



Healthcare Association of Hawaii
THE LEADING VOICE OF HEALTHCARE SINCE 1939

EXECUTIVE SUMMARY

COMMUNITY HEALTH NEEDS ASSESSMENT 2024 UPDATE HAWAII

*prepared by Ward Research
& Solutions Pacific*



**THIS DOCUMENT IS AN EXECUTIVE SUMMARY WITH KEY FINDINGS
FROM THE 2024 COMMUNITY HEALTH NEEDS ASSESSMENT**

**TO REVIEW THE FULL 2024 COMMUNITY HEALTH NEEDS
ASSESSMENT AND RELATED REPORTS, COMPREHENSIVE DATA, AND
RESOURCES, PLEASE VISIT:**

hah.org/chna

MAHALO!

I. Opening

A. Executive Summary

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

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

"When community is connected, great things happen."

Pacific Island Community Leader

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

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

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

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

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

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

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

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



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

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

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

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

Public Health Official

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

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

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

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

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

B. Background and Scope

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

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

By centering the experiences of communities in need, and focusing on the strengths and assets within them, the CHNA and implementation plans can provide a critical tool for Hawai‘i³ hospitals to deepen understanding of the significant health needs facing communities and be a partner in addressing them at both the community and system levels.

“When community is connected, great things happen.”

Pacific Island Community Leader

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

² IRS Section 501(r)(3) Overview.

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

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

C. Partners

Healthcare Association of Hawai‘i (HAH)

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

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

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

Ward Research

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

Solutions Pacific

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

D. Methodology

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

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

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

Ethnic Communities	Geographic Regions	Vulnerable Populations
<ul style="list-style-type: none"> • Native Hawaiians • Marshallese, Yap, Chuukese, Samoan, Tongan, and other Pacific Islanders • Persons of Filipino ancestry 	<ul style="list-style-type: none"> • Rural O‘ahu • Kaua‘i, Hawai‘i, and Maui Counties • Homestead communities 	<ul style="list-style-type: none"> • Persons experiencing homelessness • Developmentally disabled persons • ALICE families • Kūpuna

2024 Hawai‘i Baseline Community Health Needs Survey

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

Community Meetings

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

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

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

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

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

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

Key Informant Interviews

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

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

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

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

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

Secondary Data Compilation

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

Steering Committee

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

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

Community Advisory Committee (CAC)

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

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

Public Health Organization Leader, O‘ahu

Prioritization Process

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

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



V. Strengths and Limitations

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

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

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

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

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

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

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

VI. Reading this Report

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

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



2024 SIGNIFICANT HEALTH NEEDS

- A. 2024 Priorities and Significant Health Needs
- B. Highlighted Overview of Priorities
- C. Overview of Significant Health Needs

II. 2024 Significant Health Needs

A. 2024 Priorities and Significant Health Needs

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

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

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

"I give health systems a lot of credit.

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

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

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

Public Health Organization Leader



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

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

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

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

B. Highlighted Overview of Priorities

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

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

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

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

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



FINANCIAL SECURITY

↑17%



INCREASE IN HAWAII'S POVERTY RATE
BETWEEN 2019 & 2022



11%

OF HAWAII'S POPULATION WAS
LIVING IN POVERTY IN 2022

↑20%



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



33%

OF HOUSEHOLDS IN HAWAII WERE ALICE HOUSEHOLDS
IN 2022



39%

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



49%

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



41%

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

5.1%

WAS THE UNEMPLOYMENT RATE IN HAWAII IN
2022, DIPPING SLIGHTLY BELOW THE NATIONAL
RATE OF 5.3%

BUT...



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

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

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

HOUSING



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

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



\$764,800

WAS THE MEDIAN HOUSING UNIT VALUE IN HAWAII FROM 2018-2022, WHILE NATIONALLY, IT WAS \$281,900.

43.2 PER 10,000

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

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



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



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



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



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

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

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

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



MENTAL AND BEHAVIORAL HEALTH



52%

OF RESIDENTS IN HAWAII ISLAND SAID THAT THEIR **CURRENT LEVELS OF STRESS** HAVE A **POSITIVE IMPACT** ON THEIR HEALTH, SIGNIFICANTLY HIGHER THAN RESIDENTS OF MAUI AND LĀNAʻI (31%-35%).



23%

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



61%

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

55%

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



↑ 22%

INCREASE IN CALLS TO HAWAII CARES, THE CRISIS HOTLINE STAFFED BY TRAINED COUNSELORS. THEY FIELDIED **1,494 MORE** CALLS IN JULY 2024 THAN IN JULY 2023.



11%

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



18.0

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

↑ 16%



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

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

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

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

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

FOOD SECURITY



30%

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



↓7%

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



50%

OF HOUSEHOLDS RECEIVING SNAP BENEFITS HAVE CHILDREN

28%

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

32%

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

3.27

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

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



96857



96729 96770
96757 96748
96742



96778
96760
96771

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

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

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

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



EQUITABLE ACCESS

28%

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



22%

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



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

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



24%

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



28%

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



↓30%

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



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

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

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

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

C. Overview of Significant Health Needs

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

Kūpuna Care

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

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

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

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

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

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

Homeless Service Provider

Healthy Starts

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

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

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

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

Strong Families

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

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

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

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

Emergency Preparedness

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

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

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

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

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

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

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

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

Hospital Administrator

Environment

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

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

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

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

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

Community Cohesiveness

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

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

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

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

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

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

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

Hospital Administrator, O'ahu

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

A close-up photograph of a woman with dark hair, seen from the side, gently kissing the forehead of a newborn baby. The baby is wearing a white onesie and is being held in the woman's arms. The background is a soft, out-of-focus indoor setting. The overall tone is warm and intimate.

