COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN

MOLOKAI GENERAL HOSPITAL

MARCH 27, 2023

MOLOKAI GENERAL HOSPITAL

ALOHA TRUSTEES,

As we have reviewed the 2021 Community Health Needs Assessment (CHNA), which highlights the most critical needs in the communities we serve, we also have discussed the importance of selecting the CHNA priorities that align with—and strengthen our ability to achieve—our aspirational goals. I'm pleased to share the CHNA Implementation Plan for Molokai General Hospital that outlines the objectives, strategies, and actions we are undertaking in fiscal years 2022-2024 to address the CHNA priorities.

The Community Health Needs Assessment, which is conducted every three years, is described as a "yearlong effort involving 19 hospital facilities; numerous community health centers and organizations; and hundreds of providers, experts, and community members to identify and prioritize significant health issues facing Hawaii's communities." The state's 2018 assessment broadened the conversation, which led to an even greater understanding of what constitutes a "healthy Hawaii." The focus that was identified—and that which continued throughout the 2021 CHNA— was around key upstream determinants and downstream impacts.

Hawaii's 2018 CHNA identified 11 priorities across three goals, and while each of those priorities—defined by IRS language as Significant Health Needs—remains important, a "prioritization framework" was implemented for the 2021 CHNA. With this new prioritization framework, the following Significant Health Needs were elevated to 2021 Priorities:

1. **Financial security**
2. **Food security**
3. **Housing**
4. **Mental and behavioral health**
5. **Trust and equitable access**

Financial security remains the highest priority to address, while food security and housing were elevated to the second and third highest priorities, respectively. This was determined partly due to housing-related calls to Hawaii's 211 referral service increasing nearly 150% from 2019 to 2020. There also were "dramatic increases in [calls] related to healthcare, food, utilities and financial assistance."

The high cost of living in Hawaii has long exceeded most salaries, forcing families to make difficult choices as to which necessities they will purchase and which necessities they must forgo. These families' struggles were further exacerbated by the pandemic, and many now have fallen into the ALICE category (Asset Limited,

Income Constrained, Employed). In fact, according to the 2021 CHNA, “estimates for 2020 are that ALICE households comprised 59% of Hawaii’s households post-shutdown, a shocking 17-point increase.” The 2021 CHNA also noted that, “only one indicator, financial stability, is interconnected with community health through access and other barriers.”

Likewise, mental and behavioral health has become a high priority due to increases in the rates of substance abuse and heavy alcohol usage in Hawaii that “outpace the national level, 8.3% and 6.5%, respectively.”

After each statewide effort, Queen’s convenes a cross-functional team of clinical, operational and administrative leaders to review the dominant themes that emerged during conversations, analyze data sets that impact all aspects of people’s lives, and identify specific strategies to address the most significant health issues. Queen’s then prioritizes the Significant Health Needs facing the communities it serves and allocates resources to address those needs. The repeated themes of housing and mental health needs in both the 2018 and 2021 Community Health Needs Assessments, combined with our kuleana to Native Hawaiians, informed each of the Implementation Plans that are guiding our work.

Queen’s has long addressed financial and food insecurity, behavioral health issues, and equitable access to healthcare. The objectives and strategies identified to address these priorities will improve the health and well-being of Hawaii’s most vulnerable residents, specifically individuals who are homeless and Native Hawaiians. By improving health outcomes for the individuals who are most vulnerable, we will, in turn, accelerate the achievement of our goal to improve the overall health of the communities we serve. Additionally, we believe these initiatives squarely focus on “key upstream determinants and downstream impacts.”

Our sincerest appreciation for your leadership of Queen’s as we strive to reach our aspiration goal: *To improve the health, well-being and extending the life well lived of Native Hawaiians, addressing health inequities and closing the gap of life expectancy in half within the decade.*

Mahalo,

Jill Hoggard Green, PhD, RN
President and CEO

Our mission is to fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawaii.

CHNA PRIORITIES

The Queen's Health System (QHS) is committed to understanding the community it serves and the various needs of the community. One significant methodology that healthcare organizations and hospitals—including QHS—utilize to gain insight into their community is a nationally recognized tool known as the Community Health Needs Assessment (CHNA) or Community Needs Assessment (CNA). Every three years, nonprofit hospitals are required by the Internal Revenue Service (IRS) to determine the state of the community it serves and document the organization's efforts to positively impact the status of the community's health. QHS makes a concerted effort to better understand the communities it serves through the CHNA and then develops an Implementation Plan to guide its investments and initiatives within the community. QHS actively supports the CHNA process and its role in responding to community identified priorities and the relationship of Social Determinants of Health. In fact, the priorities identified in the CHNA drive the strategy and guiding principles for how QHS invests in and serves its community.

QHS and the healthcare providers in Hawaii partnered with the Healthcare Association of Hawaii (HAH) in both the 2018 and 2021 CHNA cycles to develop, plan, administer, and communicate the CHNA process and results. This process included defining the community the hospital facilities serve, assessing the community through data and input from the community, documenting the CHNA in a written report, and communicating to the public (CDC and IRS). The HAH facilitated this process collaboratively among the health systems not only to ascertain the most pressing needs from the various communities and develop individual organizational plans to address those identified needs, but also to gain insight into the possibilities to align efforts and determine partnership opportunities. Ultimately, the 2021 CHNA process endorsed the statewide priorities from 2018 as the Significant Health Needs for 2021.

