



## MOLOKA'I GENERAL HOSPITAL

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Date: May 14, 2019

To: The Molokai General Hospital Board of Trustees

From: Janice Kalanihuia  
President  
Molokai General Hospital

Re: Community Health Needs Assessment: Report and Implementation Strategy

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The Patient Protection and Affordable Care Act require that for hospitals to continue to qualify for tax exemption they conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the health needs identified. Each hospital facility must have a separate CHNA and implementation strategy.

Last week, the 200-page Community Health Needs Assessment, Molokai General Hospital, December 2018 was sent via email for your review. Molokai island specific data begins on page 124 of the document.

The Queen's Health System has selected Goal 3.2 — "Provide accessible, proactive support for those with high needs." as a System-wide goal.

Please find attached the following:

- The section of the CHNA report for Molokai (Pages 124-134)
- Page 4 of the report outlining Statewide Priorities
- Proposed CHNA Implementation Plan

### CHNA Report

Molokai General Hospital's service area is the island of Molokai, minus Kalawao County. The CHNA identified 3 specific areas of need with 11 specific tactics. Of these, Goal 3.2 was chosen as the goal for the System.

It is a requirement that the CHNA be made widely available to the public, which can be fulfilled by having it on our Web site, by June 30, 2019.

## Implementation Plan

As required, this written plan includes the approaches to be undertaken to address the selected community health need – “Provide accessible, proactive support for those with high needs.”

The proposed approaches to address accessibility and proactive support were developed by the Molokai General Hospital executive team, the Director of Strategic and Business Planning (in the framework of Kahua Ola) and the QHS V.P. of Community Development. –

### Overarching Goal:

“Provide accessible, proactive support for those with high needs.”

