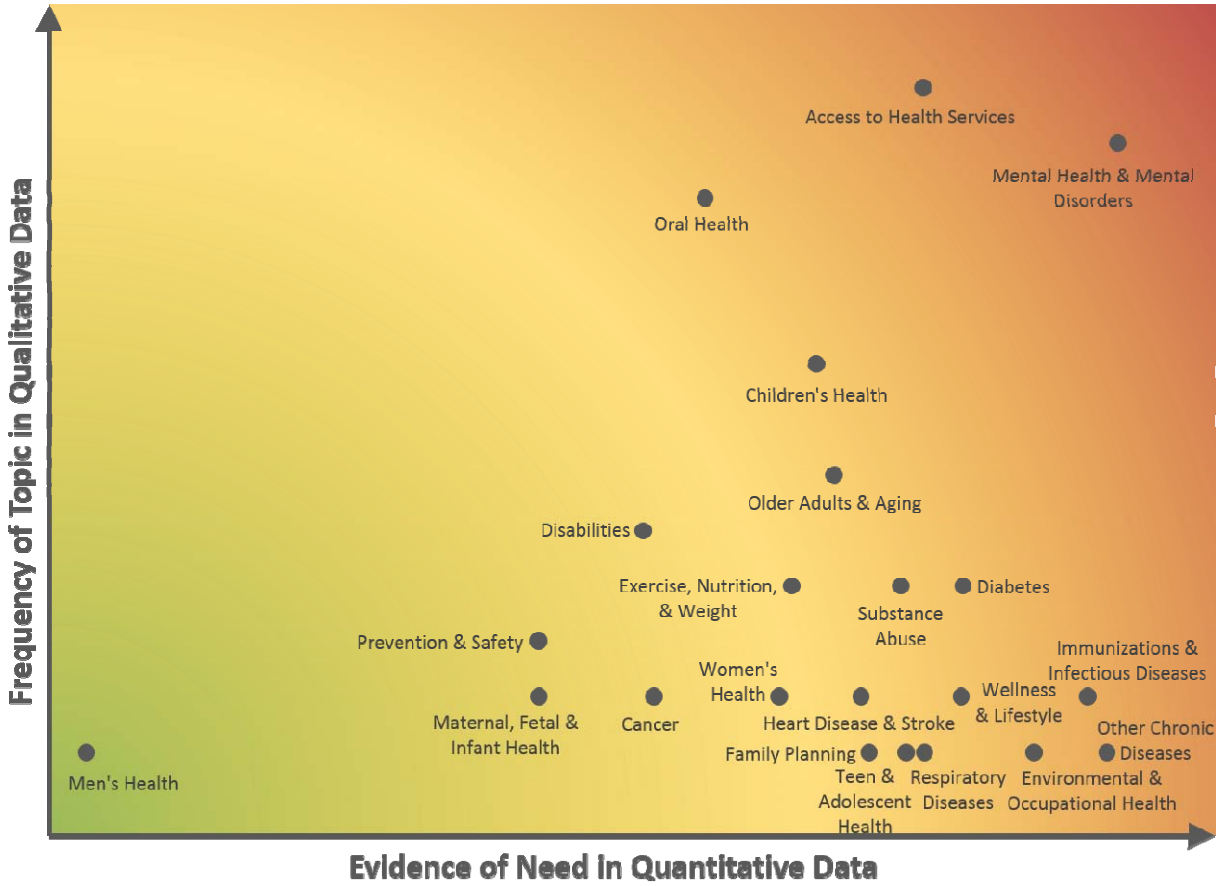
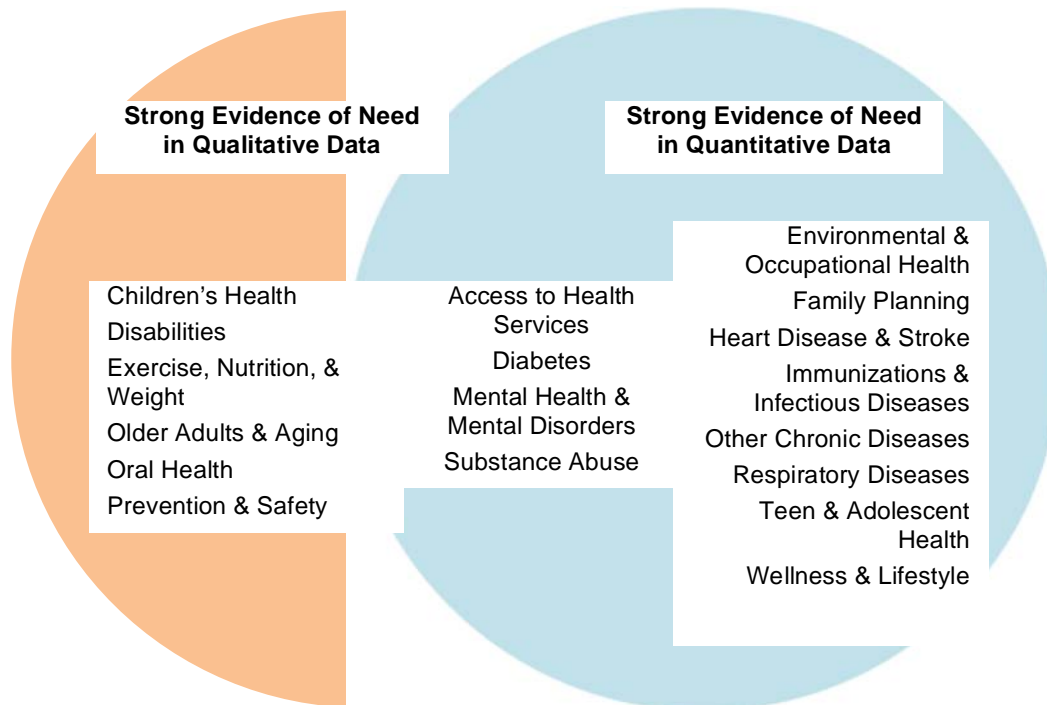


Figure 6.2: Topic Areas Demonstrating Strong Evidence of Need



In qualitative data, topic areas demonstrating “strong evidence of need” were those discussed in at least two key informant interviews. In quantitative data, topic areas with “strong evidence of need” were those with secondary data scores in the top half of the distribution.

Across both data types, there is distinctly high evidence of need in the areas of Access to Health Services and Mental Health. Although key informants gave Oral Health a high level of importance, the topic did not score high in quantitative data, which is likely due to the poor data availability in this area. Several indicators in the topic Other Chronic Diseases, including measures of osteoporosis and kidney disease, contributed to a high quantitative score – but were not mentioned by key informants due to the specific nature of the health topic.

Each type of data included in the analysis contributes to the findings. Typically, there is either a strong set of secondary data indicators revealing the most dire health needs, or powerful qualitative data from key informant interviews providing great insight to the health needs of the community. On rare occasion, because quantitative data and qualitative data have their respective strengths and weaknesses, there can be both a strong set of secondary data indicators and qualitative data from interviews enhancing and corroborating the quantitative data. Findings are discussed in detail in the report by theme.

Below are tables that list the results of the secondary data scoring, for both Health and Quality of Life topic areas. Topics with higher scores indicate poor comparisons or greater need.

Table 6.1: Secondary Data Scoring for Health Topic Areas

Health Topic	Secondary Data Score
Mental Health & Mental Disorders	1.64
Other Chronic Diseases	1.63
Immunizations & Infectious Diseases	1.61
Environmental & Occupational Health	1.56
Diabetes	1.50
Wellness & Lifestyle	1.50
Respiratory Diseases	1.48
Access to Health Services	1.47
Teen & Adolescent Health	1.45
Substance Abuse	1.45
Family Planning	1.42
Heart Disease & Stroke	1.41
Older Adults & Aging	1.39
Children's Health	1.38
Exercise, Nutrition, & Weight	1.35
Women's Health	1.35
Oral Health	1.28
Cancer	1.24
Disabilities	1.23
Maternal, Fetal & Infant Health	1.14
Prevention & Safety	1.14
Other Conditions	1.13
Men's Health	0.75

Table 6.2: Secondary Data Scoring for Quality of Life Topic Areas

Quality of Life Topic	Secondary Data Score
Social Environment	1.52
Education	1.52
Economy	1.50
Environment	1.38
Public Safety	1.37
Transportation	1.02

Please see Appendix A for additional details on indicators within these Health and Quality of Life topic areas.

Below is a word cloud, created using the tool Wordle.⁸ The word cloud illustrates the themes that were most prominent in the community input. Themes that were mentioned more frequently are displayed in larger font. Key informants discussed the areas of Access to Health Services, Mental Health & Mental Disorders, Oral Health, Compacts of Free Association, Children’s Health and Diabetes most often.

Figure 6.3: Word Cloud of Themes Discussed by Key Informants



“People from Micronesia regions” is used throughout this report and intended to be a respectful reference that includes, but is not limited to, individuals from Micronesia states, Marshall Islands, Palau, Nauru, and other islands in the region. These individuals may have come to Hawaii through a Compact of Free Association agreement and may be provided healthcare benefits.

Note to the Reader

Readers may choose to study the entire report or alternatively focus on a specific major theme. Each section reviews the qualitative and quantitative data for each major theme and explores the key issues and underlying drivers within the theme. Due to the abundance of quantitative data, only the most pertinent and impactful pieces are discussed in the report. For a complete list of quantitative data included in the analysis and considered in the report, see Appendix A.

Navigation within the themes

At the beginning of each thematic section, key issues are summarized and opportunities and strengths of the community are highlighted. The reader can jump to subthemes, which correspond with the topic area categories, or to the key issues within each subtheme, as illustrated in Figure 6.4.

⁸ Wordle [online word cloud applet]. (2014). Retrieved from <http://www.wordle.net>

Figure 6.4: Layout of Topic Area Summary

1.1 Major theme

Key issues

- Summarized key issues

Opportunities and strengths

Community strengths	Available opportunities
---------------------	-------------------------

1.1.1 Subtheme

Key issue A
Text here discusses key issue A.

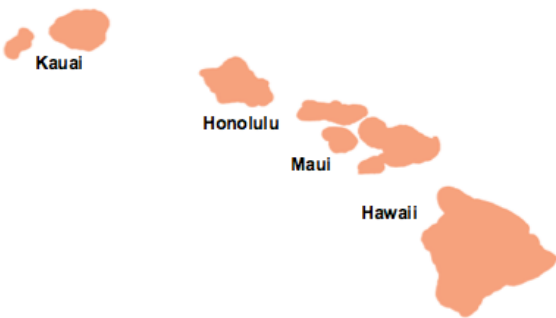
Key issue B
Text here discusses key issue B.

Extract from Key Informant Interview

Table 1.1: Quantitative Data

Quantitative data	Value
Data indicator A, 2012	12.2%
Data indicator B, 2011-2013	10.0%

Figure 1.1: Chart, Map, or Other Graphic Representation



The figure is a map of the Hawaiian Islands, with four islands highlighted in orange and labeled: Kauai, Honolulu, Maui, and Hawaii. The islands are arranged in a diagonal line from top-left to bottom-right.

Figures, tables, and extracts from qualitative and quantitative data substantiate findings throughout. Within each subtheme, special emphasis is also placed on populations that are highly impacted, such as the low-income population or people with disabilities.

6.1 Access to Care

Key issues

- Provider shortages in primary care, specialists, mental health, and oral health, especially on the Neighbor Islands and underserved populations
- Need for integrating mental health and oral health into regular healthcare services
- High cultural, linguistic, and financial barriers to accessing care

Opportunities and Strengths

Community health centers are embedded in the community and provide access to care	School-based healthcare programs are a good opportunity to improve access
Some readmissions could be prevented by expanding access to preventive care	One residency program is adopting team-based care and improving provider retention in Hawaii
Remote areas have begun using telehealth to get around workforce shortages	Need to invest in communities with disparities to strengthen entire healthcare system
The Hawaii Health Systems Corporation* provides access to hospital care	The patient-centered medical home model is being adopted and will improve care
Need to integrate basic oral health screenings and services into general pediatric care	Some funding is available for translation services
Some initiatives underway to integrate primary care and behavioral health services	

*The Hawaii Health Systems Corporation is the state hospital system and largest provider of healthcare in Hawaii.

6.1.1 Access to Health Services

Healthcare coverage and affordability

In 2012, 93.7% of individuals under 65 years of age had health insurance, which did not meet the Healthy People 2020 target of insuring 100% but compared favorably to the national average of 83.1%. However, key informants noted several other issues related to healthcare access and affordability, including the cost of insurance and affordability of care. Even with health insurance, people are forced to choose between paying for their medications and paying for food.

Paying for healthcare is a big issue in rural areas and on Neighbor Islands

Table 6.3: Providers per 100,000 Residents

Provider type	Providers/ 100K pop.
Doctor of osteopathy, 2012	4
Medical doctor, 2012	80
Non-physician primary care provider, 2013	43

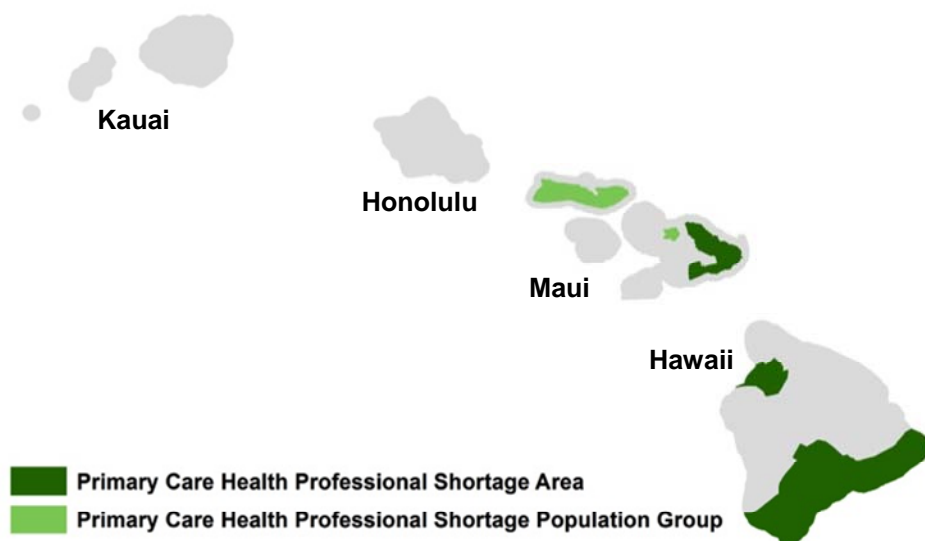
Physician shortages

The State of Hawaii has a low number of medical providers per 100,000 residents. Key informants explained that attracting new providers to Hawaii is especially difficult due to high living costs, few opportunities for spouses and children, and challenging clientele. The physician shortage problem is especially apparent for the

low-income population, whose Medicaid plan may not be accepted as insurance by providers in the community, and the Neighbor Islands, where there is a marked lack of specialists.

The Health Resources and Services Administration (HRSA) has designated areas where there are 3,500 or more individuals per primary care physician as Primary Care Health Professional Shortage Areas (HPSAs).⁹ By this criteria, North Maui and East Maui in Maui County and the South Kohala, Kau, and Puna districts of Hawaii County emerge as Primary Care HPSAs. The Island of Molokai in Maui County is also distinguished as a HPSA for the low-income population, where access barriers prevent this population group from use of the area's primary medical care providers. It is important to note that the HPSA metric does not account for higher primary needs of specific populations, such as the elderly, in its analysis.

Figure 6.5: Health Professional Shortage Areas



Regular source of care and preventive services

In 2013, only 67.7% of adults received a routine medical checkup in the prior 12 months. Other areas of improvement include preventive services for older men and women and teens with a physical in the past year.

Cultural and language barriers

Many key informants commented that language and cultural barriers are important factors to consider in improving health in the diverse populations of the State of Hawaii. Language is a particular concern

⁹ Health Resources and Services Administration Data Warehouse. (Accessed June 9, 2015). *HPSA Find*. Retrieved from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

for the elderly for whom English may not be a first language, and for people from Micronesian regions. Linguistic and cultural barriers affect the ability to navigate within the health system, and impacts attitudes toward basic preventive care and screening services.

Continuity of care and care coordination

There is a need for improved continuity of care, particularly for individuals with special healthcare needs or disabilities and older adults. Key informants further elaborated that programs and services frequently work in silos, and called for improved care coordination, including a stronger role for case managers in hospitals and more coordination for nonmedical needs for older adults.

Transitions of care are disjointed

Highly impacted populations

People with disabilities: There is a need for improved continuity of care for individuals with disabilities and other special healthcare needs. In 2009-2010, only 37.3% of youth with special healthcare needs aged 12 to 17 years old had a doctor who facilitated the transition to adult healthcare and cultivated active participation in self-care, falling short of the Healthy People 2020 target of 45.3%.

People from Micronesian regions: Individuals from Micronesian regions experience many needs in chronic diseases and mental health, but struggle to access services due to stigma and discrimination. Policies and programs regarding public assistance for this community are evolving and will impact this population’s access to healthcare.

Table 6.4: Highly Impacted Populations, Access to Health Services

	Hawaii value	Highly impacted groups
No Doctor Visit due to Cost, 2013	8.6%	<ul style="list-style-type: none"> • Pacific Islander (19.6) • Other (14.1) • Native Hawaiian (13.5) • Filipino (12.1)
Adults without Health Insurance, 2013	10.0%	<ul style="list-style-type: none"> • Pacific Islander (26.9) • Native Hawaii (15.1)

Race/ethnic groups: There is evidence of high race/ethnic disparity

for two quantitative measures in the area of access to health services. The largest disparity is for percentage of adults who report not seeing a doctor in the past 12 months due to cost in 2013, where the Pacific Islander group has a rate that is over two times as high as the overall population in the state.

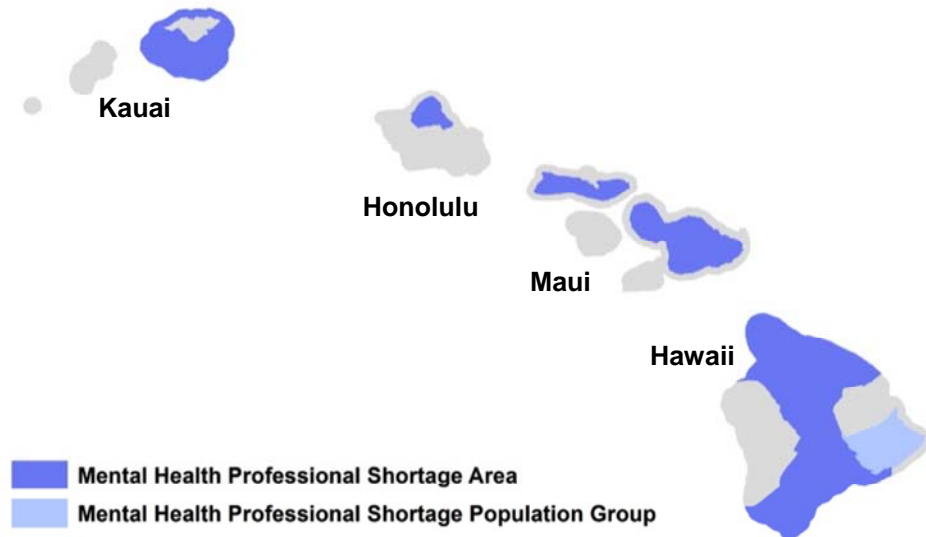
6.1.2 Mental Health

Access to services

Only 54.6% of adults with serious mental illness received treatment in 2012-2013, indicating that there are barriers to accessing treatment. In addition, several key informants commented that mental health

is under-resourced, especially for children and on the Neighbor Islands. HRSA has designated at least part of each Hawaii County as a Mental Health HPSA, as seen in Figure 6.6.

Figure 6.6: Mental Health Professional Shortage Areas



Integration with primary care

Several key informants voiced the need to integrate mental health services with primary care. One elaborated that primary care services are not effectively identifying and addressing mental health issues. High hospitalization rates in mental health, as further discussed in Section 6.4.1, also suggest insufficient access to mental health services, supporting key informant testimony.

Highly impacted populations

Children, teens, and adolescents: Key informants noted that mental health services are especially limited and lacking for children.

Low-income population: Mental health services for the low-income population are also under-resourced. As one key informant cited, opportunities for improving these services include connecting behavioral health expertise in the Hawaii Department of Health with Med-QUEST in order to achieve greater impact in low-income populations, and developing Med-QUEST reimbursement policies that financially incentivize psychiatric services.

Mental health issues are ignored until they are big problems

People from Micronesian regions: According to a key informant, people from Micronesian regions experience greater mental health needs. Suicide is a major issue in this population but the community has extremely limited access to mental health care in the State of Hawaii.

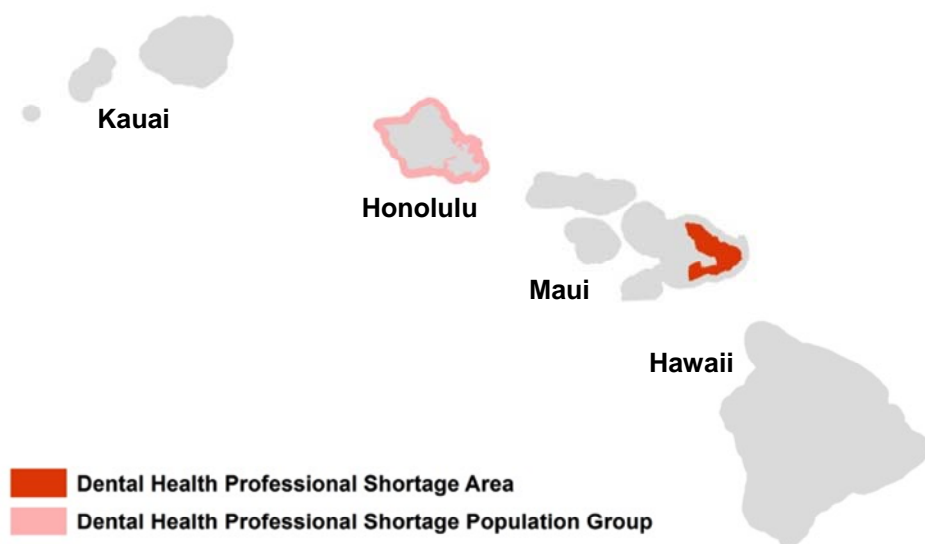
6.1.3 Oral Health

Access to services

According to key informants, there is a particular gap in oral healthcare coverage in adults: most adults do not have dental insurance. Furthermore, Medicaid only covers emergency oral health services and Medicare does not cover dental care at all.

Key informants also voiced their concern over the lack of dental service providers, particularly in rural areas, on the Neighbor Islands, and those serving children. HRSA has designated areas where there are 5,000 or more individuals per dentist as Dental HPSAs.¹⁰ By this criteria, areas of East and Upcountry Maui emerge as Dental HPSAs, as seen in the map in Figure 6.7. The rural geographies of Honolulu County are also distinguished as a Dental HPSA for the low-income population, where access barriers prevent this population group from use of the area's dentists.

Figure 6.7: Dental Health Professional Shortage Areas



Prevention and integration with healthcare

Several key informants lamented the lack of prevention efforts in oral health, from community water fluoridation to school-based oral health preventive care for children. Key informants also suggested that oral healthcare should be integrated into the continuum of healthcare, rather than thought of separately as it is in the status quo.

It's a tragedy we don't have community water fluoridation

¹⁰ Health Resources and Services Administration Data Warehouse. (Accessed June 9, 2015). *HPSA Find*. Retrieved from <http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx>

Highly impacted populations

Children, teens, and adolescents: According to the 2011 Pew Center on the States report on children's dental health, Hawaii meets only one out of eight policy benchmarks aimed at improving children's oral health, resulting in a score of F (on a scale of A-F) and making Hawaii one of the worst overall

*Dentists
deliberately stay out
of Medicare and
Medicaid as much
as possible*

performers across the nation.¹¹ Both key informants and Pew identified community water fluoridation, school-based oral health programs for fluoride treatment and sealants, and tracking children's oral health data as areas of need. Key informants also recognized provider shortage as particularly severe for children's oral health providers, and a few suggested that general pediatric care could cover oral health as well.

6.1.4 Economy

Poverty

Poverty is one of several social and economic determinants of health, and correlates with poor access to care, especially in terms of health insurance coverage and medication affordability. As mentioned in Section 5.2.2, the cost of living in Hawaii is high compared to the rest of the U.S.

Resource problems within healthcare institutions

As one key informant acknowledged, health systems are financially challenged to maintain services. Healthcare is a complex industry, and financing it is hard for both those who seek care and those who give care.

Highly impacted populations

Homeless population: For the homeless, the emergency room is often used to fulfill basic primary care and survival needs, such as shower and shelter, rather than emergency care.

People from Micronesian regions: Key informants voiced their concerns regarding individuals from Micronesian regions, noting that this group has many health needs due to socioeconomically disadvantaged status, and encounter significant barriers to accessing care, including healthcare coverage challenges, stigma, and discrimination.