ONE-PAGE HIGHLIGHTS OF UNIQUE NEEDS

- Islands of Residence
- Rural Communities
- Native Hawaiians

KAUA'I COUNTY



FINANCIAL SECURITY



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

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

BUT...



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

\$89K

KAUA'I COUNTY HAS THE **SECOND LOWEST** MEDIAN HOUSEHOLD INCOME

HOUSING

66.1
PER 10K

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



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

MENTAL AND BEHAVIORAL HEALTH

23 PER
100K

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

20

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

EQUITABLE ACCESS



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



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

FOOD SECURITY



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

BUT...



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



HONOLULU COUNTY



CHRONIC DISEASE



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

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

FINANCIAL SECURITY

27%

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



BUT...

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

HOUSING

41%

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

MENTAL AND BEHAVIORAL HEALTH

11.0

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

↑0.3

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

EQUITABLE ACCESS

3.98

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



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



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

FOOD SECURITY



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

BUT...



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



MAUI COUNTY



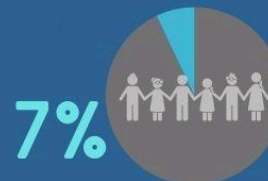
CHRONIC DISEASE



11%

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

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



FINANCIAL SECURITY



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

BUT...



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

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

HOUSING

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

\$800K

MEDIAN HOUSING VALUE IS THE **SECOND HIGHEST** IN THE STATE



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

MENTAL AND BEHAVIORAL HEALTH

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

EQUITABLE ACCESS



31%

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

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

FOOD SECURITY



31%

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



48%

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





LĀNAʻI

EQUITABLE ACCESS

LĀNAʻI RESIDENTS WERE SIGNIFICANTLY **MORE LIKELY** TO SAY THAT DENTAL CARE IS A SERVICE MISSING NEAR THEIR HOME THAN RESIDENTS OʻAHU, HAWAII ISLAND, MAUI AND KAUAʻI (9-27%)

55%



27%

LĀNAʻI RESIDENTS WERE SIGNIFICANTLY **MORE LIKELY** TO SAY THAT PEDIATRIC CARE IS A SERVICE MISSING NEAR THEIR HOME THAN RESIDENTS OF OʻAHU, HAWAII ISLAND, MAUI AND KAUAʻI (6-10%)

32%

LĀNAʻI RESIDENTS WERE SIGNIFICANTLY **MORE LIKELY** TO SAY THAT LACK OF TRANSPORTATION WAS A BARRIER THAN RESIDENTS OʻAHU, HAWAII ISLAND, MAUI AND KAUAʻI (9-12%)



86%

LĀNAʻI RESIDENTS WERE SIGNIFICANTLY **MORE LIKELY** TO HAVE TRAVELED OFF-ISLAND TO ANOTHER HAWAIIAN ISLAND IN THE PAST 3 YEARS FOR A DOCTOR THAN RESIDENTS OF OʻAHU, HAWAII ISLAND, MAUI, AND KAUAʻI (3-40%)

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



<1%

LĀNAʻI RESIDENTS WERE SIGNIFICANTLY **LESS LIKELY** TO SAY THAT THE IMPACT OF THEIR EXPERIENCES WITH HEALTHCARE PROFESSIONALS ON THEIR HEALTH HAS GOTTEN WORSE THAN RESIDENTS OF OʻAHU, MAUI, KAUAʻI, AND MOLOKAʻI (10-18%).





MOLOKA'I

EQUITABLE ACCESS



28%

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



33%

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

3.73

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

3.69

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



19%

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

55%

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



85%

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

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





HAWAII COUNTY

CHRONIC DISEASE



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



HOUSING AND FINANCIAL SECURITY



50% OF HOUSEHOLDS IN HAWAII COUNTY ARE ALICE HOUSEHOLDS AND LIVE BELOW THE FEDERAL POVERTY LEVEL

\$74,238

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



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



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

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



19%

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

MENTAL AND BEHAVIORAL HEALTH

12.0

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

FOOD SECURITY



40%

OF HAWAII COUNTY RESIDENTS ARE FOOD INSECURE, THE HIGHEST RATE IN THE STATE.



64%

OF HAWAII COUNTY RESIDENTS WHO ARE FOOD INSECURE ARE ELIGIBLE FOR SNAP BENEFITS, WHICH IS ALSO THE HIGHEST RATE IN THE STATE.

EQUITABLE ACCESS



7%

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



RURAL COMMUNITIES

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

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

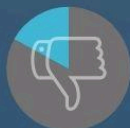
3.45

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



27%

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



19%

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



22%

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



34%

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

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

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



NATIVE HAWAIIANS



22% OF HAWAII'S POPULATION IS NATIVE HAWAIIAN



39%

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



24%

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



55%

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



35%

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



11%

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



59%

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



18%

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

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

1. BEHAVIORAL HEALTH
3. KŪPUNA CARE
4. NATIVE HAWAIIAN HEALING

4. TRADITIONAL HEALTH PRACTICES
5. WOMEN'S HEALTH