### Priorities:

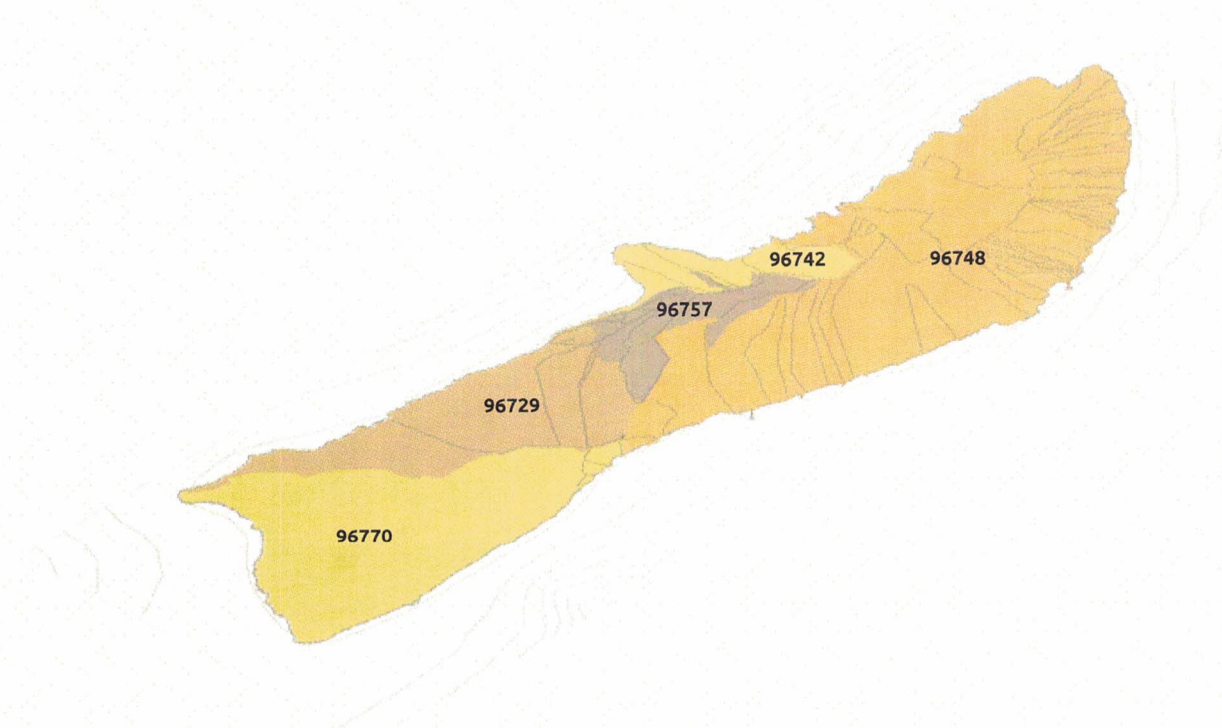
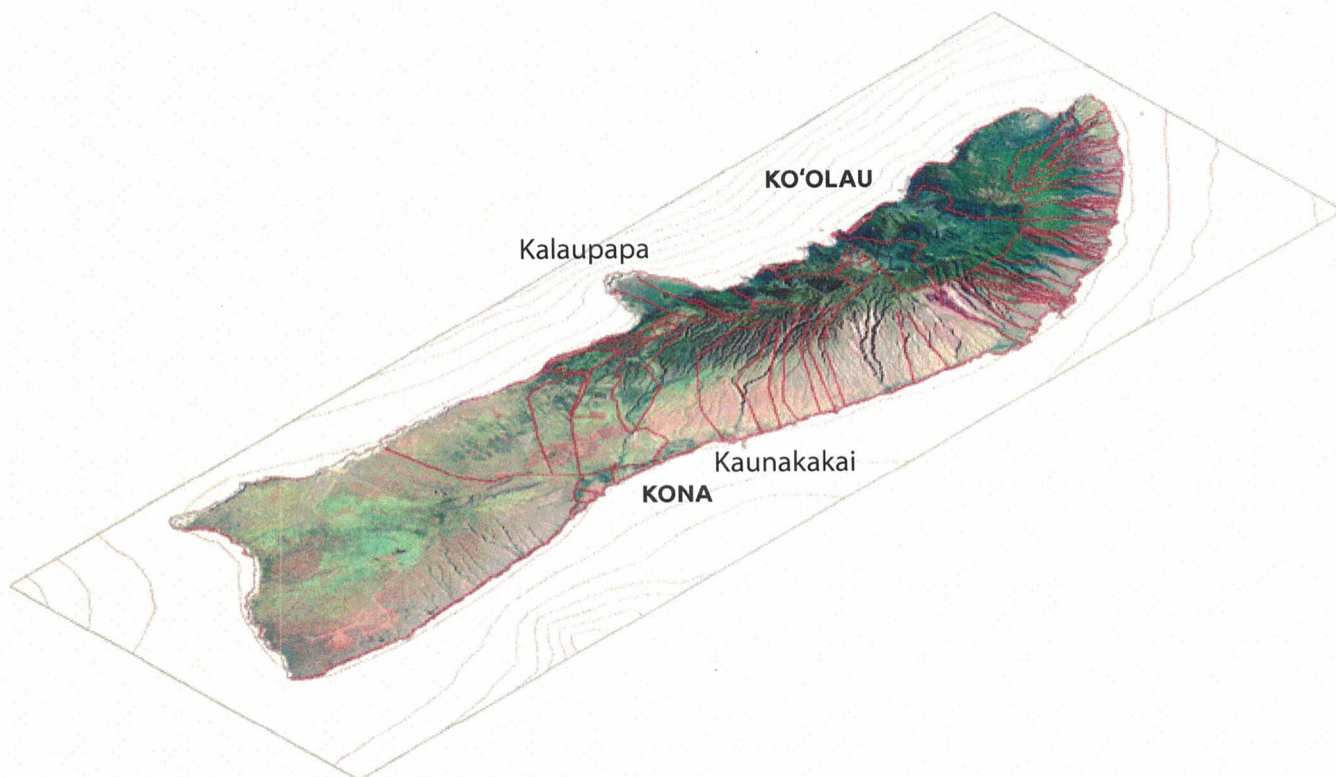
1. Support wound care clinic on Molokai to minimize travel for those with life-altering wounds.  
Year one: Evaluate current clinic model and provide financial support.  
Year two: Continue support and evaluate impact of financial support.  
Year three: Adjust support based on year-two evaluation.
2. Support navigation of all patients as a way to proactively ensure access to clinical care, travel support, financial information.  
Year one: Evaluate current navigation program at Molokai General Hospital and increase support as needed.  
Year two: Adjust support for navigation program based on evaluation.  
Year three: Continue to evaluate and support navigation in the Molokai community.

Management is recommending the adoption of the proposed implementation plan relating to the December 2018 Community Health Needs Assessment.

If you have any questions, please do not hesitate to contact me. Thank you.