¹¹The Pew Center on the States. (2011). *The State of Children's Dental Health: Making Coverage Matter*. Retrieved from http://www.pewtrusts.org/~media/legacy/uploadedfiles/pcs_assets/2011/TheStateofChildrensDentalhealthpdf.pdf

6.2 Chronic Diseases

Key issues

- Poor diet and physical activity, coupled with low access to healthy food
- High diabetes burden and poor preventive care, management, and education
- High cholesterol is prevalent
- High rates of chronic kidney disease and end-stage renal disease

Opportunities and Strengths

Need more advocacy to mandate policy changes surrounding sugars, sweets, beverages, and trans fats	Need to ban advertising for unhealthy eating and beverages
Should educate people on healthy living and lifestyles	There are community-based efforts to educate families and people in their workplaces about diabetes
Opportunity to increase training and support for caregivers of people with diabetes	

6.2.1 Exercise, Nutrition & Weight

Nutrition and access to healthy foods

Many Hawaii residents do not receive proper nutrition and are affected by food insecurity. 18.1% of adults ate five or more servings of fruits and vegetables daily, and 23.1% of adults ate less than one serving of vegetables per day in 2013. In 2012, 19.2% of households experienced food insecurity at some point during the year. Since 2012, no statewide policies have been enacted to decrease access to unhealthy food or drink, or to increase access to healthy food.

There is a lack of access to fresh fruits and vegetables

Highly impacted populations

Children, teens, and adolescents: In 2012, 23.9% of children lived in households that experienced food insecurity at some point during the year, and 1.4% experienced very low food security, compared to the Healthy People 2020 target of 0.2%. In addition, only 15.6% of high school students ate the recommended number of servings of fruits and vegetables daily in 2013.

Table 6.5: Physical Activity among Adolescents

Percentage of teens in 2013 Teens who:	Hawaii	US	HP2020
Attend daily physical education	7.3%	29.4%	36.6%
Meet aerobic physical activity guidelines	22.0%	27.1%	31.6%
Meet muscle-strengthening guidelines	46.3%	51.7%	-

Most high school aged adolescents in Hawaii did not engage in sufficient physical activity, as shown in Table 6.5. The U.S. Department of Health and Human Services recommends at least 60 minutes of aerobic physical activity every day and muscle strengthening at least three days a week for children and adolescents. The percentage of teens who attended daily physical education was much lower than the nation and was far from meeting the Healthy People 2020 target.

People from Micronesian regions: A key informant noted Micronesians experience high levels of obesity, in addition to other chronic diseases.

Race/ethnic groups: As shown in Table 6.6, obesity prevalence in adults and teens is highest among Other Pacific Islanders and Native Hawaiians. Multiracial children experienced the most food insecurity in 2012. Table 6.7 shows that households that were disproportionately food insecure were also multiracial, as well as Native Hawaiian or Pacific Islander.

Table 6.6: Obesity Prevalence

Obesity, 2013	Adults	Teens
Hawaii	21.8%	13.4%
Black	31.0%	-
Chinese	8.7%	-
Filipino	16.9%	13.8%
Japanese	14.4%	7.6%
Native Hawaiian	39.0%	19.3%
Other Asian	11.9%	6.0%
Other Pacific Islanders	57.4%	31.2%
Other	30.2%	12.2%
White	20.6%	7.2%

Table 6.7: Food Insecurity

	Hawaii	White	Asian	Nat. Hawaiian/ Pac. Islander	Two or More Races
Food insecurity among households, 2012	19.2%	10.5%	9.8%	45.8%	31.0%

6.2.2 Diabetes

Diabetes awareness and prevention

People with pre-diabetes will develop diabetes unless they change their lifestyle and eating habits. According to one key informant, the greatest needs in this area are prevention and detection because many people in Hawaii are unaware they are diabetic or pre-diabetic.

Many people in Hawaii with diabetes don't know they have it

Diabetes management

In 2013, only 46.9% of adult with diabetes in Hawaii took a course in diabetes self-management, failing to meet the Healthy People 2020 target of 62.5%.

A crucial part of managing diabetes is testing, as controlling blood glucose levels helps delay diabetic problems, such as eye disease, kidney disease, and nerve damage. The glycosylated hemoglobin (HbA1C, or A1c) test allows health providers to see how well blood glucose levels were controlled in the previous few months. As shown in Table 6.8, adults with diabetes in Hawaii did not meet the Healthy People 2020 targets for multiple tests in 2013; the percentage of adults with diabetes who test their blood glucose daily falls especially short.

Table 6.8: Diabetes Management

Percentage of adults with diabetes in 2013 who:	Hawaii	HP2020
Test their blood glucose daily	50.7%	70.4%
Have their feet checked during the year	71.6%	74.8%
Have a biannual HbA1c check	67.7%	71.1%

Poor diabetes management is linked to poor outcomes, and in 2013, 40.1% of adults with diabetes in Hawaii had an A1c value over 9%, compared to the Healthy People 2020 target of 16.1%. Additionally, 262.6 per 1,000,000 population had kidney failure due to diabetes in 2011, which is far from meeting the Healthy People 2020 target of 150.6 per 1,000,000 population.

According to one key informant, doctors are not always up-to-date on new advances in diabetes, and hospitals may discharge patients without providing them or their families with adequate training on diabetes management. In the broader community, many people are unaware that diabetes is a protected class under the Americans with Disabilities Act. A key informant noted workplaces and school systems are rarely knowledgeable about the needs of their employees and students with diabetes.

Comorbidity

Depression: A key informant noted that there is a direct link between diabetes and depression, which can lead to noncompliance in medication, self-harm, amputation, and even death from a diabetic coma. Young adults with Type 1 diabetes in particular may fail to take proper care of themselves, and experience a high rate of suicide in Hawaii.

Oral health: A key informant explained that oral health is a unique need for people with diabetes due to numb nerve-endings and the potential for undiagnosed abscesses. Quarterly trips to the dentist can help people with diabetes keep their teeth and prevent unnecessary oral surgery.

Highly impacted populations

Children, teens, and adolescents: According to a key informant, diabetes and other chronic health issues are becoming more common in children. Hawaii has an increasing number of children diagnosed with diabetes – this includes Type 2 diabetes in children as young as 2 years old.

Older adults: In 2012, 27.2% of Hawaii’s Medicare beneficiaries were treated for diabetes. It is unprecedented for people to live with diabetes for as long as they do now, and, according to a key informant, this is increasing healthcare costs. Despite this trend, caregiver training and support systems for elders with diabetes do not yet exist.

Rural communities: According to a key informant, diabetes is intergenerational and especially challenging to manage for low-income and rural populations due to low access to nutritious food.

Several ethnic groups are predisposed to diabetes - Native Hawaiians, Japanese, Filipino, Chinese and Pacific Islanders - but the reason for this is unknown

Homeless population: A key informant noted homeless shelters in particular present a problem for people with diabetes when the only food available is bread and juice.

People from Micronesian regions: One key informant linked a heavy burden of diabetes among individuals from Micronesian regions to limited capacity for diabetes management in Micronesia. These individuals' low-income status and poor access to care and healthy foods compound their health problems.

Race/ethnic groups: As shown in Table 6.9, Native Hawaiians or Other Pacific Islanders have the highest age-adjusted death rate due to diabetes.

Table 6.9: Death Rate due to Diabetes

	Hawaii	White	Asian	Native Hawaiian/ Pacific Islander
Death rate due to Diabetes, 2013*	15.4	9.4	11.6	82.0

*per 100,000 population

6.2.3 Heart Disease & Stroke

Prevention and education

Recognizing the early signs and symptoms of a stroke or heart attack and responding quickly is imperative to preventing disability and death. More Hawaii residents identified the early warning signs for a stroke than for a heart attack. However, awareness for neither condition met the Healthy People 2020 target.

Table 6.10: Awareness of Heart Attack and Stroke Symptoms

Heart attack and stroke awareness, 2009	Hawaii	HP2020
Heart attack		
Early symptoms	30.4%	43.6%
Early symptoms and calling 911	27.7%	40.9%
Stroke		
Early symptoms	41.8%	59.3%
Early symptoms and calling 911	37.5%	56.4%

High cholesterol

High blood cholesterol is a major risk factor for heart disease. Over one in three adults who had their cholesterol checked were told it was high. Neither this nor the percentage of adults who had their cholesterol tested met the Healthy People 2020 targets. In 2012, 54.0% of Medicare beneficiaries in Hawaii were treated for hyperlipidemia (high cholesterol and triglycerides), compared to 44.8% of beneficiaries nationwide.

Table 6.11: High Cholesterol Awareness and Prevalence

Percentage of adults in 2013 Who had:	Hawaii	HP2020
Cholesterol checked in the past 5 years	75.8%	82.1%
High cholesterol	34.9%	13.5%

Rehabilitation

Cardiac rehabilitation consists of exercise and education designed to help individuals recover, prevent or reduce heart problems, and improve quality of life. Referral rates for heart attack and stroke survivors to outpatient rehabilitation were lower in Hawaii than in the nation overall.

Table 6.12: Cardiac Rehabilitation Referral Rates

Referral rates to outpatient rehabilitation, 2013	Hawaii	U.S.
Stroke	23.5%	30.7%
Heart attack	19.1%	34.7%

Highly impacted populations

People from Micronesian regions: A key informant noted that people from Micronesian regions experience high levels of heart disease among other chronic diseases.

Race/ethnic groups: Native Hawaiians or Other Pacific Islanders have the highest death rates due to stroke and heart disease. This population has a death rate over three times higher than Hawaii’s overall population for heart disease, and nearly three times higher for stroke.

Table 6.13: Death Rates due to Heart Disease and Stroke

Death rate, 2013*	Hawaii	Black	White	Asian	Am. Indian/ Alaska Nat.	Nat. Hawaiian/ Pac. Islander	Other
Heart disease	68.9	40.0	64.6	57.1	259.1	252.5	14.2
Stroke	33.6	-	31.2	33.6	-	92.3	5.0

*per 100,000 population

6.2.4 Renal Disease

Chronic kidney disease and end-stage renal disease are more prevalent in Hawaii than in the U.S. 3.2% of adults in Hawaii had kidney disease (not including kidney stones, bladder infection, or incontinence), compared to 2.5% of the nation in 2013.

Once chronic kidney disease progresses to end-stage renal disease (ESRD), kidney transplants or dialysis are necessary for survival. In 2011, Hawaii had 419.7 cases of ESRD per 1,000,000 population, which is far from meeting the Healthy People 2020 target of 344.3 ESRD cases per 1,000,000.

Lack of dialysis care results in poorer health, inability to work, and increases poverty

6.2.5 Cancer

Incidence and death rates

Several cancers emerged in the analysis as areas of need for the State of Hawaii. The incidence rates for breast, colorectal, and liver and bile duct cancer were worse compared to the national average and other states in 2007-2011. In addition, the oropharyngeal cancer death rate was higher for Hawaii than the nation in 2011-2013 (2.6 deaths per 100,000 population and 2.5 deaths/100,000 population, respectively) and is short of meeting the Healthy People 2020 target. Cervical cancer death rates and prevention through pap tests are also areas for improvement, as discussed in Section 6.5.3.

Highly impacted populations

Race/ethnic groups: Several cancer mortality indicators had high index of disparity values, and the Native Hawaiian/Pacific Islander group typically emerged as the group faring most poorly, with death rates ranging from 2-5 times higher than the overall Hawaii rates. A notable exception is the melanoma cancer death rate, where the White subpopulation fared most poorly of the race/ethnic groups available for comparison. In contrast, the Asian group consistently performed better than the state.

Table 6.14: Death Rates due to Cancer

Cancer Death Rate*	Hawaii	White	Asian	Native Hawaiian / Pacific Islander
Breast, 2013	15.1	14.9	10.7	65.9
Cervical, 2011-2013	2.3	1.7	2.0	11.2
Melanoma, 2009-2013	1.5	3.9	0.5	3.3
Prostate, 2013	12.0	12.8	9.8	34.6

*per 100,000 population

A closer look at other data related to skin cancers reveals that the White population is most highly impacted by skin cancer, though the American Indian/Alaskan Native subpopulation has the highest rate of Sunburns Among Adults.

Table 6.15: Skin Cancer-Related Indicators

	Hawaii value	Highly impacted groups
Melanoma Cancer Prevalence, 2013	4.7%	White (11.3%)
Melanoma Incidence Rate, 2007-2011	20.0 cases/100,000 population	White (62.8 cases/100,000 population)
Sunburns Among Adults, 2012	19.0%	American Indian / Alaskan Native (42.1%) Native Hawaiian (21.4%) Other (25.3%) Other Pacific Islander (20.0%) White (28.9%)

6.3 Environmental Health & Respiratory Diseases

Key issues

- Poor indoor and outdoor air quality due to active volcanoes and secondhand smoke
- Asthma, especially among children under five
- Tuberculosis incidence

6.3.1 Environment

Air quality

Air quality, which impacts respiratory health, is an area of particular concern in the State of Hawaii due to sulfur dioxide production by active volcanoes and secondhand smoke exposure. In 2013, there were 254 days of unsatisfactory air quality in any region of Hawaii.

Secondhand smoke

Only 80.6% of homes in the state were smoke free in 2012. In addition, a high percentage of teens (85.9%) were exposed to secondhand smoke in 2013.

6.3.2 Respiratory Diseases

Asthma

Asthma is an issue in the general population, where there is a high death rate due to asthma in 2013. It is particularly problematic among children: 12.8% of children had asthma in 2013, and the Hawaii did not meet Healthy People 2020 targets for reducing emergency department visits (2011) and hospitalizations (2012) due to asthma among children under five.

Tuberculosis

Tuberculosis is an infectious respiratory disease. In Hawaii, it is primarily found among immigrants from Asia and the Pacific Islands where the disease is endemic. Many newly arrived residents have either active tuberculosis or latent tuberculosis, the latter of which could develop into future cases if left untreated. In 2014, 91% of new cases in the state were among foreign-born residents.¹²

Tuberculosis is an infectious respiratory disease. There were 8.6 incident cases of tuberculosis per 100,000 population in 2012 in Hawaii, which was over twice as high as the U.S. value of 3.2. In Hawaii, it is primarily found among immigrants from Asia and the Pacific Islands where the disease is endemic. Many newly arrived residents have either active tuberculosis or latent tuberculosis, which could develop into future cases if left untreated. Tuberculosis is a greater problem in Hawaii's foreign-born population compared to the U.S. (37.4 vs. 17.2 incident cases/100,000 population in 2011). In 2014, 91% of new cases were among foreign-born residents.¹³

¹² The Hawaii Department of Health. (Accessed September 15, 2015). *Tuberculosis Control Program Data & Statistics*. Retrieved from: <http://health.hawaii.gov/tb/data-statistics/#Immigration>

¹³ The Hawaii Department of Health. (Accessed September 15, 2015). *Tuberculosis Control Program Data & Statistics*. Retrieved from: <http://health.hawaii.gov/tb/data-statistics/#Immigration>

Highly impacted populations

Race/ethnic groups: Respiratory-related issues impact the Native Hawaiian/Pacific Islander group the most, where the overall death rate due to asthma is over four times as high for this group than for Hawaii overall.

Table 6.16: Death Rates due to Asthma and COPD

Death Rate*	Hawaii	White	Asian	Nat. Hawaiian/ Pac. Islander
Asthma, 2013	1.4	-	0.8	6.4
Asthma 35-64, 2009-2013	14.3	11.6	7.8	75.0
Asthma 65+, 2009-2013	49.1	29.7	54.3	150.3
COPD 45+, 2013	42.1	56.2	32.9	105.5

*per 100,000 population

6.4 Mental Health & Health Risk Behaviors

Key Issues

- High mental health burden and poor preventive care
- Poor access to substance abuse services
- Insufficient sleep and excessive screen time
- Avoidable injuries and deaths through safer behaviors
- Poor condom use among teens and low vaccination coverage among adults

Opportunities and Strengths

Should provide training to police to better assist mental health patients	Need to build community capacity and change policies to better serve residents dealing with substance abuse and mental health issues
Children with insurance have access to well-care visits and timely vaccinations	Find ways to share prevention message across cultural differences
There is a good program in schools to reach children who have not been vaccinated	

6.4.1 Mental Health & Mental Disorders

Prevalence of poor mental health

Poor access to mental health care in Hawaii worsens the burden of depression for residents. In 2012-2013, 7.9% of adults experienced a major depressive episode, but only 38.2% of these adults received treatment. See Section 6.1.2 for more information on access to mental health care in Hawaii.

Mental health is a frequent cause for hospitalization: according to data provided by Hawaii Health Information Corporation, 5,180 admissions across the state in 2011 were primarily attributed to mental health. Compared to the population make-up, these admissions were disproportionately male, 18-64 years of age, or white or other race.

Table 6.17: Hospitalizations due to Mental Health

	Percent of Mental Health Admissions, 2011	Percent of Population 18+
Gender		
Male	60%	50%
Female	40%	50%
Age Group		
18-64 years	92%	82%
65+ years	8%	18%
Race		
White	40%	24%
Hawaiian	14%	19%
Filipino	6%	16%
Japanese	7%	24%
Other	34%	18%

Data provided by Hawaii Health Information Corporation, December 2012

Prevention and screening

Although many key informants agree that mental health services would be best delivered through integration with primary care, currently healthcare providers are not effectively identifying and addressing mental health issues. Suggestions from key informants for improved preventive care include co-location of primary care and mental health services, and using telehealth and telepsychiatry to provide services to hard-to-reach populations.

Highly impacted populations

Chronic disease patients: Key informants noted that there is a two-way relationship between mental health and physical health, with increasing evidence that people with chronic disease are more likely to become depressed, and that depression contributes to a lack of motivation to practice healthy behaviors.

Children, teens, and adolescents: 10.6% of adolescents experienced a major depressive episode in 2012-2013. Concerns for teens also include cyber-bullying and eating disorders.

Homeless population: Key informants identified mental illness as a driving factor behind increasing rates of homelessness in Hawaii. This population often utilizes the emergency room for mental health issues that could be treated through regular, preventive mental health care.

Race/ethnic groups: There is evidence of high race/ethnic disparity for three quantitative measures in the area of mental health. The largest disparity is for the suicide death rate, where the Native Hawaiian / Pacific Islander group has a rate that is nearly three times higher than the overall population in the state.

Table 6.18: Highly Impacted Populations, Mental Health

	Hawaii value	Highly impacted groups
Suicide Death Rate, 2013	10.9 deaths/ 100,000 pop.	Native Hawaiian/Pacific Islander (31.2) Black/African American (24.8) White (15.3)
Depression: Medicare Population, 2012	7.4%	American Indian/Alaskan Native (17.8) Non-Hispanic White (11.6) Black/African American (8.7)
Adults who Experience Major Depressive Episodes, 2012-2013	7.9%	Black (20.0) Native Hawaiian (8.8)

6.4.2 Substance Abuse

Alcohol, tobacco, and illicit drug use

For most quantitative indicators of substance abuse, Hawaii residents reported lower rates compared to the U.S. However, rates of illicit drug use among adults and e-cigarette use among teens compare poorly to the nation. In June 2015, Hawaii raised the smoking age to 21, becoming the first U.S. state to do so.¹⁴

¹⁴ Skinner, C. (2015, June 20). Hawaii becomes first U.S. state to raise smoking age to 21. *Reuters*. Retrieved from: <http://www.reuters.com/article/2015/06/20/us-usa-hawaii-tobacco-idUSKBNOP006V20150620>

Table 6.19: Self-Reported Rates of Substance Abuse

Self-reported Rates of Substance Abuse, 2013	Hawaii	U.S.
Binge Drinking		
Adults	18.3%	26.9%
Teens (males)	10.6%	22.0%
Teens (females)	12.9%	19.6%
Cigarette Smoking		
Adults	13.3%	19.0%
Teens (grades 9-12)	10.4%	15.7%
Young teens (grades 6-8)	5.2%	-
E-cigarette Use		
Teens (grades 9-12)	10.0%	4.5%
Young teens (grades 6-8)	5.5%	1.1%
Marijuana Use		
Teens (grades 9-12)	18.9%	23.4%
Young teens (grades 6-8)	7.5%	-
Illicit Drug Use, 2012-2013		
Adults	10.3%	9.3%

Access to treatment

Hawaii residents with substance abuse problems have limited access to treatment. In 2012-2013, only 3.5% of residents aged 12 and older who needed illicit drug and/or alcohol services actually received treatment. Multiple key informants recognized that there is a lack of substance abuse services in Hawaii, with one describing services as fragmented and slow to respond.

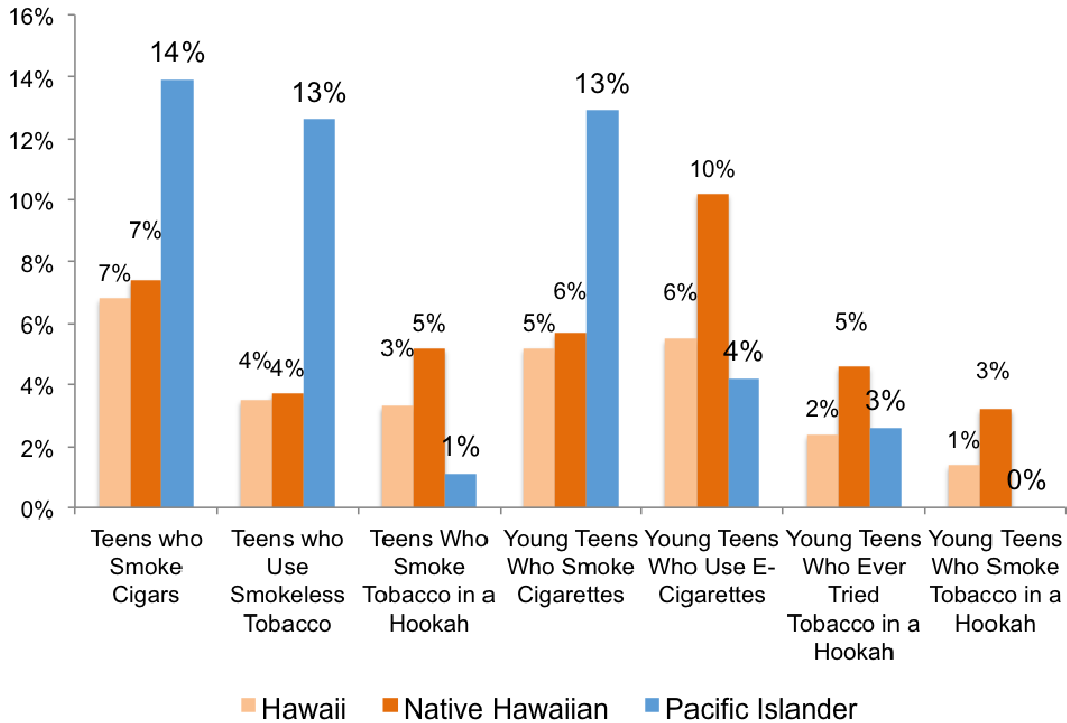
Alcohol-related traffic injuries and deaths

In addition to the negative health effects of alcohol abuse, many traffic injuries and deaths are alcohol-related in Hawaii. In 2012, 5.9% of adults reported having driven a vehicle after consuming excessive alcohol, and in 2008-2012, 41.6% of all motor vehicle crash deaths involved alcohol.

Highly impacted populations

Race/ethnic groups: There is evidence of high race/ethnic disparity for many quantitative measures, including seven indicators of teen tobacco use for which either Native Hawaiian or Pacific Islander teens had the highest rates of tobacco use.

Figure 6.8: Substance Abuse Among Native Hawaiian and Pacific Islander Teens



Among adults there are large race/ethnicity disparities in drug use rates, treatment rates, and drug-induced death rates.

Table 6.20: Substance Abuse Among Adults

Adult Substance Abuse Indicators	Hawaii value	Highly impacted groups
Adults Who Use Illicit Drugs, 2012-2013	10.3%	Black (28.9) Native Hawaiian (15.2) White (12.9) Native American / Alaskan Native (11.9)
Nonmedical Use of Stimulants, 2012-2013	1.6%	Native American / Alaskan Native (3.8) Native Hawaiian (1.9)
Received Treatment for Illicit Drug or Alcohol Use, 2012-2013	3.5%	Native Hawaiian (11.8) Asian (6.4) White (3.8)
Drug-Induced Deaths, 2013	10.6 deaths/100,000 population	Native Hawaiian or Other Pacific Islander (26.9) White (14.6)

6.4.3 Wellness & Lifestyle

Sleep patterns and screen time

In 2013, only 58.5% of adults and 26.8% of teens in Hawaii reported that they get sufficient sleep, defined as 7 or more hours of sleep on average for adults and 8 or more hours of sleep for teens. As a result of insufficient sleep, these residents may be at higher risk of chronic disease and depression. Many teens in Hawaii are also engaging in excessive screen time, with 42.1% of teens reporting playing video games or using a computer for more than three hours per day in 2013.

6.4.4 Prevention & Safety

Unintentional injuries

Many accidental deaths could be averted through behavioral change or improved safety education in Hawaii. Healthy People 2020 targets for the rate of pedestrian deaths and nonfatal pedestrian injuries are unmet in Hawaii. Key informants described a need for a cultural shift towards practicing safer behaviors, and the lack of safe practices is evident in several quantitative indicators. In 2013, 43.3% of teens reported texting or emailing while driving, and 37.1% rode with a driver who had been drinking in 2009.

We should increase the understanding that injuries are preventable and a legitimate concern for public health attention

Domestic violence

Domestic violence can inflict physical and long-lasting psychological injury. In Hawaii, 9.5% of adults reported in 2013 that they had experienced physical abuse from a current or former intimate partner, and 3.6% experienced sexual abuse.

Highly impacted populations

Race/ethnic groups: High disparities by race/ethnicity are evident for many injury-related indicators. Groups that frequently have the highest mortality rates due to injury are Native Alaskan/American Indian and Native Hawaiian or Other Pacific Islanders.