Attachments

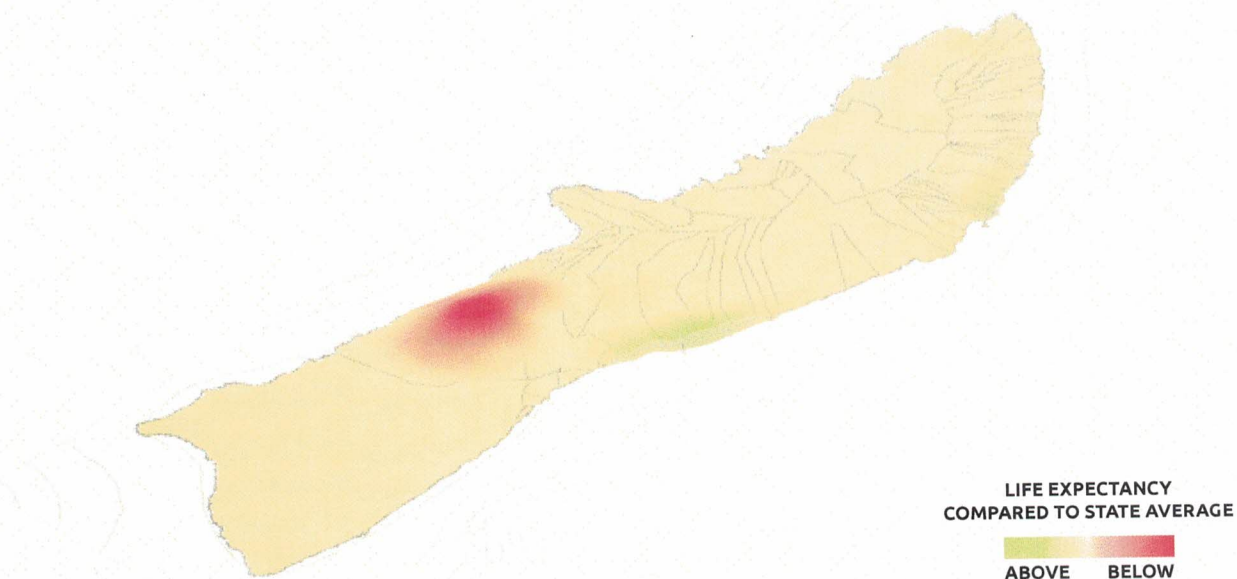
# MOLOKA'I





Many outsiders are quick to drown Molokaʻi in generalizations and stereotypes: that it is economically depressed because of a rejection of development; the community is in constant battle with one another; and there is nothing to do and not enough action to change that. It's really not the story. Molokaʻi is like a patient that gets the wrong diagnosis and therefore the wrong treatment.

The reality of Molokaʻi is what makes it, in many intangible ways, a uniquely healthy place. Spend enough time with the people of Molokaʻi and three common themes stand out: independence, deep roots, and strong connections.



Molokaʻi is a tough place because it chooses to be. The island rejects the conveniences of other islands—no fast food, no big box stores, no major developments. As a result, Molokaʻi is healthy in ways that aren't measured, including people's deep connection to the land, their culture, to one another, and to their way of life.

Many residents know how to live off the land by fishing, hunting, and planting, and are still able to pass down these practices to their children. Important places around the island are still accessible to residents and not overrun by visitors. Cultural practices, including the Hawaiian language, live on in both formally organized and informally authentic ways.

Economically, Molokaʻi can be a difficult place to live. Young people and families have few public spaces to regularly gather like how they did before when there was a bowling alley and theater. Molokaʻi teens talked about how easy it would be to succumb to vaping or drugs because it is so pervasive around them. Health services available to residents on more developed islands require Molokaʻi residents to fly to Maui or Oʻahu. And an aging population is becoming increasingly difficult to support with care. Residents face high unemployment and underemployment. There are both really busy people and really idle people.

Like all communities across Hawaiʻi, idleness can lead some into the darkness of drugs, violence, sexual abuse, or depression. Because of the island's strong connections, pain and struggle reverberate in the community more than in most places. People who lose hope or who fall to disease are people who were

known as children; former children who were once healthy and full of potential. Even people who aren't really close on Moloka'i are still people known to each other in school or around town. And in a tight community where anyone's fate could be anyone else's, it is understandable why some say they feel fated to bad endings.

"The closeness of our 'ohana is a double-edged sword," one person shared. "When there are problems in the family, we tend to protect one another rather than do what's right. Some people might describe people as 'resilient' when they are just normalizing bad behaviors or coping." As families do, sometimes people protect each other and keep problems like childhood sex abuse, domestic abuse, and substance abuse within the home, away from the attention, intervention, and help they need. In surveys done by teens who interviewed their peers, parents, and teachers, several talked about still living with the impact of past traumas like rough childhoods or cultural discrimination. They hinted at poor mental health, and not always having a consistent, healthy outlet to express their troubles.

On a tight-knit, small island, people cannot hide from one another as they do in more populated places. Conflict and disagreement do occur. Organizations in Moloka'i working in community health have clashed in the past, because of overlapping responsibilities, differences of strategy, conflicting personalities, and limited resources. But collaboration is growing among the hospital, health center, Native Hawaiian health system, public health system, and other healthcare providers. Like in any tight knit family, it will take some time for the organizations to align their purposes and move beyond past conflicts. However, this collaboration is crucial because solutions for Moloka'i have better success when they are homegrown and have the necessary amount of cultural and community competency. Community organizations of Moloka'i are also building momentum with great intention, including those who were met with over the course of this report: the Moloka'i Health Foundation, Ka Honua Momona, Sust'āinable Moloka'i, Kualapu'u School, and Lili'uokalani Trust. Moloka'i needs resources and support, but at the same time, the island needs the space to identify and solve its own problems.

During the course of this CHNA, Islander Institute was also engaged in a partnership with residents of Kalaupapa, their family and friends. Kalaupapa—with its oft-told story of isolation, banishment, and shame for patients who suffered from Hansen's disease—in fact feels like a story of health and healing for all of Hawai'i to contemplate. There is a story of bringing life, spirituality, community, and aloha out of the darkest of circumstances. These days, the remaining patients live in their homes or in a care facility of their choosing. A few of the remaining residents, descendants, and supporters have been working to share their stories with pride as a way to move past historic trauma. They are claiming their own story, and not letting others define their place for them.

Moloka'i has a kind of contentment, and contentment is an unmeasured indicator of health.

Being content sometimes gets twisted into being lazy. Moloka'i people are hard at work, many employed in making life better for others—especially children, kūpuna, and those with the greatest needs. Being content can get misinterpreted as being ignorant. Moloka'i people are well aware of the challenges they face and the things they would like to see made better. Some think being content means not caring. Moloka'i people care very much about making things better to the point where they create their own solutions, try things, and are even willing to fight for their beliefs. People who don't like life on Moloka'i leave, but for those who stay, their contentment is rooted in aloha for the land and a lifestyle worth fighting for. That contented sense of home is something that all people might be so lucky to have in their lives.

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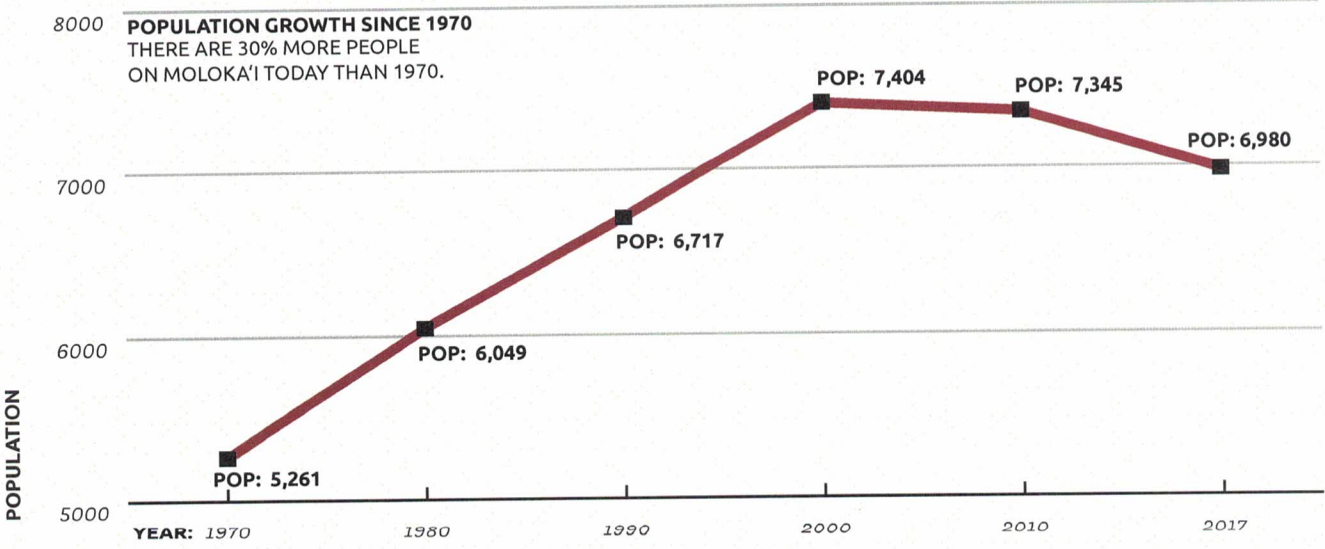
\*NOTE: This sub-report was derived only from conversations and analysis done as part of this CHNA. The island summary and list of priorities are based on community talk stories, key informant interviews, data reviews, and other observations, and they are intended to highlight the important themes that emerged in the process. It is far from, and not meant to be, a complete or definitive statement of every relevant health factor on the island. As part of sound community practice, users of this report are advised to regularly check in with community partners and engage new voices, as situations change and opinions evolve.