Table 6.21: Highly Impacted Populations, Prevention and Safety

Injury-related Death Rates (deaths/100,000 population)	Hawaii value	Highly impacted groups
Injury Death Rate, 2013	42.4	Native Alaskan/American Indian (129.7) Native Hawaiian or Other Pacific Islander (116.6) White (51.0)
Unintentional Injury Death Rate, 2013	27.5	Native Alaskan/American Indian (84.4) Native Hawaiian or Other Pacific Islander (75.1) White (29.9)
Poisoning Death Rate, 2013	10.8	Native Hawaiian or Other Pacific Islander (26.3) White (15.8)
Motor Vehicle Collision Death Rate, 2012	8.6	Native Hawaiian or Other Pacific Islander (32.2)
Firearm-Related Death Rate, 2013	2.4	Native Hawaiian or Other Pacific Islander (7.6) White (3.9)
Drowning Death Rate, 2013	2.0	Native Hawaiian or Other Pacific Islander (5.1)
Homicide Death Rate, 2011-2013	1.7	Native Hawaiian or Other Pacific Islander (8.3)
Unintentional Suffocation Death Rate, 2011-2013	1.6	Native Hawaiian or Other Pacific Islander (3.7)

6.4.5 Immunizations & Infectious Diseases

Safe sex behaviors

Sexually transmitted infections can be controlled through the use of condoms, but in 2013 only 53.5% of males and 41.5% of females in grades 9-12 who had sex reported using condoms. The rate of chlamydia incidence among women in Hawaii (649.9 cases per 100,000 women) is much higher than the national average of 456.7 cases per 100,000 women.

Vaccine-preventable disease

Hawaii is very far from meeting Healthy People 2020 targets for influenza and pneumonia vaccination among adults.

Table 6.22: Vaccination Rates among Adults

Rates of vaccination, 2013	Hawaii	Healthy People 2020 Target
Influenza		
Adults 18-64	40.3%	80.0%
Adults 65+	69.9%	90.0%
Pneumonia		
Adults 65+	68.2%	90.0%

6.5 Women's, Infant, & Reproductive Health

Key Issues

- Substance abuse in pregnant women
- Poor birth outcomes among Black mothers and infants
- Low condom usage among both male and female adolescents

6.5.1 Maternal, Fetal, & Infant Health

Poor birth outcomes

Very early preterm births (less than 32 weeks of gestation) made up 2.3% of total births to resident mothers in Hawaii in 2013, compared to just 1.9% nationally. The percent of low birth weight births in the state is higher than both the national average and the HP2020 target. Additionally, both neonatal (within first 28 days of life) and infant (within first year of life) mortality rates in Hawaii are above national rates.

While Hawaii is close to meeting many of its 2018 Title V-related Maternal and Child Health goals,¹⁵ it must still close sizable gaps in the percent of pregnant women who begin receiving prenatal care in the first trimester, and the percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates. Postpartum, the percentage of infants receiving formula supplementation within the first two days of life fail to meet the Healthy People 2020 target and is slightly higher than the

There are negative and potentially long-term impacts of maternal substance abuse on outcomes for children

national average (19.6% vs. 19.4%). The percent of newborns screened for hearing loss is high in Hawaii (98.8%), but the prevalence of hearing loss is also high: Hawaii had the highest rate in the nation as of 2008, at 3.7 cases per 1,000 newborns screened, which is over three times the national rate (1.2 cases per 1,000 newborns screened).¹⁶

Substance abuse among pregnant women

A key informant linked poor child health outcomes to substance abuse among pregnant women in Hawaii. Quantitative data also reflects the problem of drinking during pregnancy, with the percent of pregnant women abstaining from binge drinking (92.2% vs. 95.8% in the U.S.) failing to meet the Healthy People 2020 target.

A high percentage of pregnant women on Hawaii Island are abusing substances – smoking, drinking, and using illegal substances

¹⁵ The Maternal and Child Health Federal-State Partnership, Health Resources and Services Administration. (2013). *Maternal and Child Health (MCH) Measures*. Retrieved from:

<https://mchdata.hrsa.gov/TVISReports/Snapshot/SnapShot.aspx?statecode=HI>

¹⁶ Family Health Services Division, Department of Health, State of Hawaii. (2010). *State of Hawaii Maternal and Child Health Needs Assessment*. Retrieved from:

<https://mchdata.hrsa.gov/tvisreports/Documents/NeedsAssessments/2011/HI-NeedsAssessment.pdf>

Highly impacted populations

Race/ethnic groups: Black neonatal and infant mortality rates are much higher than any other race/ethnicity, at more than triple the Hawaii neonatal mortality rate and more than double the Hawaii infant mortality rate.

Table 6.23: Neonatal and Infant Mortality Rates

2013 Rates by Race/Ethnicity	Neonatal Mortality Rate	Infant Mortality Rate
Overall	4.4	6.2
Black	15.8	15.8
White	4.0	5.7
Filipino	5.3	7.9
Native Hawaiian	4.4	5.8
Other Pacific Islander	-	5.4

6.5.2 Family Planning

Condom usage is much lower among adolescents in Hawaii than nationwide. Among adolescent males in public school grades 9-12 who had sex in the past month, only 53.5% (vs. 65.8% nationally) used a condom; among females, the value is even lower: 41.5% (vs. 53.1% nationally). Neither group meets the Healthy People 2020 targets of condom use. Delayed sexual initiation, as measured by abstinence from sex among teen boys (66.1%), teen girls (62.3%), and young teen boys (90.5%), also falls short of Healthy People 2020 targets.

Highly impacted populations

Race/ethnic groups: While the overall teen birth rate in Hawaii is lower than the national average, births to teen mothers of Native Hawaiian and Other Pacific Islander descent (123.7 births/1,000 women ages 15-19) occur at nearly five times the average state rate of 25.0 births/1,000 women ages 15-19. Births to mothers with fewer than 12 years of education were the highest among women of these race groups, at 10.4% for Native Hawaiians and 19.2% for Other Pacific Islanders.

6.5.3 Women's Health

As highlighted in Section 6.4.5, chlamydia rates are very high among women in Hawaii. Indicators of women's preventive care show that the state must improve in order to meet Healthy People 2020 targets, especially in regards to preventive services for older women and Pap smears among adult women ages 18-64. Hawaii also falls just short of meeting the Healthy People 2020 target for a related indicator, cervical cancer death rate. Incidence of breast cancer is also high in the state, at 126.0 cases/100,000 females, compared to 123.0 cases/100,000 females nationwide. Both cervical and breast cancers impact women of Native Hawaiian and Other Pacific Islander descent disproportionately, as previously discussed in Section 6.2.5.

7 A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the qualitative and quantitative data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

7.1 Children, Teens, and Adolescents

Key Issues

- Children’s access to care, particularly in Micronesian families
- Diabetes and asthma among children
- High adolescent attempted suicide rates, especially among Pacific Islander youth
- Excessive screen time and insufficient physical activity among teens
- Children’s oral health
- Low condom use among both teen boys and girls

Opportunities and Strengths

Need to provide training to parents of children newly diagnosed with diabetes	Improve school accommodations for children with diabetes
There are opportunities to bring healthcare into schools	Need for better oral health tracking system for children
Chance for Departments of Health and Education to provide dental services in schools	

7.1.1 Access to Care

Only 65.2% of teens and 46.0% of young teens received a physical in the past year, short of the Healthy People 2020 target of 75.6% for both groups.

Key informants discussed several key challenges in children’s access to care. Language is a major barrier for many families in the state. Particularly vulnerable are children whose parents work multiple jobs, have no childcare options, and are low-income. Micronesian families were identified as especially difficult to reach; one informant called on other community members to assist in connecting with them. Another key informant identified vaccination as a major access to care issue, with more resources needed to help parents who do not have the means to vaccinate their children against common diseases. One informant indicated that while some schools are better equipped to serve students’ health needs than others, schools overall need more support to provide care for students; relying on principals and health aides is not enough.

When kids attend school irregularly, it impacts the continuity of their education as well as their healthcare

7.1.2 Chronic Health Issues

Diabetes and asthma: Diabetes and asthma are growing issues for children in the State of Hawaii. A key informant expressed concerns at the increasing diabetes prevalence, and at the lack of training and preparation for parents and schools to adequately care for children with diabetes. As seen in Section 6.3.2, asthma indicators for children in the state are poor. Another key informant reiterated the increasing frequency of chronic health conditions among students in schools, and echoed the call for more healthcare support in schools.

School systems don't know how to accommodate children with diabetes – for example, providing snacks during tests, finger pricks before lunch, and knowing the warning signs of high or low insulin levels

Wellness: Only about a quarter of teens in the state get sufficient sleep on school nights, compared to 31.7% nationally.

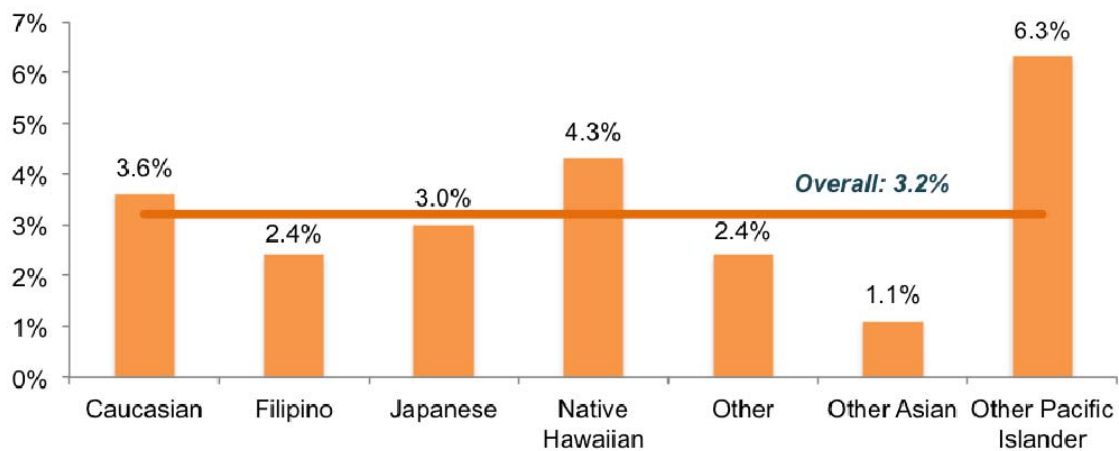
7.1.3 Health Education

Schools in Hawaii have not yet attained the subset of Healthy People 2020 goals to increase the percentage of public schools with health skills curricula to 100%.

7.1.4 Mental Health

Eating disorders, cyber-bullying, and higher rates of major depressive episodes are issues for Hawaii's teens (Section 6.1.2). Suicide attempts, which are closely tied to mental health issues, are higher among teens in the state than the national average. Attempted suicide is a particularly pressing health issue for teens of Pacific Islander descent, as seen in Figure 7.1. One interviewee also linked some students' learning barriers to cuts in mental health budgets.

Figure 7.1: Teens who Attempted Suicide by Race/Ethnicity, 2013



7.1.5 Mortality

Mortality rates for children of Native Hawaiian or Other Pacific Islander descent are very high: 607.7 deaths/100,000 children ages 0-4 and 34.1 deaths/100,000 children ages 5-9, compared to rates of 148.7 and 9.8, respectively, for children in the state overall. Death rates among Black or African American children ages 0-4 are nearly as high, at 535.4 deaths/100,000 children.

7.1.6 Nutrition and Physical Activity

As previously discussed, food insecurity affects a higher-than-average share of children in the State of Hawaii compared to the U.S. overall. Too few teens in the state get enough physical activity, and too many spend more than the recommended amount of time on the computer or playing video games (Section 6.2.1).

7.1.7 Oral Health

Multiple key informants highlighted children’s oral health as a major concern in the state. Among the issues are the lack of infrastructure for tracking oral health data, limited school-based prevention programs, and dental professional shortages in many areas. One key informant mentioned that parents are often unclear on what options are available for their families, and another called on the Departments of Health and Education to provide fluoride and sealant services in schools.

Oral health is a challenge, especially for children

7.1.8 Substance Abuse and Substance-Free Environments

While teens in Hawaii use some substances at a lower rate than the nation (Section 6.4.2), e-cigarette experimentation and usage are particularly high. Overall adolescent usage of alcohol or illicit drugs is also above average (18.1% vs. 15.9% nationally). Substance use tends to be higher among teens of Native Hawaiian, Other Pacific Islander, and Caucasian descent. Additionally, a much larger proportion of teens in Hawaii reported riding with a driver who had been drinking, compared to the U.S. overall (Section 6.4.4).

The state falls short of meeting Healthy People 2020 substance-free environment targets, including smoke-free middle, junior high, and high schools, as well as limited teen and young teen exposure to secondhand smoke. Indicators of exposure to tobacco advertising are higher than Healthy People 2020 targets.

7.1.9 Teen Sexual Health

Condom use and abstinence from sex is low among both teen boys and girls in the state (Section 6.4.5). Among public high school students in 2013, 11.1% had experienced intimate partner violence in the past year, more than the nationwide average of 10.3%.

7.2 Older Adults

Key Issues

- Multiple challenges in accessing care
- Lack of care coordination and support systems
- Chronic diseases including Alzheimer’s, diabetes, asthma, and osteoporosis

Opportunities and Strengths

Need more housing options for older adults discharged from hospitals to prevent homelessness	Redefine support services for older adults as healthcare services
Opportunities to develop more partnerships with the healthcare industry to implement evidence-based programs in healthy aging	Use caregiver assessments to provide better support for caregivers

7.2.1 Access to Care

Older Hawaii residents face healthcare challenges such as high medical costs and limited health literacy. Difficulty in accessing care may contribute to many elderly in Hawaii not being up to date on a core set of clinical preventive services: in 2013, the influenza and pneumonia vaccination rates among adults 65+ were 69.9% and 68.2%, respectively.

Support systems: According to key informant expertise, multi-generational living in Hawaii is a hidden system of long-term care, which is susceptible to change. Multiple key informants stressed the need to support caregivers for Hawaii’s growing elderly population.

Caregivers are the backbone of long-term care and support

Continuity of care: Key informants noted the lack of coordination for healthcare services and nonmedical needs for older adults. Support services include home risk assessment, fall prevention, nutrition education, Medicare outreach and enrollment, caregiver support, and transportation.

Insurance companies do not treat post-care and follow-up work as part of their scope of service

End-of-life care: A key informant observed that physicians and caregivers find conversations about end-of-life options difficult. As a result, elderly in Hawaii receive unwarranted care and die in hospitals rather than in preferred home-based settings.

7.2.2 Chronic Diseases

Older adults in Hawaii struggle with high rates for both emergency department visits and deaths due to asthma. Neither rate is near its Healthy People 2020 target, as shown in Table 7.1.

Table 7.1: Rates of ED Visits and Deaths due to Asthma in Older Adults

Asthma rates in population 65+	Hawaii	HP2020
ED visits, 2011 (per 10,000)	30.0	13.7
Deaths, 2009-2013 (per 1,000,000)	49.1	21.5

Diabetes and kidney disease are also areas of concern for this subpopulation, as evidenced by high Medicare utilization in 2012 for these respective chronic health issues. Osteoporosis is another health need for older adults, disproportionately affecting Asian or Pacific Islanders.

Table 7.2: Osteoporosis in Medicare Population

	Hawaii	Black	White	Asian or Pac. Islander	Hispanic
Osteoporosis among Medicare Beneficiaries, 2012 ¹⁷	8.4%	2.2%	5.3%	10.7%	5.1%

7.3 Low-Income Population

Many key informants identified poverty as a major contributor to poor health outcomes. One key informant observed that lower levels of income and education were correlated with a higher burden of health issues. Low-income residents experience substantial challenges in accessing care—especially mental health services—and the resources needed for a healthy lifestyle, such as nutritious foods. A key informant indicated that low Medicaid reimbursement rates contribute to physician shortages across the state. Some low-income communities do not have access to any providers who accept Medicaid.

7.4 Rural Communities

Opportunities and Strengths

Telehealth can improve access to services for residents of remote areas

Key informants noted that rural communities are often also lower-income. Limited access to healthy foods in these areas increases the incidence of obesity and diabetes among residents. Few providers in remote areas mean these communities have limited health, mental health, and dental services. However, one key informant saw telehealth as a promising option for improving access to care in these communities.

7.5 People with Disabilities

Key issues

- More complete care
- Employment and housing
- Children with developmental disabilities

In 2013, 18.4% of adults had a disability in the State of Hawaii, compared to 10.8% in the United States. Common causes of disability range from medical, including arthritis, back pain, heart disease, cancer, depression, and diabetes, to developmental, such as Down syndrome, attention-deficit/hyperactivity disorder, and autism spectrum disorder.

¹⁷ Centers for Medicare & Medicaid Services

Access to Care

There is a need for improved continuity of care for individuals with disabilities and other special healthcare needs. As previously discussed in Section 6.1.1, a low percent of youth ages 12-17 with special healthcare needs were encouraged by their doctors to increase self-care responsibilities and had discussed continuity of care with them. Key informants in the community also observed that the service system for people with disabilities is fragmented and called for expanding coverage to home and community-based services.

Economy

According to the American Community Survey,¹⁸ 23.4% of people with disabilities aged 20-64 were living in poverty in 2013. Individuals with disabilities tend to experience a higher unemployment rate than those without disabilities. In 2012, 29.0% of people with disabilities aged 16-64 were employed, and 10.7% were currently unemployed and looking for a job. Employment affects financial status, increases community involvement and sense of independence, and can improve access to healthcare. Key informants also described housing and employment as main needs for this population. Disabilities can also limit an individual's ability to work. Of adults with arthritis, 31.1% reported that arthritis or joint symptoms affected their ability to work in 2013.

Developmental Disabilities

The state still must close some gaps in providing coordinated, ongoing, and community-based care to children with special healthcare needs in order to meet 2018 goals.¹⁹ The number of children with Autism Spectrum Disorder (ASD) receiving Department of Education Special Education services increased from 960 in 2005 to 1,268 in 2009, possibly reflecting increased ASD awareness and screening.²⁰

7.6 Homeless Population

Key issues

- Affordable housing
- Mental health and substance abuse
- Basic primary care services and physical needs
- High emergency room utilization

¹⁸ American Community Survey. (2013). *Poverty Status in the Past 12 Months by Disability Status by Employment Status for the Population 20 to 64 Years*. Available from <http://factfinder.census.gov>

¹⁹ The Maternal and Child Health Federal-State Partnership, Health Resources and Services Administration. (2013). *Maternal and Child Health (MCH) Measures*. Retrieved from: <https://mchdata.hrsa.gov/TVISReports/Snapshot/SnapShot.aspx?statecode=HI>

²⁰ Family Health Services Division, Department of Health, State of Hawaii. (2010). *State of Hawaii Maternal and Child Health Needs Assessment*. Retrieved from: <https://mchdata.hrsa.gov/tvisreports/Documents/NeedsAssessments/2011/HI-NeedsAssessment.pdf>

Opportunities and Strengths

An initiative brings together service providers and city, state, and federal agencies to address the needs of the homeless.

According to the National Alliance to End Homelessness, 45.1 individuals per 10,000 population experienced homelessness in the State of Hawaii in 2013, which is nearly twice as high as the national rate (19.3 per 10,000 population).²¹ Additionally, one of four homeless individuals is a child under 18.²² According to key informants, areas of improvement for the homeless include affordable housing, basic primary care services, and mental health and substance abuse treatment.

We need to create pathways to housing for the mentally ill homeless

Although homelessness in the general population increased only by 1.4% from 2012 to 2013, individual chronic homelessness increased by 13.3% and veteran homelessness increased by 10.1% in that time period.²¹ More recently, initiatives like the Mayors Challenge to End Veteran Homelessness have set goals to combat homelessness in Hawaii.²³ One key informant attributed the rise in homelessness to mental health issues and lack of affordable housing and recognized the older adult population as at risk for homelessness if their rent is not paid when they are hospitalized. Key informants also observed the homeless population as high utilizers of the emergency room, which serves as shower and shelter and fulfills basic medical and dental care, rather than emergency services.

7.7 People from Micronesian Regions

Key issues

- Many cultural and linguistic barriers
- High suicide rates
- High health needs in chronic diseases

Opportunities and Strengths

Community members can help in reaching Micronesian families

Access to Care

Key informants recognized that individuals from Micronesian regions struggle with healthcare coverage, access to services, and poverty. Financial assistance policies for this population are changing and will affect this population's access to healthcare in the future.

²¹ National Alliance to End Homelessness. (2014). *The State of Homelessness in America 2014*. Retrieved from <http://www.endhomelessness.org/library/entry/the-state-of-homelessness-2014>

²² Yuan, S., Vo, H., & Gleason, K. (2014). *Homeless Service Utilization Report: Hawai'i 2014*. Retrieved from: http://uhfamily.hawaii.edu/publications/brochures/60c33_HomelessServiceUtilization2014.pdf

²³ <http://www.honolulu.gov/housing/mayorschallenge.html>

This community also faces discrimination and stigma, in addition to cultural and language barriers, at hospitals and other health provider settings. Key informants recognized the need to improve outreach and engagement in a way that is culturally acceptable.

Chronic Diseases

Key informants noted that this group experiences high health needs in chronic diseases, including diabetes, obesity, cancer, and heart disease.

Mental Health and Health-Risk Behaviors

Mental health issues are significant for people from Micronesian regions. In particular, suicide is a major issue in the Micronesian population, and the problem is exacerbated by poor access to mental health services and cultural barriers that make depression difficult to prevent and treat.

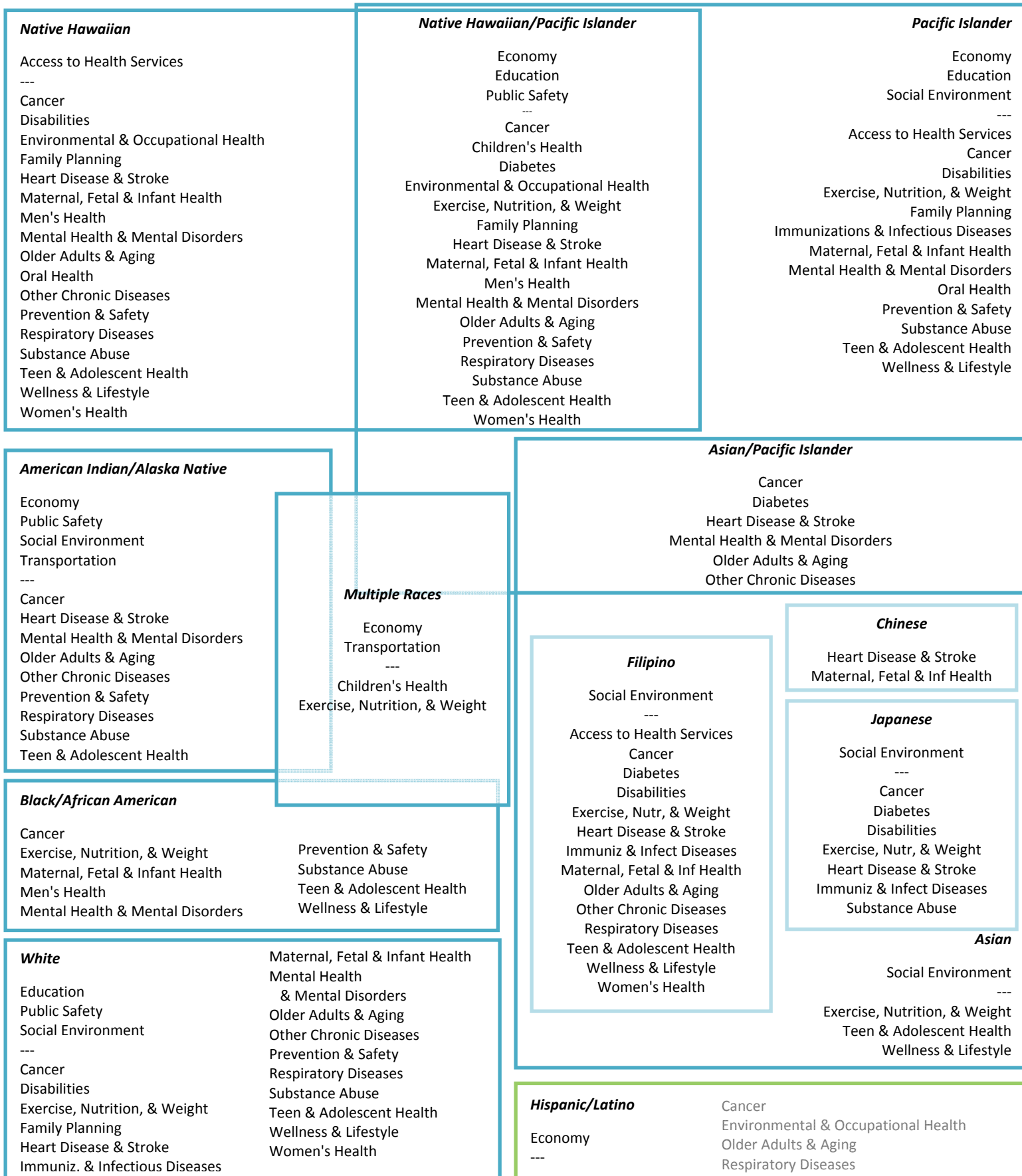
One key informant also noted that disease outbreak occurs in this group due to poor living conditions, such as pertussis outbreaks in those living off the grid with poor quality water and sanitation.