# Population



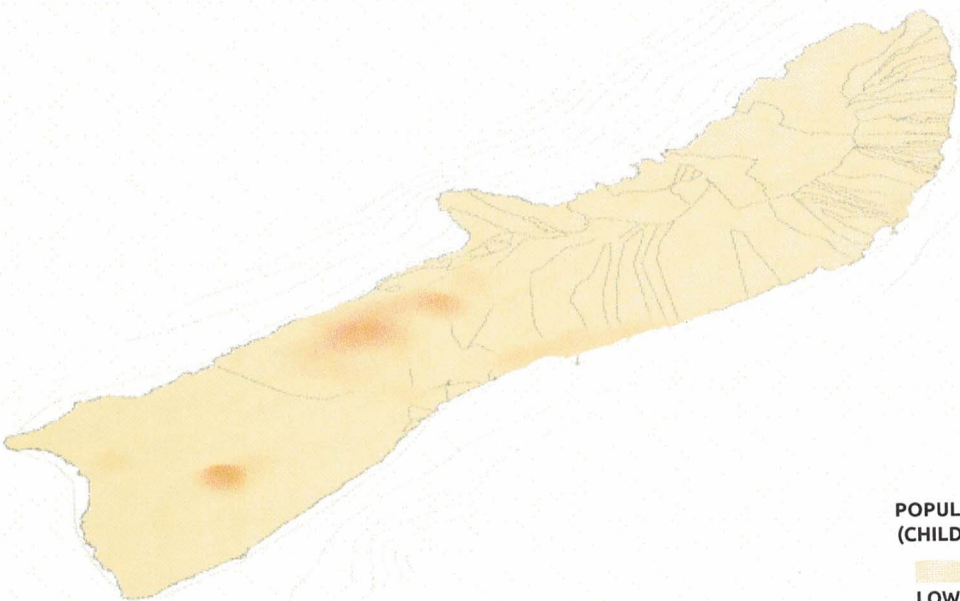
POPULATION DENSITY  
LOWER HIGHER



1 OUT OF 10 PEOPLE ON MOLOKA'I ARE VISITORS:



**Keiki & Kūpuna**



POPULATION DENSITY  
(CHILDREN UNDER 18)

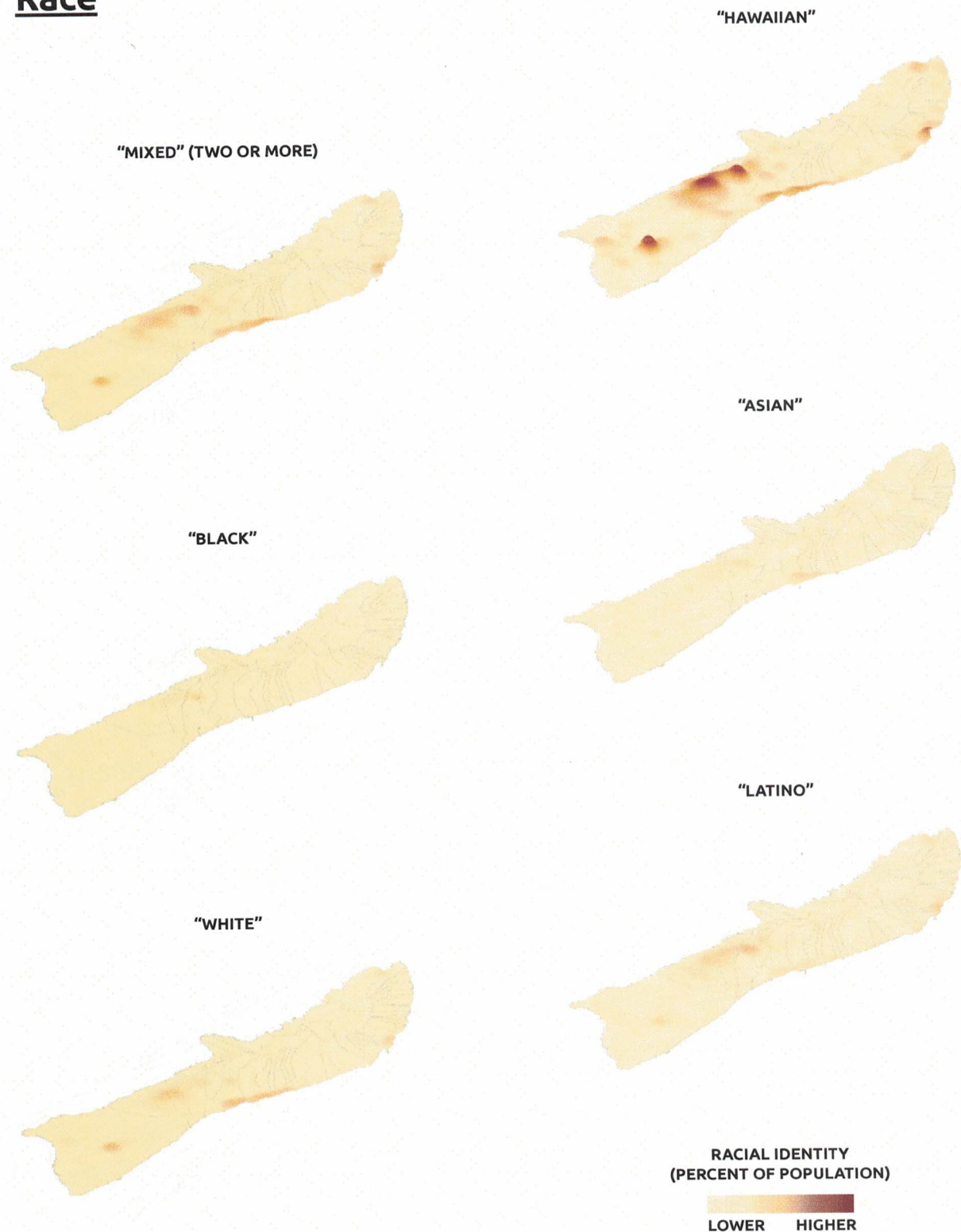
LOWER HIGHER



POPULATION DENSITY  
(ELDERLY OVER 65)