Individuals from Micronesian regions face discrimination at community health centers and hospitals

7.8 Disparities by Race/Ethnic Groups

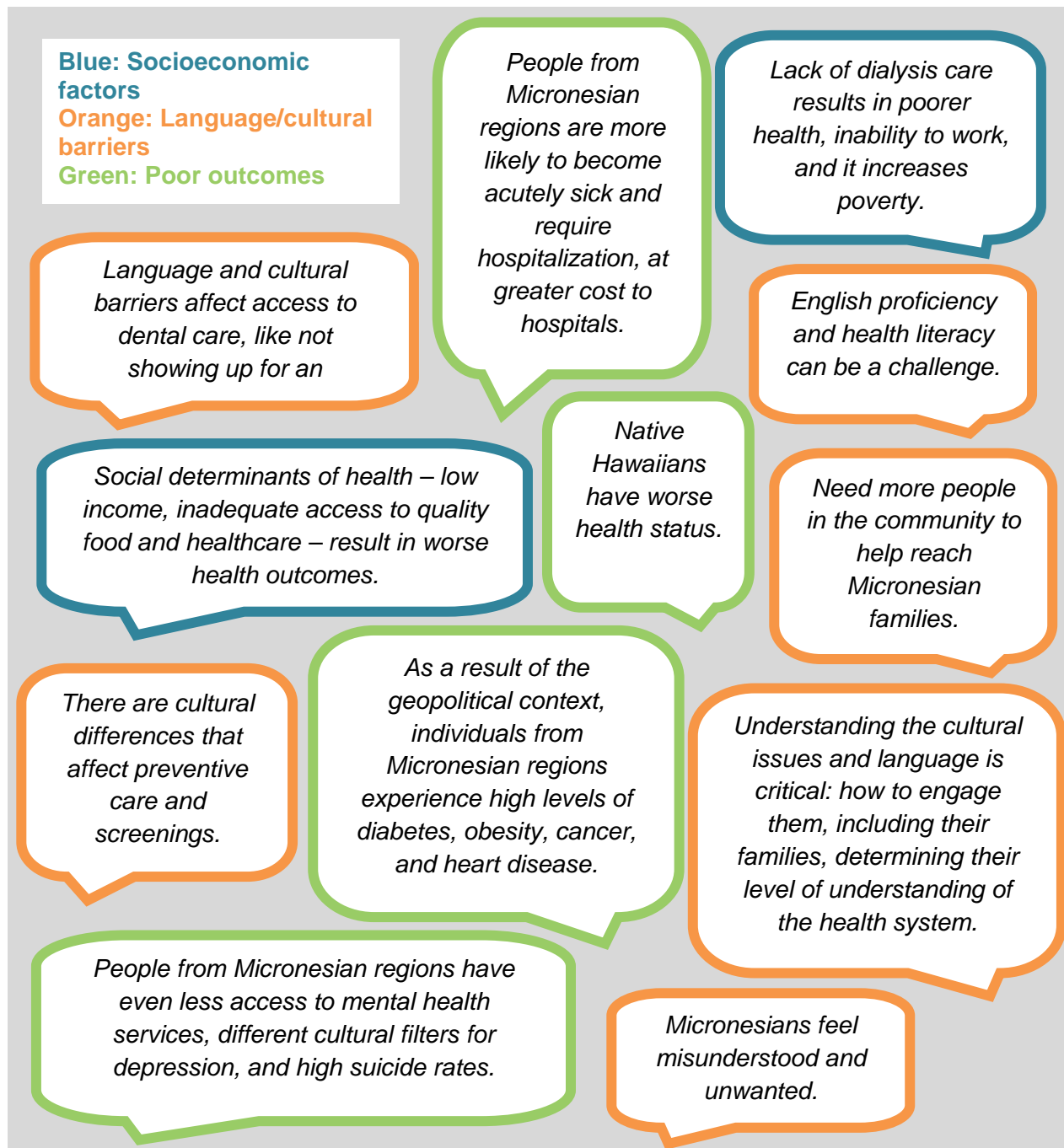
Both quantitative and qualitative data illustrate the health disparities that exist across Hawaii's many racial and ethnic groups. Figure 7.2 identifies all health topics for which a group is associated with the poorest value for at least one quantitative indicator. Within each list, Quality of Life measures are presented before the Health Topic Areas. The list is particularly long for Native Hawaiians and Pacific Islanders.

Figure 7.2: Disparities by Race/Ethnicity



Qualitative data collected from health experts in the state corroborate the poor health status of many Native Hawaiians and Pacific Islanders. Residents from Micronesian regions were identified as high-risk for many health issues. More broadly, many informants noted language and cultural barriers to improving health in the multicultural communities of Hawaii. Below are a few excerpts taken from conversations with key informants that highlight the issues impacting different racial and ethnic groups in the state.

Figure 7.3: Key Informant-Identified Health Issues Impacting Racial/Ethnic Groups



8 Conclusion

While there are many areas of need, there are also innumerable community assets and a true *aloha* spirit that motivates community health improvement activities. This report provides an understanding of the major health and health-related needs in Hawaii and guidance for community benefit planning efforts and positively impacting the community. Further investigation may be necessary for determining and implementing the most effective interventions.

Community feedback to the report is an important step in the process of improving community health and is encouraged and welcome. Please submit your thoughts and comments to the REHAB Business Development team via email to bd@rehabhospital.org.



REHABILITATION HOSPITAL
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State of Hawaii
Community Health Needs Assessment
APPENDIX

Appendix A. Quantitative Data

Secondary Data Scoring

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

Comparison to Distribution of State Values

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



Comparison to U.S. value

For a comparison to the U.S. value, the scoring depends on whether Hawaii has a better or worse value, and the percent difference between the two values.

Comparison to Healthy People 2020 Target

For a comparison to a Healthy People 2020 target, the scoring depends on whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Comparison to Trend

The Mann-Kendall statistical test for trend is used to assess whether the indicator value is increasing over time or decreasing over time, and whether the trend is statistically significant.

The trend comparison uses the four most recent comparable values for the state, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, scoring was determined by direction of the trend and statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. All missing comparisons are substituted with a neutral score for the purposes of calculating the indicator's weighted average.

Indicator and Topic Scores

Indicator scores are calculated by averaging all comparison scores. Topic scores are calculated as an average of all relevant indicator scores, and indicators may be included in multiple topics as appropriate.

Secondary Data Sources

Key	Source
1	Alcohol-Related Disease Impact
2	American Community Survey
3	Area Health Resources Files
4	BEACH Program, Environmental Protection Agency
5	Behavioral Risk Factor Surveillance System
6	Breastfeeding Report Card
7	CDC Diabetes Data & Trends
8	Centers for Medicare & Medicaid Services
9	Common Core of Data
10	County Health Rankings
11	Current Population Survey
12	Fatality Analysis Reporting System
13	Feeding America
14	Food Security Supplement to the Current Population Survey
15	Hawai'i State Department of Health
16	Hawaii Child Restraint Use Survey
17	Hawaii Health Information Corporation
18	Hawaii Health Survey
19	Hawaii Helmet Use Survey
20	Hawaii State Department of Education
21	Hawaii State Department of Health
22	Hawaii State Department of Health, Hawaii Birth Defects Program
23	Hawaii State Department of Health, State Laboratories Division
24	Hawaii State Department of Health, State Laboratories Division, Air Surveillance and Analysis
25	Hawaii State Department of Health, STD/AIDS Prevention Branch
26	Hawaii State Department of Health, Tuberculosis Control Program
27	Hawaii State Department of Health, Vital Statistics
28	Hawaii State Department of Human Services
29	Hawaii State Department of Human Services, SNAP Program
30	Hawaii State Department of Transportation
31	Healthy Hawaii Initiative Mediators Survey
32	Institute for Health Metrics and Evaluation
33	National Assessment of Educational Progress
34	National Cancer Institute

35	National Center for Education Statistics
36	National Immunization Survey
37	National Occupant Protection Use Survey
38	National Survey of Children with Special Health Care Needs
39	National Survey of Children's Health
40	National Survey on Drug Use and Health
41	Natural Resources Defense Council
42	Pregnancy Risk Assessment Monitoring System
43	School Health Policies and Practices Study
44	School Health Profiles Survey
45	State Medicaid Coverage Survey for Tobacco-Dependence Treatments
46	State Synar Enforcement Reporting
47	State Tobacco Activities Tracking & Evaluation System
48	Tobacco Use Supplement to the Current Population Survey
49	U.S. Bureau of Labor Statistics
50	U.S. Census - County Business Patterns
51	U.S. Census Bureau
52	U.S. Department of Agriculture - Census of Agriculture
53	U.S. Environmental Protection Agency
54	Uniform Crime Reports
55	Uniform Data System (UDS)
56	United States Renal Data System
57	Youth Risk Behavior Surveillance System
58	Youth Tobacco Survey

Data

The following tables present the data used in the quantitative data analysis. The first table on the next page presents topic scores, with higher scores indicating higher need. The tables following the topic scoring contain a comprehensive list of the indicators that comprise each topic. For individual indicators, values for specific race/ethnic groups are presented if they were poorer than the overall indicator value, and if the indicator had a high index of disparity. To identify the source for each indicator, please consult the source key table in the previous section.

STATE OF HAWAII

Data Scoring Appendix: Topic Scores

Health or Quality of Life Topic	Secondary Data Score
Other Chronic Diseases	1.63
Mental Health & Mental Disorders	1.60
Immunizations & Infectious Diseases	1.58
Environmental & Occupational Health	1.54
Social Environment	1.53
Education	1.52
Economy	1.50
Wellness & Lifestyle	1.50
Diabetes	1.50
Respiratory Diseases	1.48
Access to Health Services	1.47
Teen & Adolescent Health	1.45
Substance Abuse	1.45
Heart Disease & Stroke	1.41
Family Planning	1.40
Environment	1.40
Children's Health	1.39
Older Adults & Aging	1.39
Public Safety	1.37
Exercise, Nutrition, & Weight	1.35
Women's Health	1.35
Disabilities	1.28
Cancer	1.23
Oral Health	1.23
Prevention & Safety	1.15
Maternal, Fetal & Infant Health	1.14
Other Conditions	1.13
Mortality Data	1.13
Transportation	1.02
Men's Health	0.82

STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
ACCESS TO HEALTH SERVICES								
Continuity of Health Care Among Youth with Special Health Care Needs	38	37.3	45.3	40	2009-2010	percent	2.00	
Non-Physician Primary Care Provider Rate	10	39			2013	providers/100,000 population	1.88	
Teens Who Had a Physical in the Past Year	57	62.2	75.6		2013	percent	1.88	
Young Teens Who Had a Physical in the Past Year	57	46	75.6		2013	percent	1.88	
Preventive Services for Older Men	5	40.5	44.6	41.8	2013	percent	1.75	
Preventive Services for Older Women	5	40.2	46.8	39.2	2013	percent	1.75	
Routine Checkup in the Past Year	5	67.7		68.2	2013	percent	1.63	
Adults who Visited a Dentist	5	70.4		67.2	2012	percent	1.50	
Adults without Health Insurance	5	10		20	2013	percent	1.25	NH (15.1) PI (26.9)
No Doctor Visit due to Cost	5	8.6		15.3	2013	percent	1.13	NH (13.5) PI (19.6) FIL (12.1) Other (14.1)
Number of Practicing Nurse Practitioners	3	30.4			2013	per 100,000 population	1.13	
Number of Practicing Physician Assistants	3	18.8			2013	per 100,000 population	1.13	
Primary Care Provider Rate	10	85			2011	providers/100,000 population	1.13	
Adults with a Usual Source of Health Care	5	85.1	83.9	76.6	2013	percent	1.00	
Persons with Health Insurance	18	93.7	100	83.1	2012	percent	1.00	
CANCER								
Liver and Bile Duct Cancer Incidence Rate	34	10.6		7.1	2007-2011	cases/100,000 population	2.38	
Oropharyngeal Cancer Death Rate	27	2.6	2.3	2.5	2011-2013	deaths/100,000 population	2.13	
Breast Cancer Incidence Rate	34	126		122.7	2007-2011	cases/100,000 females	1.88	
Pap Test History	5	79.1	93	78	2013	percent	1.75	
Cervical Cancer Death Rate	27	2.3	2.2	2.3	2011-2013	deaths/100,000 females	1.63	NHPI (11.2)
Colorectal Cancer Incidence Rate	34	46.4		43.3	2007-2011	cases/100,000 population	1.63	
Cancer: Medicare Population	8	7.5		7.9	2012	percent	1.50	
Colon Cancer Screening	5	66.4	70.5	65.1	2013	percent	1.50	
Five-Year Cancer Survivorship	5	66.7	71.7	66.3	2012	percent	1.50	
Teens Who Use Sunscreen	57	10.7	11.2	10.1	2013	percent	1.50	
Colon Cancer Death Rate	27	14	14.5	14.6	2013	deaths/100,000 population	1.38	
Melanoma Incidence Rate	34	20		19.7	2007-2011	cases/100,000 population	1.38	White (62.8)
Blood Stool Test	5	22.3		14.2	2013	percent	1.25	
Mammogram History	5	80.4		74	2013	percent	1.25	
Cervical Cancer Incidence Rate	34	7.3		7.8	2007-2011	cases/100,000 females	1.13	
HPV Vaccination	5	11.9		10.6	2013	percent	1.13	
Melanoma Cancer Prevalence	5	4.7		6	2013	percent	1.13	White (11.3)
PSA Test- Discussed With Doctor	5	19.7	15.9		2013	percent	1.13	
Breast Cancer Death Rate	27	15.1	20.7	20.8	2013	deaths/100,000 females	0.88	NHPI (65.9)
Melanoma Cancer Death Rate	27	1.5	2.4	2.7	2009-2013	deaths/100,000 population	0.88	White (3.9) NHPI (3.3)
Sunburns Among Adults	5	19	33.8	37.5	2012	percent	0.75	White (28.9) AIAK (42.1) NH (21.4) PI (20) Other (25.3)
Cancer Death Rate	27	132	161.4	163.2	2013	deaths/100,000 population	0.63	
Lung Cancer Death Rate	27	31.8	45.5	43.4	2013	deaths/100,000 population	0.63	
Lung and Bronchus Cancer Incidence Rate	34	49.1		64.9	2007-2011	cases/100,000 population	0.38	
Prostate Cancer Death Rate	27	12	21.8	19.2	2013	deaths/100,000 males	0.38	White (12.8) NHPI (34.6)
Prostate Cancer Incidence Rate	34	113.9		142.3	2007-2011	cases/100,000 males	0.38	

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STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
CHILDREN'S HEALTH								
Child Food Insecurity Rate	13	23.9		21.6	2012	percent	2.00	
Children with Current Asthma	5	12.8		9.2	2013	percent	2.00	
ED Visits for Asthma Among Children <5 yrs old	17	119.4	95.7		2011	per 10,000 children under 5	1.88	
Food Insecurity Among Children	14	1.4	0.2		2012	percent	1.88	Mult (3.8)
Schools with Gardens	20	77.1		87	2011-2012	percent	1.88	
Hospitalizations for Asthma Among Children <5 yrs old	17	19.7	18.2		2012	per 10,000 children under 5	1.63	
Deaths Among Children Aged 0-4 Years	27	148.7		139.1	2013	deaths/100,000 population 0-4	1.50	Black (535.4) Asian (174.4) NHPI (607.7)
Child Safety Seat Usage 0-12 Months	16	93.8	95	90	2010	percent	1.38	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	39	47.2		49.4	2011-2012	percent	1.38	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	39	49		49.2	2011-2012	percent	1.38	
Blindness and Visual Impairment in Children	38	26	25.4	42	2009-2010	per 1,000 persons 17 years and under	1.25	
Mental Health Treatment for Children	38	83.7	75.8	79.7	2009-2010	percent	1.00	
Children and Adolescents who are Obese	39	11.5	14.5	15.7	2011-2012	percent	0.75	
Deaths Among Children Aged 5-9 Years	27	9.8	12.4	11.7	2011-2013	deaths/100,000 population 5-9	0.63	White (13.4) NHPI (34.1)
Child Safety Seat Usage 1-3 yrs	16	90.1	79	73	2010	percent	0.38	
DIABETES								
Kidney Failure due to Diabetes	56	262.6	150.6	155.7	2011	per 1,000,000 population	2.25	
Diabetics with an A1c Value Greater than 9%	55	40.1	16.1	31.1	2013	percent	2.13	
Diabetics who Receive Formal Diabetes Education	5	46.9	62.5		2013	percent	1.88	
Diabetics who Test Their Blood Glucose Daily	5	50.7	70.4		2013	percent	1.88	
Rate of Lower-Extremity Amputation	17	17.43		15.1	2011	hospitalizations/100,000	1.88	
Diabetes: Medicare Population	8	27.2		27	2012	percent	1.75	
Diabetics who have a Biannual HbA1c Check	5	67.7	71.1		2013	percent	1.63	
Diabetics Who Have Their Feet Checked	5	71.6	74.8		2013	percent	1.63	
Adults with Diabetes	5	8.4		9.7	2013	percent	1.25	
Diabetes Long-Term Complication	17	82.79		111.79	2011	hospitalizations/100,000	1.13	
Diabetes Short-Term Complication	17	43.06		59.76	2011	hospitalizations/100,000	1.13	
Diabetics who have an Annual Eye Exam	5	77.9	58.7		2013	percent	1.13	
Uncontrolled Diabetes	17	6.77		18.08	2011	hospitalizations/100,000	1.13	
New Cases of Diabetes	7	5.9	7.2		2010	new cases/1,000 population	1.00	
Diabetes Death Rate	27	15.4	66.6	21.2	2013	deaths/100,000 population	0.63	NHPI (82)
DISABILITIES								
Adults with a Disability	5	18.4		10.8	2013	percent	1.88	
Employment Among Persons with Disabilities	11	29	32.7		2012	percent	1.88	
Activity Limitations due to Arthritis	5	37.8	35.5	43	2013	percent	1.25	
Blindness and Visual Impairment in Children	38	26	25.4	42	2009-2010	per 1,000 persons 17 years and under	1.25	
Activity Limitations due to Health	5	15.2		19.7	2013	percent	1.13	
Adults Who Use Special Equipment for Daily Living	5	6		8.1	2013	percent	1.13	
Adults with a Cognitive Disability	5	7.8		10.1	2013	percent	1.13	
Adults with a Self-Care Disability	5	2.1		3.4	2013	percent	1.13	
Adults with a Vision Disability	5	3.8		4.4	2013	percent	1.13	
Adults with an Ambulatory Disability	5	10.1		13.0	2013	percent	1.13	

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
DISABILITIES (CONTINUED)								
Adults with an Independent Living Disability	5	5.4		6.4	2013	percent	1.13	
Unemployment Among Persons with Disabilities	11	10.7	14.0		2012	percent	1.13	
ECONOMY								
Homeownership	2	49.7		56.9	2009-2013	percent	2.63	
Households with Cash Public Assistance Income	2	3.8		2.8	2009-2013	percent	2.63	
Renters Spending 30% or More of Household Income on Rent	2	56.3		52.3	2009-2013	percent	2.13	
Child Food Insecurity Rate	13	23.9		21.6	2012	percent	2.00	
Employment Among Persons with Disabilities	11	29	32.7		2012	percent	1.88	
Food Insecurity Among Children	14	1.4	0.2		2012	percent	1.88	Mult (3.8)
Food Insecurity Among Households	14	19.2	6		2012	percent	1.88	NHPI (45.8) Mult (31)
Severe Housing Problems	10	27.3			2006-2010	percent	1.88	
Students Eligible for the Free Lunch Program	35	40.1			2012-2013	percent	1.75	
Children Living Below Poverty Level	2	15.4		21.6	2009-2013	percent	1.13	AIAK (43.1) NHPI (28.4) Mult (16.9) Other (19.8) Hisp (21.3)
Families Living Below Poverty Level	2	7.9		11.3	2009-2013	percent	1.13	AIAK (17.3) NHPI (18.4) Mult (11.5) Other (14.5) Hisp (14.5)
Income Inequality	2	0.431		0.474	2009-2013		1.13	
People Living Below Poverty Level	2	11.2		15.4	2009-2013	percent	1.13	AIAK (24.2) NHPI (21.5) Mult (13.7) Other (15.1) Hisp (17.2)
Unemployed Workers in Civilian Labor Force	49	4.2			Sep 2014	percent	1.13	
Unemployment Among Persons with Disabilities	11	10.7	14.0		2012	percent	1.13	
Food Insecurity Rate	13	14.2		15.9	2012	percent	1.00	
Per Capita Income	2	29305		28155	2009-2013	dollars	0.88	
Median Household Income	2	67402		53046	2009-2013	dollars	0.63	
People 65+ Living Below Poverty Level	2	7.4		9.4	2009-2013	percent	0.63	Asian (7.5) AIAK (31.6) NHPI (10.8) Other (12.8) Hisp (11)
EDUCATION								
4th Grade Reading Skills	33	30	36.3	35	2013	percent	2.13	
Student-to-Teacher Ratio	35	16.1			2012-2013	students/teacher	2.00	
8th Grade Reading Skills	33	28	35.6	36	2013	percent	1.88	
Adolescents who Consider School Work to Be Important	40	27.5	29	30.7	2012-2013	percent	1.88	
Schools with Gardens	20	77.1		87	2011-2012	percent	1.88	
School Safety	39	87.5	95	90.9	2011-2012	percent	1.75	
8th Grade Math Skills	33	32	37.3	35	2013	percent	1.63	
People 18+ without a High School Degree	5	9.8	2.1	14.4	2013	percent	1.63	NH (14.7) PI (19.5) FIL (15.5) Other (16.6)
Students Receiving a Diploma 4 Years After Starting 9th Grade	9	78	82.4		2011-2012	percent	1.50	
Schools Prohibiting Harassment Based on Sexual Orientation	44	92.7	92.2	87.4	2012	percent	1.25	
Infants Born to Mothers with <12 Yrs Education	27	6.6		17	2013	percent	1.00	NH (10.4) PI (19.2) Other (9.8)
Parents who Read to Their Children	39	53.6	52.6	47.9	2011-2012	percent	1.00	
4th Grade Math Skills	33	46	43	42	2013	percent	0.88	
People 25+ with a Bachelor's Degree or Higher	2	30.1		28.8	2009-2013	percent	0.88	

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
ENVIRONMENT								
Days with Unsatisfactory Air Quality	24	254	227		2013	days	2.00	
Severe Housing Problems	10	27.3			2006-2010	percent	1.88	
Teens Exposed to Secondhand Smoke	58	85.9	41		2013	percent	1.88	
Young Teens Exposed to Secondhand Smoke	58	92.2	41		2013	percent	1.88	
Food Environment Index	10	8			2014		1.38	
Safe Beaches for Swimming	4	98.6	96	95.5	2012	percent	1.38	
Beach Water Quality	41	7			2013	percent	1.25	
PBT Released	53	135895			2013	pounds	1.25	
Recognized Carcinogens Released into Air	53	51796			2013	pounds	1.25	
Access to Exercise Opportunities	10	87.6			2014	percent	1.13	
Adults Exposed to Secondhand Smoke	5	13.8	33.8		2012	percent	1.13	NH (27.5) PI (23.2) FIL (17.4)
Drinking Water Violations	10	0.1			FY 2012-13	percent	1.13	
Liquor Store Density	50	3.8		10.3	2012	stores/100,000 population	0.63	
ENVIRONMENTAL & OCCUPATIONAL HEALTH								
Asthma Death Rate 35-64 Yrs	27	14.3	4.9	11.4	2009-2013	deaths/1,000,000 population 35-64	2.13	NHPI (75)
Asthma Death Rate	27	1.4		1.1	2013	deaths/1,000,000 population	2.00	NHPI (6.4)
Asthma: Medicare Population	8	5.2		4.9	2012	percent	2.00	
Children with Current Asthma	5	12.8		9.2	2013	percent	2.00	
ED Visits for Asthma 65+	17	30	13.7		2011	per 10,000 people 65 yrs and older	1.88	
ED Visits for Asthma Among Children <5 yrs old	17	119.4	95.7		2011	per 10,000 children under 5	1.88	
Indoor Worksites that Prohibit Smoking	48	69.8	100		2010-2011	percent	1.88	
Hospitalizations for Asthma Among Children <5 yrs old	17	19.7	18.2		2012	per 10,000 children under 5	1.63	
Adults with Asthma	5	9.4		9	2013	percent	1.50	
Smoke-Free Homes	5	80.6	87		2012	percent	1.50	
Safe Beaches for Swimming	4	98.6	96	95.5	2012	percent	1.38	
Asthma Death Rate <35 Yrs	27	2.9		3.5	2004-2013	deaths/1,000,000 population <35	1.25	
Adults Exposed to Secondhand Smoke	5	13.8	33.8		2012	percent	1.13	NH (27.5) PI (23.2) FIL (17.4)
Hospitalizations for Asthma 65+	17	18.7	20.1	25.5	2012	per 10,000 people 65 yrs and older	1.00	
ED Visits for Asthma 5-64 yrs	17	44.6	49.6	61.8	2011	per 10,000 people 5-64 yrs old	0.75	
Hospitalizations for Asthma 5-64 yrs	17	5.8	8.7	10.5	2012	per 10,000 people 5-64 yrs old	0.75	
EXERCISE, NUTRITION, & WEIGHT								
Teens Who Attend Daily Physical Education	57	7.3	36.6	29.4	2013	percent	2.38	
Young Teens with 2 Hours or Less of Computer and Video Game Time	57	58.8	100		2013	percent	2.25	
Teens who Meet Aerobic Physical Activity Guidelines	57	22	31.6	27.1	2013	percent	2.13	
Child Food Insecurity Rate	13	23.9		21.6	2012	percent	2.00	
Teen Fruit and Vegetable Consumption	57	15.6		22.3	2013	percent	2.00	
Adult Fruit and Vegetable Consumption	5	18.1			2013	percent	1.88	
Adults who Drink Non-Diet Soda or Pop at Least Once Per Day	31	21.5		15	2009	percent	1.88	
Food Insecurity Among Children	14	1.4	0.2		2012	percent	1.88	Mult (3.8)
Food Insecurity Among Households	14	19.2	6		2012	percent	1.88	NHPI (45.8) Mult (31)
Schools with Gardens	20	77.1		87	2011-2012	percent	1.88	
Statewide Policies that Increase Access to Healthy Food	21	0		2	2012	policies	1.88	
Teens Who Meet Muscle-Strengthening Guidelines	57	46.3		51.7	2013	percent	1.88	

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Data Scoring Appendix: Indicator Scores by Topic

EXERCISE, NUTRITION, & WEIGHT (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Young Teens with More Than 3 Hours of Computer/Video Game Time	57	41.2			2013	percent	1.88	White (11.72) NH (8.1) PI (14.52) Other (7.39)
Young Teens with 2 Hours or Less of TV Time	57	66.8	86.8		2013	percent	1.75	
Adults with Low Vegetable Consumption	5	23.1		22.9	2013	percent	1.63	
Adults who Participate in Physical Activity Outside of Work	5	77.9		74.7	2013	percent	1.50	
Adults with Low Fruit Consumption	5	39.2		39.2	2013	percent	1.38	
Children Aged 12 to 17 with a TV in Their Bedroom	39	60		64.5	2011-2012	percent	1.38	
Children Aged 6 to 11 with a TV in Their Bedroom	39	47.1		47.1	2011-2012	percent	1.38	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	39	47.2		49.4	2011-2012	percent	1.38	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	39	49		49.2	2011-2012	percent	1.38	
Food Environment Index	10	8			2014		1.38	
Schools Requiring Education on Dietary Behaviors and Nutrition	44	94.1	92.7		2012	percent	1.38	
Schools Requiring Education on Physical Activity and Fitness	44	95.2	87.1		2012	percent	1.38	
Teens with a Healthy Body Weight	57	71.8			2013	percent	1.38	
Young Teens who Engage in Regular Physical Activity	57	52.6			2013	percent	1.38	
Young Teens who Meet Aerobic Physical Activity Guidelines	57	32			2013	percent	1.38	
Young Teens with More Than 3 Hours of TV Time	57	33.2			2013	percent	1.38	
Adults Engaging in Regular Physical Activity	5	53.2		51	2009	percent	1.25	
Adults who are Overweight	5	33.6		35.4	2013	percent	1.25	
Teens who Engage in Regular Physical Activity	57	40.2		41.9	2013	percent	1.25	
Access to Exercise Opportunities	10	87.6			2014	percent	1.13	
Food Insecurity Rate	13	14.2		15.9	2012	percent	1.00	
Teens who are Overweight	57	14.9		16.6	2013	percent	1.00	
Adults Not Engaging in Physical Activity	5	22.1	32.6	25.3	2013	percent	0.88	
Teens who are Obese	57	13.4	16.1	13.7	2013	percent	0.88	NH (19.26) PI (31.18) FIL (13.83)
Adults who Meet Aerobic and Strengthening Activity Guidelines	5	26.5	20.1	20.5	2013	percent	0.75	
Adults who Meet Aerobic Physical Activity Guidelines	5	60.2	47.9	50.8	2013	percent	0.75	
Adults who Meet High Aerobic Physical Activity Guidelines	5	39.5	31.3	31.6	2013	percent	0.75	
Adults who Meet Muscle Strengthening Guidelines	5	35	24.1	29.8	2013	percent	0.75	
Children and Adolescents who are Obese	39	11.5	14.5	15.7	2011-2012	percent	0.75	
Pre-Teens who are Obese	39	13.2	15.7	19.1	2011-2012	percent	0.75	
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	57	15.8		27	2013	percent	0.75	
Workers Commuting by Bicycling	2	0.8	0.6	0.6	2011	percent	0.75	
Adults who are Obese	5	21.8	30.5	29.4	2013	percent	0.63	Black (31) NH (39) PI (57.4) Other (30.2)
Adults with a Healthy Body Weight	5	42.3	33.9	33.4	2013	percent	0.63	
Workers who Walk to Work	2	4.7	3.1	2.8	2009-2013	percent	0.25	
FAMILY PLANNING								
Condom Use Among Teen Boys	57	53.5	81.5	65.8	2013	percent	2.25	
Condom Use Among Teen Girls	57	41.5	55.6	53.1	2013	percent	2.25	
Abstain From Sex- Teen Boys	57	66.1	79.2		2013	percent	1.88	
Abstain From Sex- Teen Girls	57	62.3	80.2		2013	percent	1.75	
Abstain From Sex- Young Teen Boys	57	90.5	92.7		2013	percent	1.63	

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
FAMILY PLANNING (CONTINUED)								
Pregnancies that are Intended	42	54.8	56		2011	percent	1.63	
Abstain From Sex- Young Teen Girls	57	92.3	93.9		2013	percent	1.50	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	44	85.6	43.2		2012	percent	1.13	
Infants Born to Mothers with <12 Yrs Education	27	6.6		17	2013	percent	1.00	NH (10.4) PI (19.2) Other (9.8)
Teen Birth Rate	27	25		26.5	2013	births/1,000 women aged 15-19 years	1.00	Black (28.7) NHPI (123.7)
Pregnancies Among Females Aged 15-17 Years	27	18	36.2	30.1	2012	pregnancies/1,000 females aged 15-17	0.38	
Pregnancies Among Females Aged 18-19 Years	27	72.1	105.9	96.2	2012	pregnancies/1,000 females aged 18-19	0.38	
HEART DISEASE & STROKE								
Hyperlipidemia: Medicare Population	8	54.0		44.8	2012	percent	2.25	
Awareness of Early Symptoms of a Heart Attack	5	30.4	43.6	30.6	2009	percent	2.00	
Awareness of Early Symptoms of a Stroke	5	41.8	59.3	43.6	2009	percent	2.00	
Awareness of Early Symptoms of a Stroke and Importance of Calling 911	5	37.5	56.4	38.1	2009	percent	2.00	
Heart Attack Survivors Referred to Outpatient Rehabilitation	5	19.1		34.7	2013	percent	1.88	
Stroke Survivors Referred to Outpatient Rehabilitation	5	23.5		30.7	2013	percent	1.88	
Awareness of Early Symptoms of a Heart Attack and Importance of Calling 911	5	27.7	40.9	26.9	2009	percent	1.75	
Cholesterol Tested in Past 5 Years	5	75.8	82.1	76.4	2013	percent	1.75	
Hypertension: Medicare Population	8	55.8		55.5	2012	percent	1.75	
High Cholesterol Prevalence	5	34.9	13.5	38.4	2013	percent	1.63	
Stroke: Medicare Population	8	3.7		3.8	2012	percent	1.50	
High Blood Pressure Prevalence	5	28.5	26.9	31.4	2013	percent	1.38	
Angina Without Procedure	17	16.71		18.22	2011	hospitalizations/100,000	1.38	
Awareness of Importance of Calling 911 for Heart Attack or Stroke	5	90		85.9	2009	percent	1.38	
Stroke Prevalence	5	2.7		2.8	2013	percent	1.38	
Adults with Hypertension with Controlled Blood Pressure	55	62.8	61.2	63.6	2013	percent	1.13	
Coronary Heart Disease Prevalence	5	2.7		4.1	2013	percent	1.13	
Heart Attack Prevalence	5	3.2		4.3	2013	percent	1.13	
Heart Failure	17	267.43		329.82	2011	hospitalizations/100,000	1.13	
Hypertension	17	26.74		56.98	2011	hospitalizations/100,000	1.13	
Stroke Death Rate	27	33.6	34.8	36.2	2013	deaths/100,000 population	1.13	NHPI (92.3)
Hypertension Medication Compliance	5	78.8	69.5	77.3	2013	percent	1.00	
Atrial Fibrillation: Medicare Population	8	5.7		7.8	2012	percent	0.75	
Heart Failure: Medicare Population	8	9.8		14.6	2012	percent	0.75	
Ischemic Heart Disease: Medicare Population	8	20.5		28.6	2012	percent	0.75	
Heart Disease Death Rate	27	68.9	103.4	105.4	2013	deaths/100,000 population	0.63	AIAK (259.1) NHPI (252.5)
IMMUNIZATIONS & INFECTIOUS DISEASES								
Tuberculosis Incidence Rate	15	8.6	1	3.2	2012	cases/100,000 population	2.50	
Condom Use Among Teen Boys	57	53.5	81.5	65.8	2013	percent	2.25	
Condom Use Among Teen Girls	57	41.5	55.6	53.1	2013	percent	2.25	
HIV Testing Among Young Adults	5	43.3	73.6	50	2013	percent	2.25	

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Data Scoring Appendix: Indicator Scores by Topic

IMMUNIZATIONS & INFECTIOUS DISEASES (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Tuberculosis Among Foreign-Born Persons	26	37.4	14	17.2	2011	cases/100,000 foreign-born population	2.25	
Chlamydia Among Females 15-24 Attending Family Planning Clinics	25	8.5	6.7		2011	percent	1.88	
Pneumonia Vaccination Rate 65+	5	68.2	90	69.5	2013	percent	1.88	
Treatment Completion Among Latent Tuberculosis Patients	26	66.2	79		2010	percent	1.88	
Acute Hepatitis B Incidence Rate	15	0.5			2008-2012	cases/100,000 population	1.75	
AIDS Diagnosis Rate	15	6.3			2012	cases/100,000 population	1.75	
Chlamydia Among Females	25	649.9		456.7	2012	cases/100,000 females	1.75	
Chlamydia Incidence Rate	15	455.4		456.7	2012	cases/100,000 population	1.63	
Influenza Vaccination Rate 65+	5	69.9	90	62.8	2013	percent	1.63	
Influenza Vaccination Rate 18-64 yrs	5	40.3	80	33.1	2013	percent	1.50	
HIV Testing Among Adults	5	36.6		35.2	2013	percent	1.38	
Treatment Completion Among Tuberculosis Patients	26	95.2	93		2010	percent	1.38	
Gonorrhea Among Males	25	74.8		105.8	2012	cases/100,000 males	1.25	
Syphilis Incidence Rate	15	2			2008-2012	cases/100,000 population	1.25	
Bacterial Pneumonia	17	205.1		284.9	2011	hospitalizations/100,000	1.13	
HPV Vaccination	5	11.9		10.6	2013	percent	1.13	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	44	85.6	43.2		2012	percent	1.13	
Gonorrhea Among Females	25	43.6		108.7	2012	cases/100,000 females	1.00	
Syphilis Among Females	25	0.3	1.3	0.3	2012	cases/100,000 females	1.00	
Gonorrhea Incidence Rate	15	58.5		107.5	2012	cases/100,000 population	0.88	
Syphilis Among Males	25	3	6.7	9.3	2012	cases/100,000 males	0.75	
MATERNAL, FETAL & INFANT HEALTH								
Very Early Preterm Births	27	2.3	1.8	1.9	2013	percent	2.38	
Infant Mortality Rate	27	6.2	6	6.1	2013	deaths/1,000 live births	1.88	Black (15.8) FIL (7.9)
Neonatal Mortality Rate	27	4.4	4.1	4	2013	deaths/1,000 live births	1.88	Black (15.8) FIL (5.3)
Newborns who Received Formula within the First 2 Days of Life	36	19.6	14.2	19.4	2013	percent	1.88	
Pregnant Women who Abstained from Binge Drinking	40	92.2	100	95.8	2006-2009	percent	1.75	
Babies with Low Birth Weight	27	8.3	7.8	8	2013	percent	1.63	
Pregnancies that are Intended	42	54.8	56		2011	percent	1.63	
Women who Abstained from Alcohol in Their Third Trimester	42	93.1			2011	percent	1.63	
Women who Binge Drink Prior to Pregnancy (2004-2008)	42	19.5			2010	percent	1.63	
Babies with Very Low Birth Weight	27	1.4	1.4	1.42	2013	percent	1.38	
Infants Still Breastfeeding at 8 Weeks	42	78.2			2011	percent	1.38	
Low Birth Weight	17	5.96		6.249	2011	per 100 discharges	1.38	
Mothers who Smoked During Pregnancy	27	4.3	1.4	9	2013	percent	1.38	NH (10)
Late Preterm Births	27	6.9	8.1	8	2013	percent	1.13	
Mothers who Ever Breastfed	42	95.6			2011	percent	1.13	
Post Neonatal Mortality Rate	27	1.8	2	1.9	2013	deaths/1,000 live births	1.13	
Births Delivered by Cesarean Section	27	25.6		26.9	2013	percent	1.00	
Infants Born to Mothers with <12 Yrs Education	27	6.6		17	2013	percent	1.00	NH (10.4) PI (19.2) Other (9.8)
Infants who were Breastfed at 6 Months	36	62.5	60.6	49.4	2013	percent	1.00	

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Data Scoring Appendix: Indicator Scores by Topic

MATERNAL, FETAL & INFANT HEALTH (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Teen Birth Rate	27	25		26.5	2013	births/1,000 women aged 15-19 years	1.00	Black (28.7) NHPI (123.7)
Births Occurring in Baby-Friendly Facilities	6	8.9	8.1	7.8	2013	percent	0.88	
Early Preterm Births	27	1.2	1.4	1.5	2013	percent	0.88	
Infants who were Breastfed Exclusively Through 6 Months	36	26.4	25.5	18.8	2013	percent	0.88	
Infants who were Ever Breastfed	36	89.5	81.9	79.2	2013	percent	0.88	
Infant Deaths Due to Congenital Heart Defects	27	0.2	0.34	0.36	2004-2013	deaths/1,000 live births	0.75	
Women Who Quit Smoking During Pregnancy	42	73.9	30		2011	percent	0.75	
Infant Deaths Due to All Birth Defects	27	0.7	1.3	1.2	2011-2013	deaths/1,000 live births	0.63	
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	27	0.2	0.5	0.47	2009-2013	deaths/1,000 live births	0.63	
Infant Deaths Due to Sudden Unexpected Infant Deaths	27	0.5	0.84	0.87	2011-2013	deaths/1,000 live births	0.63	
Infants who were Breastfed Exclusively Through 3 Months	36	48.5	46.2	40.7	2013	percent	0.63	
Mothers who Received Late or No Prenatal Care	27	14.1	22.1	26.3	2013	percent	0.63	
Preterm Births	27	10.1	11.4	11.4	2013	percent	0.63	
Pregnancies Among Females Aged 15-17 Years	27	18	36.2	30.1	2012	pregnancies/1,000 females aged 15-17	0.38	
Pregnancies Among Females Aged 18-19 Years	27	72.1	105.9	96.2	2012	pregnancies/1,000 females aged 18-19	0.38	
MEN'S HEALTH								
Gonorrhea Among Males	25	74.8		105.8	2012	cases/100,000 males	1.25	
PSA Test- Discussed With Doctor	5	19.7	15.9		2013	percent	1.13	
Life Expectancy for Males	32	77.9		76.07	2010	years	1.00	
Syphilis Among Males	25	3	6.7	9.3	2012	cases/100,000 males	0.75	
Prostate Cancer Death Rate	27	12	21.8	19.2	2013	deaths/100,000 males	0.38	White (12.8) NHPI (34.6)
Prostate Cancer Incidence Rate	34	113.9		142.3	2007-2011	cases/100,000 males	0.38	
MENTAL HEALTH & MENTAL DISORDERS								
Adults who Experience Major Depressive Episodes	40	7.9	5.8	6.8	2012-2013	percent	2.38	Black (20) NH (8.8)
Adults with Serious Mental Illness who Received Treatment	40	54.6	72.3	65.9	2012-2013	percent	2.25	
People with Serious Mental Illness who are Employed	40	45.6	61.6	51	2010-2011	percent	2.25	
Adolescents who Experience Major Depressive Episodes	40	10.6	7.5	9.9	2012-2013	percent	2.13	
Teens Who Attempted Suicide	57	3.2	1.7	2.7	2013	percent	2.13	
Teens With Disordered Eating	57	20	12.9		2013	percent	2.00	
Adults with Major Depressive Episodes who Received Treatment	40	38.2	75.9	56.7	2012-2013	percent	1.88	
Teens who are Cyberbullied	57	15.6		14.8	2013	percent	1.63	
Alzheimer's Disease or Dementia: Medicare Population	8	9.2		9.8	2012	percent	1.50	
Teens who are Bullied	57	18.7	17.9	19.6	2013	percent	1.50	
Schools Requiring Education on Suicide Prevention	44	71	48.3		2012	percent	1.13	
Self-Reported Good Physical and Mental Health	5	55.6		49.6	2013	percent	1.13	
Suicide Death Rate	27	10.9	10.2	12.6	2013	deaths/100,000 population	1.13	Black (24.8) White (15.3) NHPI (31.2)
Mental Health Treatment for Children	38	83.7	75.8	79.7	2009-2010	percent	1.00	
Nonfatal Injuries due to Intentional Self-harm	17	44.3	112.4	153	2011	ED visits per 100,000	0.88	

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Data Scoring Appendix: Indicator Scores by Topic

MENTAL HEALTH & MENTAL DISORDERS (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Depression: Medicare Population	8	7.4		15.4461	2012	percent	0.75	Black (8.67) White (11.55) AIAK (17.82)
MORTALITY DATA								
Unintentional Suffocation Death Rate 65+ Yrs	27	10.1	7.5	8	2011-2013	deaths/100,000 population 65+ years	2.38	Asian (12.2) NHPI (18.8)
Pedestrian Death Rate	12	1.9	1.4	1.5	2009-2012	deaths/100,000 population	2.25	
Alcohol-Impaired Driving Fatality Rate	12	0.6	0.38	0.4	2012	per 100 million vehicle miles	2.13	
Asthma Death Rate 35-64 Yrs	27	14.3	4.9	11.4	2009-2013	deaths/1,000,000 population 35-64	2.13	NHPI (75)
Asthma Death Rate 65+ Yrs	27	49.1	21.5	36.7	2009-2013	deaths/1,000,000 population 65+	2.13	Asian (54.3) NHPI (150.3)
Drowning Death Rate	27	2	1.1	1.2	2013	deaths/100,000 population	2.13	White (2.1) Asian (2.1) NHPI (5.1)
Oropharyngeal Cancer Death Rate	27	2.6	2.3	2.5	2011-2013	deaths/100,000 population	2.13	
Asthma Death Rate	27	1.4		1.1	2013	deaths/1,000,000 population	2.00	NHPI (6.4)
Alcohol-Impaired Driving Deaths	10	41.6			2008-2012	percent	1.88	
Deaths Attributable to Alcohol	1	304	219		2006-2010	deaths	1.88	
Infant Mortality Rate	27	6.2	6	6.1	2013	deaths/1,000 live births	1.88	Black (15.8) FIL (7.9)
Neonatal Mortality Rate	27	4.4	4.1	4	2013	deaths/1,000 live births	1.88	Black (15.8) FIL (5.3)
Cervical Cancer Death Rate	27	2.3	2.2	2.3	2011-2013	deaths/100,000 females	1.63	NHPI (11.2)
Deaths Among Children Aged 0-4 Years	27	148.7		139.1	2013	deaths/100,000 population 0-4	1.50	Black (535.4) Asian (174.4) NHPI (607.7)
Colon Cancer Death Rate	27	14	14.5	14.6	2013	deaths/100,000 population	1.38	
Deaths Among Adolescents Aged 10-14 Years	27	13.5	14.8	14.1	2011-2013	deaths/100,000 population 10-14	1.38	NHPI (69.4)
Asthma Death Rate <35 Yrs	27	2.9		3.5	2004-2013	deaths/1,000,000 population <35	1.25	
Death Rate due to Drug Poisoning	10	9.3			2004-2010	deaths/100,000 population	1.13	
Post Neonatal Mortality Rate	27	1.8	2	1.9	2013	deaths/1,000 live births	1.13	
Stroke Death Rate	27	33.6	34.8	36.2	2013	deaths/100,000 population	1.13	NHPI (92.3)
Suicide Death Rate	27	10.9	10.2	12.6	2013	deaths/100,000 population	1.13	Black (24.8) White (15.3) NHPI (31.2)
Breast Cancer Death Rate	27	15.1	20.7	20.8	2013	deaths/100,000 females	0.88	NHPI (65.9)
Cirrhosis Death Rate	27	6.7	8.2	10.2	2013	deaths/100,000 population	0.88	
Drug-Induced Deaths	27	10.6	11.3	14.7	2013	deaths/100,000 population	0.88	White (14.6) NHPI (26.9)
Melanoma Cancer Death Rate	27	1.5	2.4	2.7	2009-2013	deaths/100,000 population	0.88	White (3.9) NHPI (3.3)
Motor Vehicle Collision Death Rate	27	8.6	12.4	10.9	2012	deaths/100,000 population	0.88	NHPI (32.2)
Infant Deaths Due to Congenital Heart Defects	27	0.2	0.34	0.36	2004-2013	deaths/1,000 live births	0.75	
Cancer Death Rate	27	132	161.4	163.2	2013	deaths/100,000 population	0.63	
COPD Death Rate 45+ Yrs	27	42.1	102.6	114.8	2013	deaths/100,000 population 45+ years	0.63	White (56.2) NHPI (105.5)
Deaths Among Adolescents Aged 15-19 Years	27	39.8	54.3	44.8	2013	deaths/100,000 population 15-19	0.63	Asian (41.1) NHPI (156.5)
Deaths Among Children Aged 5-9 Years	27	9.8	12.4	11.7	2011-2013	deaths/100,000 population 5-9	0.63	White (13.4) NHPI (34.1)
Deaths Among Young Adults Aged 20-24 Years	27	62	88.3	83.4	2013	deaths/100,000 population 20-24	0.63	NHPI (209.9)
Diabetes Death Rate	27	15.4	66.6	21.2	2013	deaths/100,000 population	0.63	NHPI (82)
Fall-Related Death Rate	27	6.4	7.2	8.5	2013	deaths/100,000 population	0.63	
Fall-Related Death Rate 65+	27	40.1	47	56.7	2013	deaths/100,000 population 65+ years	0.63	
Firearm-Related Death Rate	27	2.4	9.3	10.4	2013	deaths/100,000 population	0.63	White (3.9) NHPI (7.6)

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
MORTALITY DATA (CONTINUED)								
Heart Disease Death Rate	27	68.9	103.4	105.4	2013	deaths/100,000 population	0.63	AIAK (259.1) NHPI (252.5)
Homicide Death Rate	27	1.7	5.5	5.3	2011-2013	per 100,000 population	0.63	NHPI (8.3)
Infant Deaths Due to All Birth Defects	27	0.7	1.3	1.2	2011-2013	deaths/1,000 live births	0.63	
Infant Deaths Due to Sudden Infant Death Syndrome (SIDS)	27	0.2	0.5	0.47	2009-2013	deaths/1,000 live births	0.63	
Infant Deaths Due to Sudden Unexpected Infant Deaths	27	0.5	0.84	0.87	2011-2013	deaths/1,000 live births	0.63	
Injury Death Rate	27	42.4	53.7	58.8	2013	deaths/100,000 population	0.63	White (51) AIAK (129.7) NHPI (116.6)
Lung Cancer Death Rate	27	31.8	45.5	43.4	2013	deaths/100,000 population	0.63	
Poisoning Death Rate	27	10.8	13.2	15.2	2013	deaths/100,000 population	0.63	White (15.8) NHPI (26.3)
Poisoning Death Rate (Unintentional)	27	9.2	11.1	13.2	2013	deaths/100,000 population	0.63	White (13) NHPI (26.3)
Poisoning Death Rate (Unintentional) 35-54 yrs	27	17.7	21.6	24	2013	deaths/100,000 population	0.63	White (21.2) NHPI (53.3)
Poisoning Death Rate 35-54 yrs	27	20.6	25.6	27.6	2013	deaths/100,000 population	0.63	White (26.5) NHPI (53.3)
Unintentional Injury Death Rate	27	27.5	36.4	39.4	2013	deaths/100,000 population	0.63	White (29.9) AIAK (84.4) NHPI (75.1)
Prostate Cancer Death Rate	27	12	21.8	19.2	2013	deaths/100,000 males	0.38	White (12.8) NHPI (34.6)
OLDER ADULTS & AGING								
Unintentional Suffocation Death Rate 65+ Yrs	27	10.1	7.5	8	2011-2013	deaths/100,000 population 65+ years	2.38	Asian (12.2) NHPI (18.8)
Hyperlipidemia: Medicare Population	8	54.0		44.8	2012	percent	2.25	
Osteoporosis: Medicare Population	8	8.4		6.4	2012	percent	2.25	API (10.68)
Asthma Death Rate 65+ Yrs	27	49.1	21.5	36.7	2009-2013	deaths/1,000,000 population 65+	2.13	Asian (54.3) NHPI (150.3)
Asthma: Medicare Population	8	5.2		4.9	2012	percent	2.00	
Chronic Kidney Disease: Medicare Population	8	16.6		15.5	2012	percent	2.00	
ED Visits for Asthma 65+	17	30	13.7		2011	per 10,000 people 65 yrs and older	1.88	
Pneumonia Vaccination Rate 65+	5	68.2	90	69.5	2013	percent	1.88	
Diabetes: Medicare Population	8	27.2		27.0	2012	percent	1.75	
Hypertension: Medicare Population	8	55.8		55.5	2012	percent	1.75	
Preventive Services for Older Men	5	40.5	44.6	41.8	2013	percent	1.75	
Preventive Services for Older Women	5	40.2	46.8	39.2	2013	percent	1.75	
Influenza Vaccination Rate 65+	5	69.9	90	62.8	2013	percent	1.63	
Alzheimer's Disease or Dementia: Medicare Population	8	9.2		9.8	2012	percent	1.50	
Cancer: Medicare Population	8	7.5		7.9	2012	percent	1.50	
Stroke: Medicare Population	8	3.7		3.8	2012	percent	1.50	
Hospitalization Rate due to Falls Among Seniors	17	920			2009	hospitalizations/100,000 population 65+	1.38	
Activity Limitations due to Arthritis	5	37.8	35.5	43	2013	percent	1.25	
Adults with Arthritis	5	19.9		25.3	2013	percent	1.13	
Hospitalizations for Asthma 65+	17	18.7	20.1	25.5	2012	per 10,000 people 65 yrs and older	1.00	
Atrial Fibrillation: Medicare Population	8	5.7		7.8	2012	percent	0.75	
COPD: Medicare Population	8	6.0		11.3	2012	percent	0.75	
Depression: Medicare Population	8	7.4		15.4	2012	percent	0.75	Black (8.67) White (11.55) AIAK (17.82)
ED Visits for Falls 65+	17	2843	4712	6894	2007-2011	visits/100,000 population 65+	0.75	
Heart Failure: Medicare Population	8	9.8		14.6	2012	percent	0.75	
Ischemic Heart Disease: Medicare Population	8	20.5		28.6	2012	percent	0.75	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	8	17.3		29.0	2012	percent	0.75	