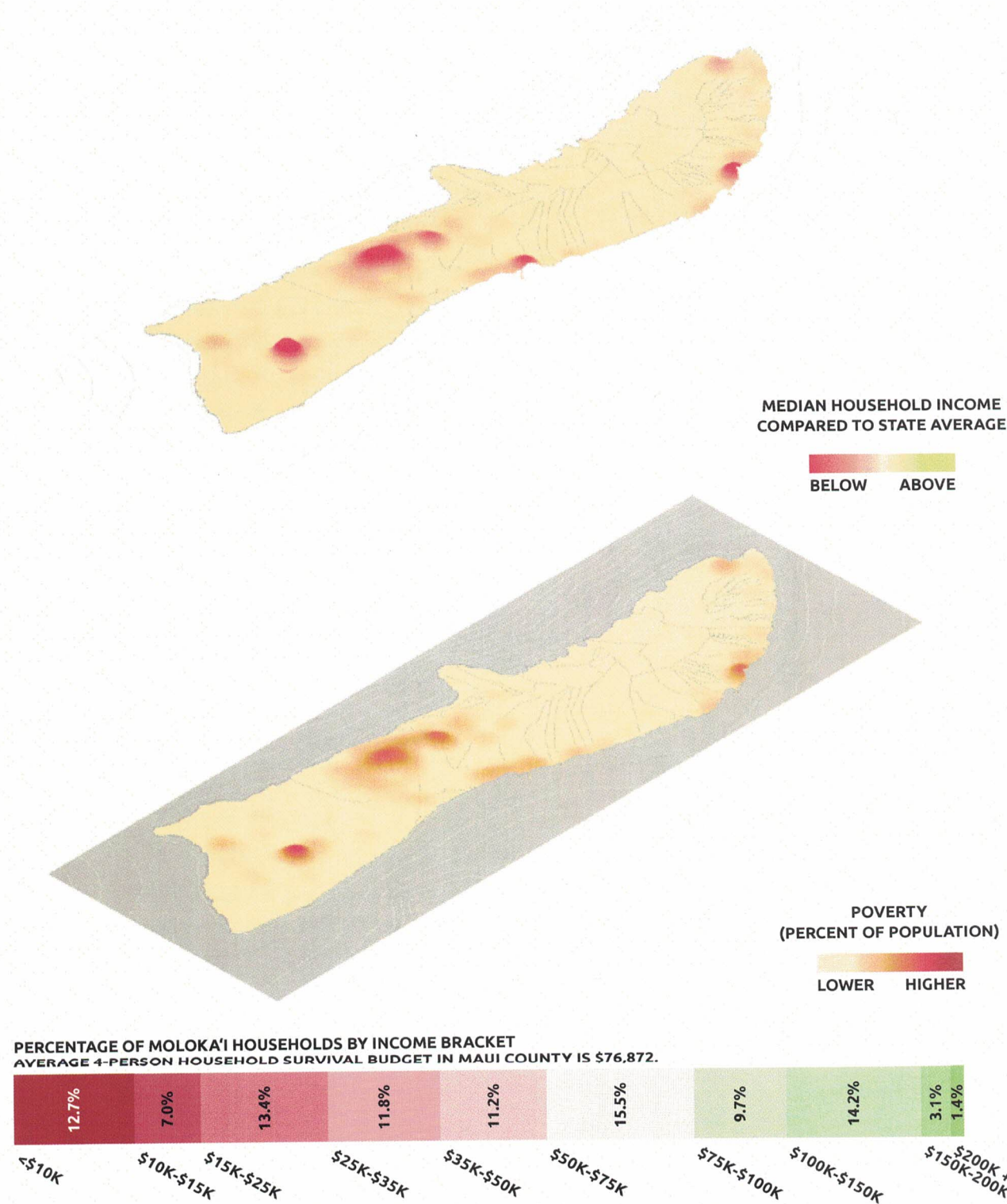
LOWER HIGHER

**Race**

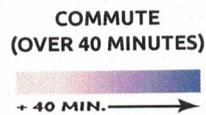
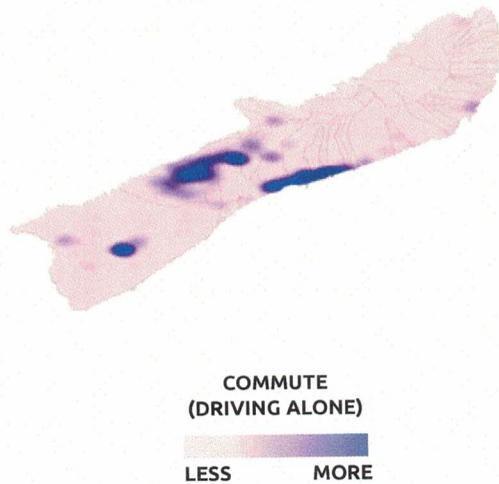
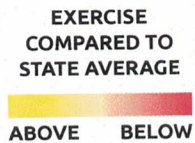