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
OLDER ADULTS & AGING (CONTINUED)								
Adults 65+ with Total Tooth Loss	5	7.0	21.6	16.1	2012	percent	0.63	NH (21.4) FIL (10.7)
Fall-Related Death Rate 65+	27	40.1	47	56.7	2013	deaths/100,000 population 65+ years	0.63	
People 65+ Living Below Poverty Level	2	7.4		9.4	2009-2013	percent	0.63	Asian (7.5) AIAK (31.6) NHPI (10.8) Other (12.8) Hisp (11)
ORAL HEALTH								
Adults 45-64 with One or More Tooth Extractions	5	45.3	68.8	30.2	2012	percent	1.50	
Adults who Visited a Dentist	5	70.4		67.2	2012	percent	1.50	
Adults with One or More Tooth Extractions	5	41.4		43.6	2012	percent	1.50	
Teens Who Saw a Dentist in the Past Year	57	70.3	49		2013	percent	1.13	
Young Teens Who Saw a Dentist in the Past Year	57	61.5	49		2013	percent	1.13	
Adults 65+ with Total Tooth Loss	5	7.0	21.6	16.1	2012	percent	0.63	NH (21.4) FIL (10.7)
OTHER CHRONIC DISEASES								
Kidney Failure due to Diabetes	56	262.6	150.6	155.7	2011	per 1,000,000 population	2.25	
New Cases of End-Stage Renal Disease	56	419.7	344.3	356.7	2011	new cases per 1,000,000 population	2.25	
Osteoporosis: Medicare Population	8	8.4		6.4	2012	percent	2.25	API (10.68)
Chronic Kidney Disease: Medicare Population	8	16.6		15.5	2012	percent	2.00	
Kidney Disease Prevalence	5	3.2		2.5	2013	percent	1.88	
Activity Limitations due to Arthritis	5	37.8	35.5	43	2013	percent	1.25	
Adults with Arthritis	5	19.9		25.3	2013	percent	1.13	
Cirrhosis Death Rate	27	6.7	8.2	10.2	2013	deaths/100,000 population	0.88	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	8	17.3		29.0	2012	percent	0.75	
OTHER CONDITIONS								
Dehydration	17	65.9		116.5	2011	hospitalizations/100,000	1.13	
Perforated Appendix	17	23.7		29.7	2011	per 100 discharges	1.13	
Urinary Tract Infection	17	102.7		182.0	2011	hospitalizations/100,000	1.13	
PREVENTION & SAFETY								
Unintentional Suffocation Death Rate 65+ Yrs	27	10.1	7.5	8	2011-2013	deaths/100,000 population 65+ years	2.38	Asian (12.2) NHPI (18.8)
Motorcycle Helmet Usage	19	42.3	74	60	2002	percent	2.25	
Pedestrian Death Rate	12	1.9	1.4	1.5	2009-2012	deaths/100,000 population	2.25	
Teens Who Rode With a Driver Who Had Been Drinking	57	37.1	25.5	28.3	2009	percent	2.25	
Drowning Death Rate	27	2.0	1.1	1.2	2013	deaths/100,000 population	2.13	White (2.1) Asian (2.1) NHPI (5.1)
Nonfatal Injuries to Pedestrians	17	37.3	20.3	24.3	2011	injuries/100,000 population	2.13	
Intimate Partner Violence- Sexual	5	3.6		1.8	2013	percent	1.88	
Severe Housing Problems	10	27.3			2006-2010	percent	1.88	
Schools Requiring Education on Unintentional Injury	44	87	89.9		2012	percent	1.63	
Teens Who Texted or Emailed While Driving	57	43.3		41.4	2013	percent	1.63	
Child Safety Seat Usage 0-12 Months	16	93.8	95	90	2010	percent	1.38	
Hospitalization Rate due to Falls Among Seniors	17	920			2009	hospitalizations/100,000 population 65+	1.38	
Safety Belt Usage- Observed	37	94	92	87	2013	percent	1.38	
Safety Belt Usage- Reported	5	94		86.9	2013	percent	1.38	
Death Rate due to Drug Poisoning	10	9.3			2004-2010	deaths/100,000 population	1.13	

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Data Scoring Appendix: Indicator Scores by Topic

PREVENTION & SAFETY (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Hospitalization Rate due to Motor Vehicle Collisions	17	63.6			2009	hospitalizations/100,000 population	1.13	
Hospitalization Rate due to Unintentional Injuries	17	296			2011	hospitalizations/100,000 population	1.13	
Nonfatal Poisoning	17	63.2	304.8	355.5	2011	ED visits per 100,000	1.13	
Motor Vehicle Collision Death Rate	27	8.6	12.4	10.9	2012	deaths/100,000 population	0.88	NHPI (32.2)
Teens Who Carried a Weapon at School	57	4.2	4.6	5.4	2011	percent	0.88	
ED Visits for Falls 65+	17	2843	4712	6894	2007-2011	visits/100,000 population 65+	0.75	
Residential Fire Death Rate	27	0.2	0.9	0.6	2009-2013	deaths/100,000 population	0.75	White (0.4)
ED Visits due to Injuries	17	6002	7453	10164	2011	visits/100,000 population	0.63	
ED Visits due to Unintentional Injuries	17	5043	8310	9558	2011	visits/100,000 population	0.63	
Fall-Related Death Rate	27	6.4	7.2	8.5	2013	deaths/100,000 population	0.63	
Fall-Related Death Rate 65+	27	40.1	47	56.7	2013	deaths/100,000 population 65+ years	0.63	
Firearm-Related Death Rate	27	2.4	9.3	10.4	2013	deaths/100,000 population	0.63	White (3.9) NHPI (7.6)
Injury Death Rate	27	42.4	53.7	58.8	2013	deaths/100,000 population	0.63	White (51) AIAK (129.7) NHPI (116.6)
Nonfatal Injuries due to Motor Vehicle Collisions	17	433	694	753	2011	injuries/100,000 population	0.63	
Poisoning Death Rate	27	10.8	13.2	15.2	2013	deaths/100,000 population	0.63	White (15.8) NHPI (26.3)
Poisoning Death Rate (Unintentional)	27	9.2	11.1	13.2	2013	deaths/100,000 population	0.63	White (13) NHPI (26.3)
Poisoning Death Rate (Unintentional) 35-54 yrs	27	17.7	21.6	24.0	2013	deaths/100,000 population	0.63	White (21.2) NHPI (53.3)
Poisoning Death Rate 35-54 yrs	27	20.6	25.6	27.6	2013	deaths/100,000 population	0.63	White (26.5) NHPI (53.3)
Unintentional Injury Death Rate	27	27.5	36.4	39.4	2013	deaths/100,000 population	0.63	White (29.9) AIAK (84.4) NHPI (75.1)
Unintentional Suffocation Death Rate	27	1.6	1.8	1.9	2011-2013	deaths/100,000 population	0.63	NHPI (3.7)
Child Safety Seat Usage 1-3 yrs	16	90.1	79	73	2010	percent	0.38	
Hospitalization Rate due to Injuries	17	439	556	599	2011	hospitalizations/100,000 population	0.38	
PUBLIC SAFETY								
Motorcycle Helmet Usage	19	42.3	74	60	2002	percent	2.25	
Pedestrian Death Rate	12	1.9	1.4	1.5	2009-2012	deaths/100,000 population	2.25	
Alcohol-Impaired Driving Fatality Rate	12	0.6	0.38	0.4	2012	per 100 million vehicle miles	2.13	
Nonfatal Injuries to Pedestrians	17	37.3	20.3	24.3	2011	injuries/100,000 population	2.13	
Alcohol-Impaired Driving Deaths	10	41.6			2008-2012	percent	1.88	
Drinking and Driving	5	5.9		1.8	2012	percent	1.88	NH (11) JPN (6)
Intimate Partner Violence- Sexual	5	3.6		1.8	2013	percent	1.88	
School Safety	39	87.5	95	90.9	2011-2012	percent	1.75	
Intimate Partner Violence Among Teens	57	11.1		10.3	2013	percent	1.63	
Teens Who Texted or Emailed While Driving	57	43.3		41.4	2013	percent	1.63	
Child Safety Seat Usage 0-12 Months	16	93.8	95	90	2010	percent	1.38	
Hospitalization Rate due to Assault	17	22.4			2011	hospitalizations/100,000 population	1.38	
Safety Belt Usage- Observed	37	94	92	87	2013	percent	1.38	
Safety Belt Usage- Reported	5	94		86.9	2013	percent	1.38	
Schools Requiring Education on Violence Prevention	44	91.9	90.1		2012	percent	1.38	
Hospitalization Rate due to Motor Vehicle Collisions	17	63.6			2009	hospitalizations/100,000 population	1.13	
Motor Vehicle Collision Death Rate	27	8.6	12.4	10.9	2012	deaths/100,000 population	0.88	NHPI (32.2)
Firearm-Related Death Rate	27	2.4	9.3	10.4	2013	deaths/100,000 population	0.63	White (3.9) NHPI (7.6)
Homicide Death Rate	27	1.7	5.5	5.3	2011-2013	per 100,000 population	0.63	NHPI (8.3)

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Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
PUBLIC SAFETY (CONTINUED)								
Nonfatal Injuries due to Assault	17	298	461.2	564.9	2011	ED visits per 100,000	0.63	
Nonfatal Injuries due to Motor Vehicle Collisions	17	433	694	752.5	2011	injuries/100,000 population	0.63	
Child Safety Seat Usage 1-3 yrs	16	90.1	79	73	2010	percent	0.38	
Violent Crime Perpetrated by Adolescents and Young Adults	54	238	399.6	344.5	2012	arrests per 100,000 people aged 10-24 years	0.38	
RESPIRATORY DISEASES								
Tuberculosis Among Foreign-Born Persons	26	37.4	14	17.2	2011	cases/100,000 foreign-born population	2.25	
Asthma Death Rate 35-64 Yrs	27	14.3	4.9	11.4	2009-2013	deaths/1,000,000 population 35-64	2.13	NHPI (75)
Asthma Death Rate 65+ Yrs	27	49.1	21.5	36.7	2009-2013	deaths/1,000,000 population 65+	2.13	Asian (54.3) NHPI (150.3)
Tuberculosis Incidence Rate	15	8.6	1	3.2	2012	cases/100,000 population	2.50	
Asthma Death Rate	27	1.4		1.1	2013	deaths/1,000,000 population	2.00	NHPI (6.4)
Asthma: Medicare Population	8	5.2		4.9	2012	percent	2.00	
Children with Current Asthma	5	12.8		9.2	2013	percent	2.00	
Days with Unsatisfactory Air Quality	24	254	227		2013	days	2.00	
ED Visits for Asthma 65+	17	30	13.7		2011	per 10,000 people 65 yrs and older	1.88	
ED Visits for Asthma Among Children <5 yrs old	17	119.4	95.7		2011	per 10,000 children under 5	1.88	
Pneumonia Vaccination Rate 65+	5	68.2	90	69.5	2013	percent	1.88	
Teens Exposed to Secondhand Smoke	58	85.9	41		2013	percent	1.88	
Hospitalizations for Asthma Among Children <5 yrs old	17	19.7	18.2		2012	per 10,000 children under 5	1.63	
Influenza Vaccination Rate 65+	5	69.9	90	62.8	2013	percent	1.63	
Adults with Asthma	5	9.4		9	2013	percent	1.50	
Influenza Vaccination Rate 18-64 yrs	5	40.3	80	33.1	2013	percent	1.50	
COPD Prevalence 45+ Yrs	5	6.3		6.5	2013	percent	1.38	
Asthma Death Rate <35 Yrs	27	2.9		3.5	2004-2013	deaths/1,000,000 population <35	1.25	
Adults Exposed to Secondhand Smoke	5	13.8	33.8		2012	percent	1.13	NH (27.5) PI (23.2) FIL (17.4)
Asthma in Younger Adults (Ages 18-39)	17	25.86		50.66	2011	hospitalizations/100,000	1.13	
Bacterial Pneumonia	17	205.1		284.9	2011	hospitalizations/100,000	1.13	
COPD in Older Adults (Ages 40+)	17	293.38		477.25	2011	hospitalizations/100,000	1.13	
Hospitalizations for Asthma 65+	17	18.7	20.1	25.5	2012	per 10,000 people 65 yrs and older	1.00	
COPD: Medicare Population	8	6		11.2824	2012	percent	0.75	
ED Visits for Asthma 5-64 yrs	17	44.6	49.6	61.8	2011	per 10,000 people 5-64 yrs old	0.75	
Hospitalizations for Asthma 5-64 yrs	17	5.8	8.7	10.5	2012	per 10,000 people 5-64 yrs old	0.75	
COPD Death Rate 45+ Yrs	27	42.1	102.6	114.8	2013	deaths/100,000 population 45+ years	0.63	White (56.2) NHPI (105.5)
Lung Cancer Death Rate	27	31.8	45.5	43.4	2013	deaths/100,000 population	0.63	
Lung and Bronchus Cancer Incidence Rate	34	49.1		64.9	2007-2011	cases/100,000 population	0.38	
SOCIAL ENVIRONMENT								
Young Teens with 2 Hours or Less of Computer and Video Game Time	57	58.8	100		2013	percent	2.25	
Teens with 2 Hours or Less of Computer and Video Game Time	57	57.9	82.6	58.7	2013	percent	2.13	
Parents who Attend the Activities of Their Adolescent	39	79.3	90.3	82.6	2011-2012	percent	2.00	

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STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

SOCIAL ENVIRONMENT (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Young Teens Exposed to Secondhand Smoke	58	92.2	41		2013	percent	1.88	
Young Teens with an Adult They Can Talk To	57	73.4	83.2		2013	percent	1.88	
Young Teens with More Than 3 Hours of Computer/Video Game Time	57	41.2			2013	percent	1.88	White (11.72) NH (8.1) PI (14.52) Other (7.39)
Teens with More Than 3 Hours of Computer/Video Game Time	57	42.1		41.3	2013	percent	1.75	
Young Teens with 2 Hours or Less of TV Time	57	66.8	86.8		2013	percent	1.75	
Teens with an Adult They Can Talk To	57	80.8	83.2		2013	percent	1.63	
Adolescents who Participate in Extracurricular Activities	39	85.7	90.6	82.7	2011-2012	percent	1.50	
Children Aged 12 to 17 with a TV in Their Bedroom	39	60		64.5	2011-2012	percent	1.38	
Children Aged 6 to 11 with a TV in Their Bedroom	39	47.1		47.1	2011-2012	percent	1.38	
Children Aged 6 to 11 with More Than 1 Hour of TV/Screen Time	39	47.2		49.4	2011-2012	percent	1.38	
Children Under 5 Years with More Than 1 Hour of TV/Screen Time	39	49		49.2	2011-2012	percent	1.38	
Teens with 2 Hours or Less of TV Time	57	70.7	73.9	67.5	2013	percent	1.38	
Young Teens with More Than 3 Hours of TV Time	57	33.2			2013	percent	1.38	
Teens who Watch 3+ Hours of Television	57	29.3		32.5	2013	percent	1.25	
Children Living Below Poverty Level	2	15.4		21.6	2009-2013	percent	1.13	AIAK (43.1) NHPI (28.4) Mult (16.9) Other (19.8) Hisp (21.3)
Single-Parent Households	2	29.9		33.3	2009-2013	percent	1.13	
Parents who Read to Their Children	39	53.6	52.6	47.9	2011-2012	percent	1.00	
Physical Fighting Among Teens	57	16.7	28.4	24.7	2013	percent	0.63	
SUBSTANCE ABUSE								
Received Treatment for Illicit Drug Use	40	2.8	17.6	19.3	2012-2013	percent	2.63	
Adults Who Use Illicit Drugs	40	10.3	7.1	9.3	2012-2013	percent	2.38	Black (28.9) White (12.9) AIAK (11.9) NH (15.2)
Received Treatment for Illicit Drug or Alcohol Use	40	3.5	10.9	10.8	2012-2013	percent	2.38	
Received Treatment for Alcohol Use	40	3.1	9	8	2012-2013	percent	2.25	
Teens Who Rode With a Driver Who Had Been Drinking	57	37.1	25.5	28.3	2009	percent	2.25	
Alcohol-Impaired Driving Fatality Rate	12	0.6	0.38	0.4	2012	per 100 million vehicle miles	2.13	
Nonmedical Use of Stimulants	40	1.6		1.2	2012-2013	percent	2.00	AIAK (3.8) NH (1.9)
Young Teens who Use Marijuana	57	7.5	6		2013	percent	2.00	
Adolescent Use of Alcohol or Illicit Drugs	40	18.1	16.6	15.9	2012-2013	percent	1.88	
Alcohol-Impaired Driving Deaths	10	41.6			2008-2012	percent	1.88	
Deaths Attributable to Alcohol	1	304	219		2006-2010	deaths	1.88	
Drinking and Driving	5	5.9		1.8	2012	percent	1.88	NH (11) JPN (6)
Heavy Drinking	5	7.6		6.2	2013	percent	1.88	
Illegal Drugs on School Property	57	31.2	20.4	22.1	2013	percent	1.88	
Indoor Worksites that Prohibit Smoking	48	69.8	100		2010-2011	percent	1.88	
Smoke-Free High Schools	44	79	100		2012	percent	1.88	
Smoke-Free Junior High Schools	44	60	100		2010	percent	1.88	
Smoke-Free Middle Schools	44	82.4	100		2010	percent	1.88	
Teens Who Ever Tried E-Cigarettes	58	17.6		11.9	2013	percent	1.88	
Teens Who Use E-Cigarettes	58	10		4.5	2013	percent	1.88	
Young Teens Who Ever Tried E-Cigarettes	58	7.9		3	2013	percent	1.88	

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STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

SUBSTANCE ABUSE (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Young Teens Who Smoke Tobacco in a Hookah	58	1.4		1.1	2013	percent	1.88	Black (2.9) NH (3.2) CHN (2.2) Other (1.9)
Young Teens Who Use E-Cigarettes	58	5.5		1.1	2013	percent	1.88	Black (8) NH (10.2) Other (6)
Adolescents who Use Inhalants	40	3.7		2.3	2012-2013	percent	1.75	
Nonmedical Use of Prescription Pain Relievers	40	4.6		4.5	2012-2013	percent	1.75	
Nonmedical Use of Sedatives	40	0.3		0.2	2012-2013	percent	1.75	
Pregnant Women who Abstained from Binge Drinking	40	92.2	100	95.8	2006-2009	percent	1.75	
Initiation of Use of Smokeless Tobacco Among Teens	40	0.9	0.6	1.8	2012-2013	percent	1.63	
Initiation of Use of Smokeless Tobacco Among Young Adults	40	0.9	0.2	1.4	2012-2013	percent	1.63	
Women who Abstained from Alcohol in Their Third Trimester	42	93.1			2011	percent	1.63	
Women who Binge Drink Prior to Pregnancy (2004-2008)	42	19.5			2010	percent	1.63	
Adults Who Attempted to Quit Smoking	5	61.6	80	51.8	2013	percent	1.50	
Adults who use Smokeless Tobacco	5	1.6	0.3	4.2	2013	percent	1.50	
Binge Drinking Among Teen Boys	57	10.6	8.6	22	2013	percent	1.50	
Binge Drinking Among Teen Girls	57	12.9	8.6	19.6	2013	percent	1.50	
Smoke-Free Homes	5	80.6	87		2012	percent	1.50	
Adults who Smoke Cigarettes	5	13.3	12	19	2013	percent	1.38	
Mothers who Smoked During Pregnancy	27	4.3	1.4	9	2013	percent	1.38	NH (10)
Nonmedical Use of Prescription Drugs	40	5.7	5.5	6.1	2012-2013	percent	1.38	
Schools Requiring Education on Alcohol and Other Drug Use	44	90.7	89.9		2012	percent	1.38	
Schools Requiring Education on Tobacco Use and Addiction	44	90	89.1		2012	percent	1.38	
State Tax on Cigarettes	47	3.2			2014		1.38	
Teens who Use Marijuana	57	18.9	6	23.4	2013	percent	1.38	
Nonmedical Use of Tranquilizers	40	1.6		2.2	2012-2013	percent	1.25	
Teens Who Never Used Illicit Drugs	57	56.4	58.6	50.1	2013	percent	1.25	
Death Rate due to Drug Poisoning	10	9.3			2004-2010	deaths/100,000 population	1.13	
Initiation of Use of Cigarettes Among Young Adults	40	2.9	6.4	3.2	2012-2013	percent	1.13	
Initiation of Use of Cigars Among Young Adults	40	3.4	4.3	3.7	2012-2013	percent	1.13	
Teens Who Ever Tried Tobacco in a Hookah	58	8.3		14.3	2013	percent	1.13	
Teens Who Smoke Tobacco in a Hookah	58	3.3		5.2	2013	percent	1.13	White (5) NH (5.2) Other (3.6)
Young Teens Who Ever Tried Tobacco in a Hookah	58	2.4		3	2013	percent	1.13	Black (4.3) NH (4.6) PI (2.6)
Young Teens Who Smoke Cigarettes	57	5.2			2013	percent	1.13	NH (5.7) PI (12.9)
Illegal Tobacco Sales to Minors	46	4.2	5		2013	percent	1.00	
Teens who have Used Methamphetamines	57	4.3		10.6	2013	percent	1.00	
Teens Who Tried to Quit Smoking	57	64.8	64	49.9	2011	percent	1.00	
Teens who Use Alcohol	57	25.2		34.9	2013	percent	1.00	
Adults who Binge Drink	5	18.3	24.4	26.9	2013	percent	0.88	
Cirrhosis Death Rate	27	6.7	8.2	10.2	2013	deaths/100,000 population	0.88	
Drug-Induced Deaths	27	10.6	11.3	14.7	2013	deaths/100,000 population	0.88	White (14.6) NHPI (26.9)
Adults Who Recently Quit Smoking	5	15.3	8	6.3	2013	percent	0.75	
Excessive Drinking	5	19.7	25.4	28	2013	percent	0.75	
Teens who Smoke Cigars	57	6.8	8	13.1	2011	percent	0.75	White (11.6) NH (7.4) PI (13.9)
Teens who Use Smokeless Tobacco	57	3.5	6.9	7.7	2011	percent	0.75	White (5.7) NH (3.7) PI (12.6)
Teens who Use Tobacco	57	14.5	21	23.4	2011	percent	0.75	

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Data Scoring Appendix: Indicator Scores by Topic

SUBSTANCE ABUSE (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Women Who Quit Smoking During Pregnancy	42	73.9	30		2011	percent	0.75	
Initiation of Use of Cigarettes Among Teens	40	2.8	4.3	3.9	2012-2013	percent	0.63	
Liquor Store Density	50	3.8		10.3	2012	stores/100,000 population	0.63	
Teens Who Never Drank Alcohol	57	47.5	30.5	33.8	2013	percent	0.63	
Teens Who Smoke Cigarettes	57	10.4	16	15.7	2013	percent	0.63	
Initiation of Use of Cigars Among Teens	40	1.7	2.9	3.2	2012-2013	percent	0.38	
TEEN & ADOLESCENT HEALTH								
Teens Who Attend Daily Physical Education	57	7.3	36.6	29.4	2013	percent	2.38	
Condom Use Among Teen Boys	57	53.5	81.5	65.8	2013	percent	2.25	
Condom Use Among Teen Girls	57	41.5	55.6	53.1	2013	percent	2.25	
Teens Who Get Sufficient Sleep	57	26.8	33.1	31.7	2013	percent	2.25	
Teens Who Rode With a Driver Who Had Been Drinking	57	37.1	25.5	28.3	2009	percent	2.25	
Adolescents who Experience Major Depressive Episodes	40	10.6	7.5	9.9	2012-2013	percent	2.13	
Teens Who Attempted Suicide	57	3.2	1.7	2.7	2013	percent	2.13	
Teens who Meet Aerobic Physical Activity Guidelines	57	22	31.6	27.1	2013	percent	2.13	
Teens with 2 Hours or Less of Computer and Video Game Time	57	57.9	82.6	58.7	2013	percent	2.13	
Continuity of Health Care Among Youth with Special Health Care Needs	38	37.3	45.3	40	2009-2010	percent	2.00	
Teen Fruit and Vegetable Consumption	57	15.6		22.3	2013	percent	2.00	
Teens With Disordered Eating	57	20	12.9		2013	percent	2.00	
Young Teens who Use Marijuana	57	7.5	6		2013	percent	2.00	
Abstain From Sex- Teen Boys	57	66.1	79.2		2013	percent	1.88	
Adolescent Use of Alcohol or Illicit Drugs	40	18.1	16.6	15.9	2012-2013	percent	1.88	
Adolescents who Consider School Work to Be Important	40	27.5	29	30.7	2012-2013	percent	1.88	
Illegal Drugs on School Property	57	31.2	20.4	22.1	2013	percent	1.88	
Smoke-Free High Schools	44	79	100		2012	percent	1.88	
Smoke-Free Junior High Schools	44	60	100		2010	percent	1.88	
Smoke-Free Middle Schools	44	82.4	100		2010	percent	1.88	
Teens Exposed to Secondhand Smoke	58	85.9	41		2013	percent	1.88	
Teens Who Ever Tried E-Cigarettes	58	17.6		11.9	2013	percent	1.88	
Teens Who Had a Physical in the Past Year	57	62.2	75.6		2013	percent	1.88	
Teens Who Meet Muscle-Strengthening Guidelines	57	46.3		51.7	2013	percent	1.88	
Teens Who Often See Tobacco Ads in Magazines or Newspapers	58	47.4	19.3		2013	percent	1.88	
Teens Who Often See Tobacco Ads on the Internet	58	48.8	33.1		2013	percent	1.88	
Teens Who Use E-Cigarettes	58	10		4.5	2013	percent	1.88	
Young Teens Exposed to Secondhand Smoke	58	92.2	41		2013	percent	1.88	
Young Teens Who Ever Tried E-Cigarettes	58	7.9		3	2013	percent	1.88	
Young Teens Who Had a Physical in the Past Year	57	46	75.6		2013	percent	1.88	
Young Teens Who Often See Tobacco Ads in Magazines or Newspapers	58	42.5	19.3		2013	percent	1.88	
Young Teens Who Often See Tobacco Ads on the Internet	58	43.1	33.1		2013	percent	1.88	
Young Teens Who Smoke Tobacco in a Hookah	58	1.4		1.1	2013	percent	1.88	Black (2.9) NH (3.2) CHN (2.2) Other (1.9)
Young Teens Who Use E-Cigarettes	58	5.5		1.1	2013	percent	1.88	Black (8) NH (10.2) Other (6)
Abstain From Sex- Teen Girls	57	62.3	80.2		2013	percent	1.75	

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Data Scoring Appendix: Indicator Scores by Topic

TEEN & ADOLESCENT HEALTH (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Adolescents who Use Inhalants	40	3.7		2.3	2012-2013	percent	1.75	
Teens with More Than 3 Hours of Computer/Video Game Time	57	42.1		41.3	2013	percent	1.75	
Abstain From Sex- Young Teen Boys	57	90.5	92.7		2013	percent	1.63	
Initiation of Use of Smokeless Tobacco Among Teens	40	0.9	0.6	1.8	2012-2013	percent	1.63	
Initiation of Use of Smokeless Tobacco Among Young Adults	40	0.9	0.2	1.4	2012-2013	percent	1.63	
Intimate Partner Violence Among Teens	57	11.1		10.3	2013	percent	1.63	
Schools Requiring Education on Unintentional Injury	44	87	89.9		2012	percent	1.63	
Schools with Health Education Goals- Accessing Health Information	44	92.1	100		2012	percent	1.63	
Schools with Health Education Goals- Advocating for Health	44	91.2	100		2012	percent	1.63	
Schools with Health Education Goals- Health Promotion, Disease Prevention	44	93.6	100		2012	percent	1.63	
Schools with Health Education Goals- Health-Enhancing Behaviors	44	97.6	100		2012	percent	1.63	
Schools with Health Education Goals- Healthy Decision-Making	44	96.4	100		2012	percent	1.63	
Schools with Health Education Goals- Influences on Health	44	92.4	100		2012	percent	1.63	
Schools with Health Education Goals- Interpersonal Communication	44	95.2	100		2012	percent	1.63	
Teens who are Cyberbullied	57	15.6		14.8	2013	percent	1.63	
Teens Who Texted or Emailed While Driving	57	43.3		41.4	2013	percent	1.63	
Abstain From Sex- Young Teen Girls	57	92.3	93.9		2013	percent	1.50	
Adolescents who Participate in Extracurricular Activities	39	85.7	90.6	82.7	2011-2012	percent	1.50	
Binge Drinking Among Teen Boys	57	10.6	8.6	22	2013	percent	1.50	
Binge Drinking Among Teen Girls	57	12.9	8.6	19.6	2013	percent	1.50	
Teens who are Bullied	57	18.7	17.9	19.6	2013	percent	1.50	
Teens Who Use Sunscreen	57	10.7	11.2	10.1	2013	percent	1.50	
Deaths Among Adolescents Aged 10-14 Years	27	13.5	14.8	14.1	2011-2013	deaths/100,000 population 10-14	1.38	NHPI (69.4)
Schools Requiring Education on Alcohol and Other Drug Use	44	90.7	89.9		2012	percent	1.38	
Schools Requiring Education on Dietary Behaviors and Nutrition	44	94.1	92.7		2012	percent	1.38	
Schools Requiring Education on Physical Activity and Fitness	44	95.2	87.1		2012	percent	1.38	
Schools Requiring Education on Tobacco Use and Addiction	44	90	89.1		2012	percent	1.38	
Schools Requiring Education on Violence Prevention	44	91.9	90.1		2012	percent	1.38	
Teens Who Often See Tobacco Ads at Stores or Gas Stations	58	75.6	77.1		2013	percent	1.38	
Teens who Use Marijuana	57	18.9	6	23.4	2013	percent	1.38	
Teens with 2 Hours or Less of TV Time	57	70.7	73.9	67.5	2013	percent	1.38	
Teens with a Healthy Body Weight	57	71.8			2013	percent	1.38	
Young Teens who Engage in Regular Physical Activity	57	52.6			2013	percent	1.38	

* AIAK = American Indian/Alaskan Native, NH = Native Hawaiian, PI = Pacific Islander, API = Asian or Pacific Islander, NHPI = Native Hawaiian/Pacific islander, JPN = Japanese, CHN = Chinese, FIL = Filipino, Mult = Multiracial, Hisp = Hispanic/Latino

STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

TEEN & ADOLESCENT HEALTH (CONTINUED)	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
Young Teens who Meet Aerobic Physical Activity Guidelines	57	32			2013	percent	1.38	
Schools Prohibiting Harassment Based on Sexual Orientation	44	92.7	92.2	87.4	2012	percent	1.25	
Teens who Engage in Regular Physical Activity	57	40.2		41.9	2013	percent	1.25	
Teens Who Never Used Illicit Drugs	57	56.4	58.6	50.1	2013	percent	1.25	
Teens Who Often See Actors Using Tobacco on TV and in Movies	58	74.6	69.8		2013	percent	1.25	
Teens who Watch 3+ Hours of Television	57	29.3		32.5	2013	percent	1.25	
Young Teens Who Often See Actors Using Tobacco on TV and in Movies	58	67.5	69.8		2013	percent	1.25	
Initiation of Use of Cigarettes Among Young Adults	40	2.9	6.4	3.2	2012-2013	percent	1.13	
Initiation of Use of Cigars Among Young Adults	40	3.4	4.3	3.7	2012-2013	percent	1.13	
Schools Requiring Education on Pregnancy, HIV, and STD Prevention	44	85.6	43.2		2012	percent	1.13	
Schools Requiring Education on Suicide Prevention	44	71	48.3		2012	percent	1.13	
Teens Who Ever Tried Tobacco in a Hookah	58	8.3		14.3	2013	percent	1.13	
Teens Who Saw a Dentist in the Past Year	57	70.3	49		2013	percent	1.13	
Teens Who Smoke Tobacco in a Hookah	58	3.3		5.2	2013	percent	1.13	White (5) NH (5.2) Other (3.6)
Young Teens Who Ever Tried Tobacco in a Hookah	58	2.4		3	2013	percent	1.13	Black (4.3) NH (4.6) PI (2.6)
Young Teens Who Often See Tobacco Ads at Stores or Gas Stations	58	67.1	77.1		2013	percent	1.13	
Young Teens Who Saw a Dentist in the Past Year	57	61.5	49		2013	percent	1.13	
Young Teens Who Smoke Cigarettes	57	5.2			2013	percent	1.13	NH (5.7) PI (12.9)
Illegal Tobacco Sales to Minors	46	4.2	5		2013	percent	1.00	
Teen Birth Rate	27	25		26.5	2013	births/1,000 women aged 15-19 years	1.00	Black (28.7) NHPI (123.7)
Teens who are Overweight	57	14.9		16.6	2013	percent	1.00	
Teens who have Used Methamphetamines	57	4.3		10.6	2013	percent	1.00	
Teens Who Tried to Quit Smoking	57	64.8	64	49.9	2011	percent	1.00	
Teens who Use Alcohol	57	25.2		34.9	2013	percent	1.00	
Teens who are Obese	57	13.4	16.1	13.7	2013	percent	0.88	NH (19.26) PI (31.18) FIL (13.83)
Teens Who Carried a Weapon at School	57	4.2	4.6	5.4	2011	percent	0.88	
Children and Adolescents who are Obese	39	11.5	14.5	15.7	2011-2012	percent	0.75	
Pre-Teens who are Obese	39	13.2	15.7	19.1	2011-2012	percent	0.75	
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	57	15.8		27	2013	percent	0.75	
Teens who Smoke Cigars	57	6.8	8	13.1	2011	percent	0.75	White (11.6) NH (7.4) PI (13.9)
Teens who Use Smokeless Tobacco	57	3.5	6.9	7.7	2011	percent	0.75	White (5.7) NH (3.7) PI (12.6)
Teens who Use Tobacco	57	14.5	21	23.4	2011	percent	0.75	
Deaths Among Adolescents Aged 15-19 Years	27	39.8	54.3	44.8	2013	deaths/100,000 population 15-19	0.63	Asian (41.1) NHPI (156.5)
Initiation of Use of Cigarettes Among Teens	40	2.8	4.3	3.9	2012-2013	percent	0.63	
Physical Fighting Among Teens	57	16.7	28.4	24.7	2013	percent	0.63	
Teens Who Never Drank Alcohol	57	47.5	30.5	33.8	2013	percent	0.63	
Teens Who Smoke Cigarettes	57	10.4	16	15.7	2013	percent	0.63	
Initiation of Use of Cigars Among Teens	40	1.7	2.9	3.2	2012-2013	percent	0.38	

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STATE OF HAWAII

Data Scoring Appendix: Indicator Scores by Topic

	Source	Hawaii State	HP2020	Nation	Measurement Period	Units	Score	High Race Disparity*
TEEN & ADOLESCENT HEALTH (CONTINUED)								
Pregnancies Among Females Aged 15-17 Years	27	18	36.2	30.1	2012	pregnancies/1,000 females aged 15-17	0.38	
Pregnancies Among Females Aged 18-19 Years	27	72.1	105.9	96.2	2012	pregnancies/1,000 females aged 18-19	0.38	
Violent Crime Perpetrated by Adolescents and Young Adults	54	238	399.6	344.5	2012	arrests per 100,000 people aged 10-24 years	0.38	
TRANSPORTATION								
Mean Travel Time to Work	2	26		25.5	2009-2013	minutes	2.13	
Solo Drivers with a Long Commute	10	38.9			2008-2012	percent	1.88	
Hospitalization Rate due to Motor Vehicle Collisions	17	63.6			2009	hospitalizations/100,000 population	1.13	
Workers Commuting by Bicycling	2	0.8	0.6	0.6	2011	percent	0.75	
Workers who Walk to Work	2	4.7	3.1	2.8	2009-2013	percent	0.25	
Workers Commuting by Public Transportation	2	6.4	5.5	5	2009-2013	percent	0.00	
WELLNESS & LIFESTYLE								
Adults Who Get Sufficient Sleep	5	58.5	70.8	69.3	2013	percent	2.25	
Teens Who Get Sufficient Sleep	57	26.8	33.1	31.7	2013	percent	2.25	
Teens with 2 Hours or Less of Computer and Video Game Time	57	57.9	82.6	58.7	2013	percent	2.13	
Teens with More Than 3 Hours of Computer/Video Game Time	57	42.1		41.3	2013	percent	1.75	
Adolescents who Participate in Extracurricular Activities	39	85.7	90.6	82.7	2011-2012	percent	1.50	
Teens with 2 Hours or Less of TV Time	57	70.7	73.9	67.5	2013	percent	1.38	
Self-Reported Health Status of Good or Better	5	86.2		83.3	2013	percent	1.25	
Teens who Watch 3+ Hours of Television	57	29.3		32.5	2013	percent	1.25	
Adults with Hypertension with Controlled Blood Pressure	55	62.8	61.2	63.6	2013	percent	1.13	
Self-Reported Good Physical and Mental Health	5	55.6		49.6	2013	percent	1.13	
Life Expectancy for Females	32	83.5		80.8	2010	years	1.00	
Life Expectancy for Males	32	77.9		76.1	2010	years	1.00	
WOMEN'S HEALTH								
Breast Cancer Incidence Rate	34	126		122.7	2007-2011	cases/100,000 females	1.88	
Chlamydia Among Females	25	649.9		456.7	2012	cases/100,000 females	1.75	
Pap Test History	5	79.1	93	78	2013	percent	1.75	
Preventive Services for Older Women	5	40.2	46.8	39.2	2013	percent	1.75	
Cervical Cancer Death Rate	27	2.3	2.2	2.3	2011-2013	deaths/100,000 females	1.63	NHPI (11.2)
Mammogram History	5	80.4		74	2013	percent	1.25	
Cervical Cancer Incidence Rate	34	7.3		7.8	2007-2011	cases/100,000 females	1.13	
HPV Vaccination	5	11.9		10.6	2013	percent	1.13	
Gonorrhea Among Females	25	43.6		108.7	2012	cases/100,000 females	1.00	
Life Expectancy for Females	32	83.5		80.8	2010	years	1.00	
Syphilis Among Females	25	0.3	1.3	0.3	2012	cases/100,000 females	1.00	
Breast Cancer Death Rate	27	15.1	20.7	20.8	2013	deaths/100,000 females	0.88	NHPI (65.9)

* AIAK = American Indian/Alaskan Native, NH = Native Hawaiian, PI = Pacific Islander, API = Asian or Pacific Islander, NHPI = Native Hawaiian/Pacific islander, JPN = Japanese, CHN = Chinese, FIL = Filipino, Mult = Multiracial, Hisp = Hispanic/Latino

Appendix B. Key Informant Interviews

Between October 2014 and February 2015, Storyline Consulting conducted key informant interviews with community health experts in the State of Hawaii. The following questions were used to guide the conversations.

Q1: Could you tell me a little bit about yourself, your background, and your organization?

Q2: You were selected for this interview because of your specialized knowledge in the area of [topic area]. What are the biggest needs or concerns in this area?

Q3: What is the impact of this health issue on low income, underserved/uninsured persons?

Q4: Could you speak to the impact on different ethnic groups of this health concern?

Q5: Could you tell me about some of the strengths and resources in your community that address [topic area], such as groups, initiatives, services, or programs? What about the barriers to receiving care in the community?

Collect Resource Info:

- Resource Name
- Serves which geography
- Resource Type (clinic, hotline, etc.)
- Topic Focus Areas
- Serves Low-Income, Underserved/Uninsured
- Focus on minority Race/Ethnic groups

Q6: Are there opportunities for larger collaboration with hospitals and/or the health department that you want us to take note of?

Q7: What advice do you have for a group developing a community health improvement plan to address these needs?

Q8: What are the other major health needs/issues you see in the community?

Appendix C. Community Resources

Community Resources Identified through Key Informant Interviews

County	Community Resource	For more information:
All	Affordable Housing and Homeless Alliance	http://www.hawaiihomeless.org/
All	Blue Zones Project	https://hawaii.bluezonesproject.com/
All	Community Health Centers	http://www.hawaiipca.net/6/community-health-centers
All	Connecting for Success	http://www.hawaiicommunityfoundation.org/community-impact/connecting-for-success
All	Federally Qualified Healthcare Centers	https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/hi/
All	Gregory House	http://www.gregoryhouse.org/
All	Hale Kipa	https://www.halekipa.org/
All	Hawaiian Islands Oral Health Task Force	http://www.hawaiipca.net/41/dental
All	Hawaii Disability Rights Center - Client Assistance Program	http://www.hawaiidisabilityrights.org/programs_cap.aspx
All	Hawaii Families As Allies	http://www.hfaa.net/
All	Hawaii Health Information Exchange	https://www.hawaiihie.org/
All	Hawaii Health Systems Corporation	http://www.hhsc.org/
All	Hawaii Initiative for Childhood Obesity Research and Education (HICORE)	http://www.hicore.org/
All	Hawaii Medical Services Association	https://www.hmsa.com/
All	Hawaiian Community Assets	www.hawaiiancommunity.net/
All	Hina Mauka	http://hinamauka.org/
All	HOPE Services Hawaii	http://hopeserviceshawaii.org/
All	Injury Prevention Advisory Committee	http://health.hawaii.gov/injuryprevention/home/partnerships/injury-prevention-advisory-committee-ipac/
All	Keiki Injury Prevention Coalition	http://kipchawaii.org/
All	Legal Aid Society of Hawaii	http://www.legalaidhawaii.org/
All	Life Foundation for HIV	http://lifefoundationorg.ipage.com/
All	McKenna Recovery Center	http://www.mckennarecoverycenter.com/

All	Micronesian Community Network	http://micronesiancommunitynetwork.blogspot.com/
All	PACT: Parents and Children Together	http://www.pacthawaii.org/
All	Pono Choices	http://www.cds.hawaii.edu/ponochoices/
All	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	http://health.hawaii.gov/wic/
All	Substance Abuse Treatment Centers	http://health.hawaii.gov/substance-abuse/prevention-treatment/treatment/treatment-services/
All	University of Hawaii Center on the Family	http://uhfamily.hawaii.edu/
Hawaii	Big Island Substance Abuse Council	http://www.bisac.org/
Hawaii	Community First	http://www.hawaiowellbeing.org/
Hawaii	East Hawaii Coalition for the Homeless	http://nationalhomeless.org/references/directory/organization/East+Hawaii+Coalition+for+the+Homeless/
Hawaii	Food Basket, Hawaii Island's Food Bank	http://www.hawaiifoodbasket.org/
Hawaii	Hawaii Island Healthcare Alliance	http://hawaiihealthcarealliance.org/
Hawaii	Hui Mālama Ola Nā 'Ōiwi	http://huimalamaolanaoivi.org/
Hawaii	Ka'u Rural Health Community Association	http://krhcai.com/
Hawaii	North Hawaii Hospice	http://northhawaiihospice.org/
Hawaii	North Kohala Community Resource Center	http://www.northkohala.org/
Honolulu	HCAP Head Start	http://www.hcapweb.org/headstart/
Honolulu	Ka'ala Farm	http://www.malamalearningcenter.org/index.php/resources/mlc-partners/38-kaala-farm
Honolulu	Kapolei Keiki Smile Center	http://www.wcchc.com/Services/Dental-Care-Waianae-Kapolei-Children-Adult
Honolulu	Kokua Kalihi Valley Comprehensive Family Services	http://www.kkv.net/
Honolulu	Mala 'Ai 'Opio Community Food Systems Initiative (MA'O)	http://www.maoorganicfarms.org/
Honolulu	PAU Violence Program	https://www.facebook.com/PAUViolence
Honolulu	Waianae Dental Clinic	http://www.wcchc.com/Services/Dental-Care-Waianae-Kapolei-Children-Adult
Honolulu	Waikiki Health	http://waikikihc.org/
Honolulu	Waimanalo Market Co-op	http://www.waimanalomarket.com/
Kauai	County of Kauai Paratransit Services	http://www.kauai.gov/Government/Departments/TransportationAgency/ParatransitService/tabid/574/Default.aspx

Kauai	County of Kauai Senior Programs	http://www.kauai.gov/Government/Departments/ParksRecreation/SeniorPrograms/tabid/466/Default.aspx
Kauai	Ho'ola Lahui Hawai'i, Kauai Community Health Center - Dental Services	http://www.hoolalahui.org/healthclinics/dentalservices.html
Kauai	Kauai Food Bank	http://www.kauaifoodbank.org/
Kauai	Mālama Pono Health Services	http://malama-pono.org/
Maui	Aloha House	http://www.aloha-house.org/
Maui	Boys & Girls Club of Maui	http://www.bgcmaui.org/page142430.aspx
Maui	CFS Neighborhood Place of Wailuku	http://www.childandfamilyservice.org/cfs2.php?id1=48#wailuku
Maui	Hale Mahaolu	http://halemahaolu.org/
Maui	Hāna Health	http://hanahealth.org/
Maui	Hospice Maui	http://hospicemaui.org/
Maui	Imua family Services	http://imuafamilyservices.org/
Maui	Kaunoa Senior Services	http://www.co.maui.hi.us/departments/Housing/kaunoa.htm
Maui	Ke Ola Hou O Lana'i	http://www.lanai96763.com/resource/ke-ola-hou-o-lanai
Maui	Maui Children's Justice Center	http://www.courts.state.hi.us/services/hawaii_childrens_justice_centers/maui.html
Maui	Maui Community Mental Health Centers	http://health.hawaii.gov/maui/community-mental-health-centers-cmhc/
Maui	Maui County Office on Aging	http://www.co.maui.hi.us/departments/housing/aging.htm
Maui	Maui County Rural Shopping Shuttles	http://www.co.maui.hi.us/index.aspx?NID=620
Maui	Maui District Health Office	http://health.hawaii.gov/maui/
Maui	Maui Economic Opportunity	http://www.meoinc.org/
Maui	Maui Family Support Services	http://mfss.org/
Maui	Maui Youth and Family Services	http://www.myfs.org/
Maui	Public Health Nursing	http://health.hawaii.gov/maui/public-health-nursing/
Maui	Pūlama Lāna'i	http://www.pulamalanai.com/
Maui	Women Helping Women	http://www.womenhelpingwomenmaui.com/

Medicare-Approved Healthcare Facilities, State of Hawaii

The following list presents select Provider of Services (POS) facilities identified by the Centers for Medicare & Medicaid Services for the State of Hawaii. However, it is not an exhaustive directory of all facilities in the state. For the most recent POS file, please visit: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Provider-of-Services/index.html>

County	Facility Type	Facility Name	City	Street Address
Hawaii	Ambulatory Surgery Center	CLINICAL LABS OF HAWAII - HCSC	HILO	82 PUUHONU PL, #204
Hawaii	Ambulatory Surgery Center	HILO COMMUNITY SURGERY CENTER	HILO	82 PUUHONU PL, #100
Hawaii	Ambulatory Surgery Center	KONA AMBULATORY SURGERY CENTER LLC	KAILUA KONA	75-5905 WALUA RD UNIT 4
Hawaii	Community Clinic	HAWAII ISLAND FAMILY HLTH CNTR	HILO	45 MOHOULI ST SUITE 101
Hawaii	Community Clinic	HILO CBOC	HILO	1285 WAIANUENUE AVE STE 211
Hawaii	Community Clinic	HILO MEDICAL CENTER PAIN MANAGEMENT CLINIC	HILO	1190 WAIANUEANUE AVENUE
Hawaii	Community Clinic	HILO MEDICAL CENTER PEDIATRIC CLINIC	HILO	1190 WAIANUEANUE AVENUE
Hawaii	Community Clinic	WAIAKEA HEALTH CENTER	HILO	191 KUAWA ST
Hawaii	Community Clinic	WAIAKEA HEALTH CENTER	HILO	191 KUAWA
Hawaii	Community Clinic	EDNA K KRETZER, APRN	HOLUALOA	76-5914B MALAMAHOA HWY
Hawaii	Community Clinic	ALI'I COMMUNITY CARE	KAILUA KONA	78-6831 ALI'I DRIVE, STE 328
Hawaii	Community Clinic	ALI'I HEALTH CENTER	KAILUA KONA	78-6831 ALI'I DRIVE, STE 422
Hawaii	Community Clinic	ALII HEALTH CENTER PHARMACY	KAILUA KONA	75-5995 KUAKINI HWY #213
Hawaii	Community Clinic	KONA CBOC	KAILUA KONA	75-5994 KUAKINI HWY
Hawaii	Community Clinic	PLANNED PARENTHOOD OF HAWAII	KAILUA KONA	75 184 HUALALAI RD STE 205