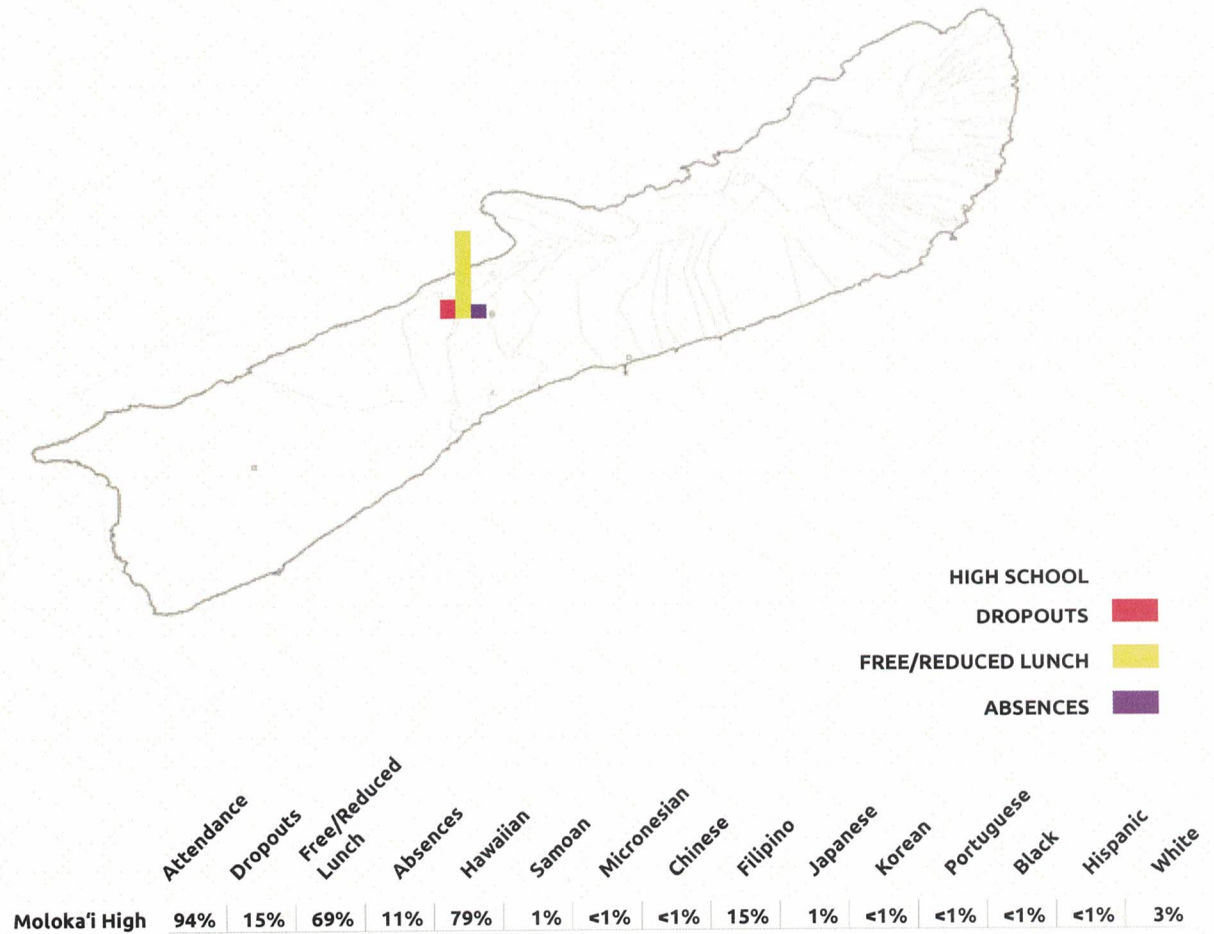
# Income



**Time**



# High School





## Moloka'i Priorities (Highest need areas in RED)

	CRITERIA				
FOUNDATIONS	<i>Evidence of high need</i>	<i>Community readiness</i>	<i>Available partners</i>	<i>Existing efforts</i>	<i>Political will /resources</i>
<b>FINANCIAL INSECURITY</b> Increase economic self-sufficiency through entrepreneurship, asset building, and food self-sufficiency	✓	✓	✓	✓	
<b>FAMILIES</b> Address domestic abuse and sexual abuse in culturally appropriate and effective ways	✓	✓	✓	✓	✓
<b>EMERGENCIES</b> Engage community in disaster preparedness planning	✓				
COMMUNITY	<i>Evidence of high need</i>	<i>Community readiness</i>	<i>Available partners</i>	<i>Existing efforts</i>	<i>Political will /resources</i>
<b>COMMUNITY COHESION</b> Develop healthy activities and opportunities for community contribution among idle adults	✓	✓			
<b>KEIKI</b> Develop more positive activities and opportunities for youth, including those in more remote areas and those with high needs	✓	✓	✓	✓	✓
<b>KŪPUNA</b> Develop an array of care and supports for the growing population of kūpuna	✓	✓	✓	✓	
HEALTHCARE	<i>Evidence of high need</i>	<i>Community readiness</i>	<i>Available partners</i>	<i>Existing efforts</i>	<i>Political will /resources</i>
<b>TRUST</b> Continue fostering effective collaboration among health agencies and community partners	✓	✓	✓	✓	✓
<b>SUPPORT FOR HIGH NEEDS</b> Develop and/or attract more services and solutions to support people with mental health needs	✓	✓	✓	✓	
<b>SUPPORT FOR HIGH NEEDS</b> Work with community by employing proactive outreach and engagement	✓	✓	✓	✓	