Hawaii	Community Clinic	PUNA COMMUNITY MED CNTR	PAHOA	15-2662 PAHOA VILLAGE RD #303
Hawaii	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HILO	140 RAINBOW DR
Hawaii	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	KAILUA KONA	78-6831 ALII DR SUITE 336
Hawaii	End Stage Renal Disease Dialysis	LIBERY DIALYSIS NORTH HAWAII LLC	KAMUELA	67-1123 MAMALAHOA HWY #112
Hawaii	Federally Qualified Health Center	HILO FAMILY HEALTH CENTER	HILO	1178 KINOOLE ST
Hawaii	Federally Qualified Health Center	HILO WOMEN'S HEALTH CENTER	HILO	73 PU'UHONU PL
Hawaii	Federally Qualified Health Center	HAMAKUA HEALTH CENTER - RHC	HONOKAA	45-549 PLUMERIA STREET
Hawaii	Federally Qualified Health Center	WEST HAWAII COMMUNITY HEALTH CENTER	KAILUA KONA	75-5751 KUAKINI HWY STE 105
Hawaii	Federally Qualified Health Center	KEA'AU FAMILY HEALTH CENTER	KEAAU	16-192 PILIMUA ST
Hawaii	Federally Qualified Health Center	WEST HAWAII COMM HEALTH CNTR KEIKI HC	KEALAKEKUA	81-6627 MAMALAHOA HWY B-3
Hawaii	Federally Qualified Health Center	KA'U FAMILY HEALTH & DENTAL CTR	NAALEHU	95-5583 MAMALAHOA HWY
Hawaii	Federally Qualified Health Center	PAHOA FAMILY HEALTH CTR	PAHOA	15-2866 PAHOA VILLAGE RD BLDG C STE A
Hawaii	Federally Qualified Health Center	PAHOA WOMEN AND CHILDREN'S HEALTH CNTR	PAHOA	15-2866 PAHOA VILLAGE RD BLDG F SUITE A
Hawaii	Home Health Agency	WEST HAWAII HOME HEALTH SVS	CAPTAIN COOK	82-5899 OLD GOVERNMENT RD
Hawaii	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HILO	68 KEKUANAOA AVE SUITE 350
Hawaii	Home Health Agency	HILO MED CENTER HOME CARE	HILO	1190 WAIANUENUE AVE
Hawaii	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	KAILUA KONA	75-100 HENRY ST SUITE 205
Hawaii	Home Health Agency	INTERIM HEALTHCARE / KAILUA-KONA	KAILUA KONA	75-5995 KUAKINI HWY, #223 ORCHID
Hawaii	Home Health Agency	KOHALA HOME HEALTH CARE	KAMUELA	67-1125 MAMALAHOA HWY

Hawaii	Hospital	CLINICAL LABS OF HAWAII-HILO MED CENTR	HILO	1190 WAIANUENUE AVENUE
Hawaii	Hospital	CLINICAL LABS OF HAWAII-HONOKAA HOSP	HONOKAA	PO BOX 237
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KAMUELA BRANCH	KAMUELA	65-1158 MAMALAHOA HWY SUITE 27B
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KONA HOSPITAL	KEALAKEKUA	79-1019 HAUKAPILA ST
Hawaii	Hospital	CLINICAL LABS OF HAWAII-KAU HOSPITAL	PAHALA	1 KAMANI ST
Hawaii	Intermediate Care Facility/Individuals with Intellectual Disabilities	AVALON CARE CENTER VA HILO LLC	HILO	1180 WAIANUENUE AVE
Hawaii	School/Student Health Service	UNIV OF HAWAII HILO COLLEGE OF PHARM	HILO	200 W KAWILI ST
Hawaii	School/Student Health Service	UNIVERSITY OF HAWAII AT HILO	HILO	200 W KAWILI ST, CAMPUS CTR #212
Hawaii	Skilled Nursing/Nursing Facility	HALE ANUENUE RESTORATIVE CARE CTR	HILO	1333 WAIANUENUE AVE
Hawaii	Skilled Nursing/Nursing Facility	LIFE CARE CENTER OF HILO	HILO	944 WEST KAWAILANI ST
Hawaii	Skilled Nursing/Nursing Facility	HALE HO'OLA HAMAKUA	HILO	45-547 PLUMERIA ST
Hawaii	Skilled Nursing/Nursing Facility	LIFE CARE CENTER OF KONA	KAILUA KONA	78-6957 KAMEHAMEHA III RD
Honolulu	Ambulatory Surgery Center	ALOHA LABORATORIES INC	HONOLULU	2036 HAU ST
Honolulu	Ambulatory Surgery Center	ASIA PACIFIC SURGERY CENTER LLC	HONOLULU	1401 S BERETANIA ST, STE 890
Honolulu	Ambulatory Surgery Center	CATARACT & VISION CENTER OF HAWAII	HONOLULU	1712 LILIHA ST SUITE 400

Honolulu	Ambulatory Surgery Center	HAWAII ENDOSCOPY CENTERS LLC	HONOLULU	2226 LILIHA ST SUITE 307
Honolulu	Ambulatory Surgery Center	HONOLULU SPINE CENTER LLC	HONOLULU	500 ALA MOANA BLVD BLDG STE 1-301
Honolulu	Ambulatory Surgery Center	HONOLULU SURGERY CENTER LP	HONOLULU	550 S. BERETANIA STREET, SUITE 700
Honolulu	Ambulatory Surgery Center	KAISER PERMANENTE HONOLULU MEDICAL OFFICE ASC	HONOLULU	1010 PENSACOLA ST
Honolulu	Ambulatory Surgery Center	MINIMALLY INVASIVE SURGERY OF HAWAII	HONOLULU	1401 S BERETANIA ST SUITE 600
Honolulu	Ambulatory Surgery Center	MIS ENDOSCOPY LLC	HONOLULU	1401 S BERETANIA ST SUITE 200
Honolulu	Ambulatory Surgery Center	PACIFIC ASC LLC	HONOLULU	650 IWILEI RD SPACE 225
Honolulu	Ambulatory Surgery Center	SURGERY CENTER OF THE PACIFIC LLC	HONOLULU	1401 S BERETANIA ST SUITE 420
Honolulu	Ambulatory Surgery Center	SURGICAL SUITES, LLC, THE	HONOLULU	1100 WARD AVENUE, SUITE 1001
Honolulu	Ambulatory Surgery Center	WINDWARD SURGERY CENTER	KAILUA	642 ULUKAHIKI ST #200
Honolulu	Ambulatory Surgery Center	PACIFIC ENDOSCOPY CENTER	PEARL CITY	1029 MAKOLU ST STE H,I,J
Honolulu	Ambulatory Surgery Center	HAWAIIAN EYE CENTER	WAHIAWA	606 KILANI AVENUE
Honolulu	Community Clinic	DOCS ON CALL - HILTON HAW'N VILLAGE	HONOLULU	2005 KALIA RD
Honolulu	Community Clinic	JOHNSTON ATOLL HEALTH CLINIC LAB	HONOLULU	3049 UALENA ST #101
Honolulu	Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS PROJECT - KOHOU CLINIC	HONOLULU	904 KOHOU STREET
Honolulu	Community Clinic	KALIHI PALAMA HLTH CARE FOR HOMELESS - KAAHI CLINIC	HONOLULU	546 KAAHI STREET
Honolulu	Community Clinic	KOKUA KALIHI VALLEY	HONOLULU	2239 NORTH SCHOOL STREET
Honolulu	Community Clinic	LIFE FOUNDATION	HONOLULU	677 ALA MOANA BLVD SUITE 226
Honolulu	Community Clinic	THE QUEEN'S HEALTH CARE CENTERS	HONOLULU	550 SOUTH BERETANIA STREET SUITE 401

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

Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	HONOLULU	226 N KUAKINI STREET
Honolulu	End Stage Renal Disease Dialysis	DSI KAPAHULU DIALYSIS CENTER	HONOLULU	750 PALANI AVENUE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2226 LILIHA ST
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	3625 HARDING AVE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	HONOLULU	2230 LILIHA STREET, BASEMENT LEVEL
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS LLC	KAILUA	25 KANEOHE BAY DRIVE STE 230
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	45-480 KANEOHE BAY DR, #D-09
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KANEOHE	47-388 HUI IWA STREET 2ND FLOOR
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	KAPOLEI	555 FARRINGTON HWY
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAHIAWA	850 KILANI AVENUE
Honolulu	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAIANAE	80-080 FARRINGTON HWY
Honolulu	End Stage Renal Disease Dialysis	DIALYSIS NEWCO INC	WAIPAHU	94-862 KAHUILANI ST
Honolulu	Federally Qualified Health Center	KALIHI PALAMA HEALTH CENTER	HONOLULU	915 NORTH KING ST
Honolulu	Federally Qualified Health Center	WAIKIKI HEALTH CENTER	HONOLULU	277 OHUA AVE
Honolulu	Federally Qualified Health Center	KO'OLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-119 PUALALEA ST
Honolulu	Federally Qualified Health Center	KO'OLAULOA COMMUNITY HLTH AND WELLNESS CNTR	KAHUKU	56-490 KAMEHAMEHA HWY ROOM R-104
Honolulu	Federally Qualified Health Center	WAIANAE COAST COMP HLTH CNTR	WAIPAHU	94-428 MOKUOLA STREET #108B
Honolulu	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST SUITE 600

Honolulu	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	HONOLULU	615 PIIKOI ST STE 601
Honolulu	Home Health Agency	CARE RESOURCE	HONOLULU	680 IWILEI ROAD, SUITE 660
Honolulu	Home Health Agency	CARE RESOURCE	HONOLULU	702 S BERETANIA ST, 3RD FL #A
Honolulu	Home Health Agency	INTERIM HEALTHCARE / OAHU	HONOLULU	1833 KALAKAUA AVENUE #107
Honolulu	Home Health Agency	KAISER PERMANENTE HOME HEALTH AGENCY	HONOLULU	2828 PA'A ST
Honolulu	Home Health Agency	KAPIOLANI HOME HEALTH SVS	HONOLULU	55 MERCHANT STREET, 24TH FLOOR
Honolulu	Home Health Agency	KOKUA NURSES	HONOLULU	1210 ARTESIAN ST #201
Honolulu	Home Health Agency	MALUHIA HOME HEALTH	HONOLULU	1027 HALA DR
Honolulu	Home Health Agency	OLSTEN HEALTHCARE	HONOLULU	900 FORT STREET MALL SUITE 1202
Honolulu	Home Health Agency	PRIME CARE SERVICES HAWAII	HONOLULU	3375 KOAPAKA I-570
Honolulu	Home Health Agency	STRAUB HOME HEALTH AGENCY	HONOLULU	888 S KING ST
Honolulu	Home Health Agency	CASTLE HOME CARE	KANEOHE	46-001 KAMEHAMEHA HIGHWAY #201
Honolulu	Hospice	ST FRANCIS HOSPICE	HONOLULU	24 PUIWA RD
Honolulu	Hospital	QUEEN'S MEDICAL CENTER WEST OAHU POCT, THE	EWA BEACH	91-2141 FORT WEAVER ROAD
Honolulu	Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU LAB	EWA BEACH	91-2135 FORT WEAVER RD
Honolulu	Hospital	THE QUEEN'S MEDICAL CENTER WEST OAHU PATHOLOGY	EWA BEACH	91-2135 FORT WEAVER ROAD
Honolulu	Hospital	CLINICAL LABS OF HAWAII-KAPIOLANI MCWC	HONOLULU	1319 PUNAHOU ST, BASEMENT
Honolulu	Hospital	DIAGNOSTIC LABORATORY SERVICES - QMC	HONOLULU	1301 PUNCHBOWL ST
Honolulu	Hospital	KAISER PERM MOANALUA MED CNTR REGIONAL LAB	HONOLULU	3288 MOANALUA RD
Honolulu	Hospital	KAISER PERMANENTE STAT LABORATORY	HONOLULU	3288 MOANALUA RD

Honolulu	Hospital	KUAKINI MEDICAL CENTER-CLINICAL LAB	HONOLULU	347 NORTH KUAKINI STREET
Honolulu	Hospital	LEAHI HOSPITAL CLINICAL LABORATORY	HONOLULU	3675 KILAUEA AVENUE
Honolulu	Hospital	POL STRAUB CLINIC & HOSPITAL	HONOLULU	888 S KING STREET
Honolulu	Hospital	QUEEN'S MEDICAL CENTER NUCLEAR MED DEPT	HONOLULU	1301 PUNCHBOWL ST
Honolulu	Hospital	QUEENS MEDICAL CENTER - PATHOLOGY	HONOLULU	1301 PUNCHBOWL STREET IOLANI 4TH FLOOR
Honolulu	Hospital	SELECT SPECIALTY HOSPITAL-HONOLULU INC	HONOLULU	1301 PUNCHBOWL STREET, 3RD FLOOR
Honolulu	Hospital	SHRINERS HOSPITAL FOR CHILDREN/HONOLULU	HONOLULU	1310 PUNAHOU ST
Honolulu	Hospital	KAHUKU MEDICAL CENTER	KAHUKU	56-117 PUALALEA ST
Honolulu	Hospital	CASTLE MEDICAL CENTER	KAILUA	640 ULUKAHIKI ST
Honolulu	Hospital	HAWAII STATE HOSPITAL CLINICAL LAB	KANEOHE	45-710 KEAAHALA ROAD
Honolulu	Hospital	WAHIAWA GENERAL HOSPITAL	WAHIAWA	128 LEHUA
Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	ARC IN HAWAII, THE	HONOLULU	3989 DIAMOND HEAD RD
Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	WAIMANO TRAINING SCHOOL & HOSPITAL	PEARL CITY	2201 WAIMANO HOME RD
Honolulu	Intermediate Care Facility/Individuals with Intellectual Disabilities	OPPORTUNITIES AND RESOURCES INC	WAHIAWA	64-1510 KAMEHAMEHA HWY
Honolulu	Rural Health Clinic	KAPOLEI HEALTH CARE CENTER	KAPOLEI	599 FARRINGTON HWY STE 100
Honolulu	School/Student Health Service	HONOLULU COMMUNITY ACTION	HONOLULU	1109 MAUNAKEA ST, 2ND FLOOR
Honolulu	School/Student Health Service	KAMEHAMEHA SCHOOLS HALE OLA	HONOLULU	1887 MAKUAKANE STREET

Honolulu	School/Student Health Service	UNIVERSITY HEALTH SERVICES LAB	HONOLULU	1710 EAST WEST ROAD
Honolulu	School/Student Health Service	BYU - HAWAII HEALTH CTR	LAIE	55-220 KULANUI ST, BYU BOX 1728
Honolulu	School/Student Health Service	LEEWARD COMMUNITY COLLEGE	PEARL CITY	96-045 ALA IKE ST
Honolulu	School/Student Health Service	HAWAII JOB CORPS - WAIMANALO	WAIMANALO	41-467 HIHIMANU ST
Honolulu	Skilled Nursing/Nursing Facility	AIEA HEIGHTS SENIOR LIVING	AIEA	99-1657 AIEA HEIGHTS DR
Honolulu	Skilled Nursing/Nursing Facility	AIEA SRSP	AIEA	98-839 KAAMILO ST
Honolulu	Skilled Nursing/Nursing Facility	PEDIAHEALTH CORP KULANA MALAMA	EWA BEACH	91-1360 KARAYAN ST
Honolulu	Skilled Nursing/Nursing Facility	15 CRAIGSIDE	HONOLULU	15 CRAIGSIDE PLACE
Honolulu	Skilled Nursing/Nursing Facility	ARCADIA SKILLED NURSING FACILITY	HONOLULU	1434 PUNAHOU
Honolulu	Skilled Nursing/Nursing Facility	AVALON CARE CENTER HONOLULU LLC	HONOLULU	1930 KAM IV ROAD
Honolulu	Skilled Nursing/Nursing Facility	CARE CENTER OF HONOLULU, THE	HONOLULU	1900 BACHELOT STREET
Honolulu	Skilled Nursing/Nursing Facility	HALE HO ALOHA, SNF/ICF	HONOLULU	2670 PACIFIC HEIGHTS RD
Honolulu	Skilled Nursing/Nursing Facility	HALE MALAMALAMA	HONOLULU	6163 SUMMER ST

Honolulu	Skilled Nursing/Nursing Facility	HALE NANI REHABILITATION & NURSING CTR	HONOLULU	1677 PENSACOLA STREET
Honolulu	Skilled Nursing/Nursing Facility	HALE OLA KINO	HONOLULU	1314 KALAKAUA AVE 2ND FLOOR
Honolulu	Skilled Nursing/Nursing Facility	HAWAII KAI RETIREMENT &	HONOLULU	428 KAWAIHAE ST
Honolulu	Skilled Nursing/Nursing Facility	HI'OLANI CARE CENTER AT KAHALA NUI	HONOLULU	4389 MALIA STREET
Honolulu	Skilled Nursing/Nursing Facility	ISLAND NURSING HOME	HONOLULU	1205 ALEXANDER ST
Honolulu	Skilled Nursing/Nursing Facility	LILIHA KUPUNA SNF LLC	HONOLULU	2230 LILIHA ST
Honolulu	Skilled Nursing/Nursing Facility	MALUHIA	HONOLULU	1027 HALA DRIVE
Honolulu	Skilled Nursing/Nursing Facility	MALUHIA LTC LABORATORY	HONOLULU	1027 HALA DR
Honolulu	Skilled Nursing/Nursing Facility	MAUNALANI NURSING & REHABILITATION CTR	HONOLULU	5113 MAUNALANI CIRCLE
Honolulu	Skilled Nursing/Nursing Facility	NUUANU HALE	HONOLULU	2900 PALI HIGHWAY
Honolulu	Skilled Nursing/Nursing Facility	OAHU CARE FACILITY	HONOLULU	1808 S BERETANIA ST
Honolulu	Skilled Nursing/Nursing Facility	PALOLO CHINESE HOME	HONOLULU	2459 10TH AVENUE

Honolulu	Skilled Nursing/Nursing Facility	ALOHA NURSING & REHAB CENTRE	KANEOHE	45-545 KAMEHAMEHA HWY
Honolulu	Skilled Nursing/Nursing Facility	ANN PEARL NURSING FACILITY	KANEOHE	45-181 WAIKALUA RD
Honolulu	Skilled Nursing/Nursing Facility	HARRY & JEANETTE WEINBERG CARE CNTR AT POHAI NANI	KANEOHE	45-090 NAMOKU STREET
Honolulu	Skilled Nursing/Nursing Facility	KANEOHE SRSP	KANEOHE	45-710 KEAAHALA RD
Honolulu	Skilled Nursing/Nursing Facility	KA PUNA WAI OLA	KAPOLEI	91-575 FARRINGTON HWY
Honolulu	Skilled Nursing/Nursing Facility	PEARL CITY NURSING HOME	PEARL CITY	919 LEHUA AVE
Honolulu	Skilled Nursing/Nursing Facility	PEARL CITY SRSP	PEARL CITY	1668 HO'OHULU ST
Honolulu	Skilled Nursing/Nursing Facility	PU'UWAI 'O MAKAHA	WAIANAE	84-390 JADE
Kauai	Community Clinic	EAST KAUAI WALK-IN CLINIC	KAPAA	4800-D KAWAIHAU RD
Kauai	Community Clinic	KAUAI DISTRICT HEALTH OFFICE STD/AIDS PREV PRGM	KAPAA	3040 UMI STREET
Kauai	Community Clinic	CONSTANTE J FLORA, MD	LIHUE	4366 KUKUI GROVE ST #202
Kauai	Community Clinic	KAUAI CBOC	LIHUE	4485 PAHEE STREET #150
Kauai	Community Clinic	HO'OLA LAHUI HAWAII WEST	WAIMEA	4643-B WAIMEA CANYON DR
Kauai	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	LIHUE	3224 ELUA ST
Kauai	End Stage Renal Disease Dialysis	ST FRANCIS MEDICAL CENTERS	LIHUE	3224 A ELUA STREET

Kauai	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAIMEA	4643A WAIMEA CANYON RD
Kauai	Federally Qualified Health Center	KAUAI COMMUNITY HLTH CNTR/ HO'OLA LAHUI HAWAII	KAPAA	4800 D KAWAIHAU ROAD
Kauai	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE INC	LIHUE	3083 AKAHI ST SUITE 101
Kauai	Home Health Agency	HAWAII HEALTHCARE PROFESSIONALS	LIHUE	4370 KUKUI GROVE ST, #202
Kauai	Home Health Agency	INTERIM HEALTHCARE / KAUAI	LIHUE	4370 KUKAI GROVE STREET SUITE 202
Kauai	Home Health Agency	STAY AT HOME HEALTHCARE SERVICES LLC	LIHUE	3-3367 KUHIO HIGHWAY SUITE 1
Kauai	Hospital	MAHELONA MEDICAL CENTER	KAPAA	4800 KAWAIHAU RD
Kauai	Hospital	CLINICAL LABS OF HAWAII-WILCOX HOSP	LIHUE	3-3420 KUHIO HWY
Kauai	Hospital	KAUAI VETERANS MEMORIAL HOSPITAL	WAIMEA	4643 WAIMEA CANYON DRIVE
Kauai	School/Student Health Service	KAUAI COMMUNITY COLLEGE	LIHUE	3-1901 KAUMUALII HWY
Kauai	Skilled Nursing/Nursing Facility	HALE KUPUNA HERITAGE HOME	KOLOA	4297A OMAO RD
Kauai	Skilled Nursing/Nursing Facility	GARDEN ISLE HEALTHCARE, LLC	LIHUE	3-3420 KUHIO HWY, SUITE 300
Kauai	Skilled Nursing/Nursing Facility	KAUAI CARE CENTER	WAIMEA	9611 WAENA RD
Maui	Ambulatory Surgery Center	ALOHA SURGICAL CENTER, LP	KAHULUI	239 HOOHANA ST
Maui	Ambulatory Surgery Center	KAISER PERMANENTE WAILUKU MED OFFICE ASC	WAILUKU	80 MAHALANI ST
Maui	Community Clinic	HUI NO KE OLA PONO, INC	HANA	PO BOX 189, OLD HANA SCHOOL
Maui	Community Clinic	MAUI CBOC	KAHULUI	203 HO OHANA ST STE303
Maui	Community Clinic	PLANNED PARENTHOOD OF HAWAII	KAHULUI	140 HOOHANA ST, STE 303

Maui	Community Clinic	MOLOKAI GENERAL HOSPITAL RURAL HLTH CLINIC	KAUNAKAKAI	280 HOME OLU PLACE
Maui	Community Clinic	NA PU'UWAI, INC	KAUNAKAKAI	604 MAUNA LOA HWY #C
Maui	Community Clinic	KE OLA HOU O LANAI /NA PUUWAI	LANAI CITY	730 LANAI AVE SUITE 122
Maui	Community Clinic	MALAMA I KE OLA HEALTH CENTER	WAILUKU	1881 NANI ST.
Maui	Community Clinic	MALAMA NA MAKUAHINE / IMUA REHAB	WAILUKU	1063 LOWER MAIN STREET #C212
Maui	Community Clinic	PACIFIC RENAL CARE FOUNDATION	WAILUKU	105 MAUI LANI PARKWAY #100
Maui	Community Clinic	WAILUKU HEALTH CENTER STD/AIDS PREVENTION PRGM	WAILUKU	121 MAHALANI ST STE 104
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	KAUNAKAKAI	28 KAMOI ST SUITE 400
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	LAHAINA	10 HOOHUI RD SUITE 100
Maui	End Stage Renal Disease Dialysis	RAINBOW DIALYSIS LAHAINA	LAHAINA	315 KEAWE ST SUITE 503
Maui	End Stage Renal Disease Dialysis	FMC-LANAI COMMUNITY DIALYSIS	LANAI CITY	628 7TH ST
Maui	End Stage Renal Disease Dialysis	LIBERTY DIALYSIS HAWAII LLC	WAILUKU	105 MAUI LANI PARKWAY
Maui	End Stage Renal Disease Dialysis	RAINBOW DIALYSIS WAILUKU	WAILUKU	80 MAHALANI ST STE 100
Maui	End Stage Renal Disease Dialysis	MAUI MEMORIAL MEDICAL CENTER DIALYSIS UNIT	WAILUKU	221 MAHALANI STREET
Maui	Federally Qualified Health Center	HANA COMMUNITY HEALTH CENTER	HANA	4590 HANA HWY
Maui	Federally Qualified Health Center	MOLOKAI OHANA HEALTH CARE INC	KAUNAKAKAI	30 OKI PLACE
Maui	Federally Qualified Health Center	LANAI COMMUNITY HEALTH CENTER	LANAI CITY	478 LAUHALA PL
Maui	Home Health Agency	INTERIM HEALTHCARE / MAUI	KIHEI	380 HUKU LII PLACE SUITE 102
Maui	Home Health Agency	BCP INC DBA BAYADA HOME HEALTH CARE	WAILUKU	2200 MAIN ST SUITE 650

Maui	Home Health Agency	HALE MAKUA HOME HEALTH CARE AGENCY	WAILUKU	1520 E MAIN ST
Maui	Home Health Agency	KAISER PERMANENTE HHA - MAUI	WAILUKU	55 MAUI LANI PARKWAY
Maui	Hospital	DIAGNOSTIC LABORATORY SERVICES - MOLOKAI	KAUNAKAKAI	280 HOMEOLU
Maui	Hospital	LANAI COMMUNITY HOSPITAL LAB	LANAI CITY	728 7TH STREET
Maui	Hospital	CLINICAL LABS OF HAWAII-MAUI MEM HOSP	WAILUKU	221 MAHALANI STREET
Maui	Hospital	MMMC DECENTRALIZED POCT	WAILUKU	221 MAHALANI ST
Maui	School/Student Health Service	MAUI COMMUNITY COLLEGE	KAHULUI	310 KAAHUMANU AVE
Maui	School/Student Health Service	UNIV OF HAWAII MAUI COLLEGE CAMPUS HEALTH CNTR	KAHULUI	310 KAAHUMANU AVE #202
Maui	School/Student Health Service	HAWAII JOB CORPS CENTER - MAUI	MAKAWAO	500 IKE DR
Maui	School/Student Health Service	KAMEHAMEHA SCHOOLS MAUI CAMPUS	MAKAWAO	270 'A'APUEO PARKWAY
Maui	Skilled Nursing/Nursing Facility	HALE MAKUA SNF ICF	KAHULUI	472 KAULANA STREET
Maui	Skilled Nursing/Nursing Facility	KULA HOSPITAL - NURSING	KULA	100 KEOKEA PL
Maui	Skilled Nursing/Nursing Facility	HALE MAKUA ICF	WAILUKU	1540 LOWER MAIN STREET

Additional Community Resources

To find more community resources, please visit the Aloha United Way 211 site: <http://www.auw211.org/>