The Significant Health Needs that have been identified as priorities are:

- **Financial security**
- **Food security**
- **Housing**
- **Mental and behavioral health**
- **Trust and equitable access**

As previously identified in the 2018 CHNA and Queen's 2018 Implementation Plan, the needs within the Native Hawaiian community continue to be a primary focus for QHS. Not only is this reflective of Queen's mission, Native Hawaiians continue to have a poorer health status and a higher chronic disease risk in comparison to other ethnic groups. Therefore, Queen's continues to refine its strategy to address this vulnerable population.

U.S. Census Bureau, American Community Survey (ACS)

The U.S. Census Bureau's ACS 2016-2020 (5-Year Estimate) showed that that there are about 309,807 Native Hawaiians in Hawaii. The latest 2021 ACS (1-year Estimate) in Table 1 describes the current population demographics. These findings indicate that:

- Since 1985, when the *E Ola Mau Native Hawaiian Health Needs Study* was published, the Native Hawaiian population has increased by nearly 67.5%.
- Indigenous Hawaiians are a young group with 55.3% ranging from ages less than 5 years to 34 years.
- From ages 35 through 75 years, Native Hawaiians begin a downward decline in population that corresponds to the Office of Hawaiian Affairs Data Book findings that among Native Hawaiians: 31% have asthma, 44% are obese, 19% have a heart disease, and 22% have diabetes. In addition, Native Hawaiian youth have higher rates of depression, anxiety, and substance use disorders. Between ages 15 and 25, suicide is the leading cause of death.

All vulnerable populations experienced repercussions from the COVID pandemic. However, the 2021 CHNA showed a disproportional negative impact for Native Hawaiians, Pacific Islanders, seniors, and vulnerable populations with underlying health conditions. Likewise, the most recent Point in Time Count in September

2022 continued to show the negative impact of the pandemic. A 2022 study by Subica and colleagues of a community-based Native Hawaiian/Pacific Islander study (mean age of 35 years) on substance use disorders and mental illness reported that during the COVID pandemic, the rate of alcohol use disorders (AUD) was 2.6 times higher than the 10.2% AUD national rate. Comorbid mental disorders showed 25% screened positive for major depressive disorder, and 20% screened positive for generalized anxiety disorder.

Social Determinants from the 2021 ACS

The ACS identified relevant Social Determinants of Health (SDoH) that include:

- Demographics of the 77,609 Native Hawaiian households that make up the 309,807 persons surveyed include: family composition and size; poverty rates; home ownership; computer in the home; and Broadband internet access, as shown in Table 2.
- Health Insurance coverage, as shown in Table 3
- School enrollment and educational attainment, as shown in Table 4.

Overall Conclusions, Population Health, Wellness and Clinical Implications

The ACS population and SDoH findings in Tables 1-4 indicate that Native Hawaiians are a diverse population that have several measures of strength, despite their shortened life spans due to higher rates of chronic illness, substance use disorders, and comorbid mental and behavioral health disorders. Those strengths include:

- Higher family households, homeownership
- Overall lower rate of poverty, with the exception of single mothers without a partner and with children.
- A 96.2% health insurance coverage with 66.9% having private insurance.
- High levels of computer and internet access.
- While school enrollment and educational attainment have increased since the 1985 E Ola Mau Native Hawaiian Health Needs Study, Table 4 shows the sudden drop in enrollment from middle to high school, particularly for males.

TABLE 1

NATIVE HAWAIIAN POPULATION

DEMOGRAPHIC	NATIVE HAWAIIANS
TOTAL POPULATION	**309,807 (21% of Hawaii's total population)**
One race (Native Hawaiian alone)	94,801 (30.6%)
Two races	89,844 (29.0%)
Three races	107,503 (34.7%)
Four or more races	17,349 (5.6%)
SEX AND AGE	
Males	51.0%
Females	49.0%
Under 5 years	8.7%
5 to 17 years	24.0%
18 to 34 years	22.6%
35 to 44 years	12.8%
45 to 54	10.2%
55 to 64 years	9.9%
65 to 74	7.1%
75 years and over	4.7%
BIRTHS	
Of all women with a birth	Native Hawaiian women made up 45.4% in the past 12 months

TABLE 2

NATIVE HAWAIIAN SOCIAL DETERMINANTS OF HEALTH FOR HAWAIIAN HOUSEHOLDS

DEMOGRAPHIC	NATIVE HAWAIIANS
TOTAL POPULATION	**309,807**
TOTAL HOUSEHOLDS	**77,609**
Family households	73.9%
Non-Family households	26.1%
OVERALL POVERTY RATES FOR ALL FAMILIES	9.8% *(2021 Hawaii poverty rate 11.2%)*
Family households with a female householder, no spouse present	23.3% *(highest poverty level)*
• *With related children of householder under 18 years old*	*34.0%*
• *With related children of householder under 5 years only*	*34.5%%*
HOUSING TENURE	
Owner-occupied units	63.0%
Average family size	3.54 persons
Structure built 1980-1999	29.9%
Structure built 1960-1979	34.7%
Renter-occupied units	37%
Average family size	2.99 persons
COMPUTER AND INTERNET ACCESS IN HOUSEHOLD	
Computer in household	93.8%
Broadband Internet subscription	89.9%

TABLE 3

HEALTH INSURANCE COVERAGE AMONG NATIVE HAWAIIANS

DEMOGRAPHIC	NATIVE HAWAIIANS
TOTAL POPULATION	**309,807 (21% OF HAWAII'S TOTAL POP.)**
Health Insurance	For total population 309,807
With coverage	96.2%
Private Health Insurance	66.9%
Public Health Insurance (e.g., Quest)	42.6%
WITHOUT COVERAGE	**3.8%**
Health Insurance	For total population 309,807

TABLE 4

SCHOOL ENROLLMENT AND EDUCATIONAL ATTAINMENT

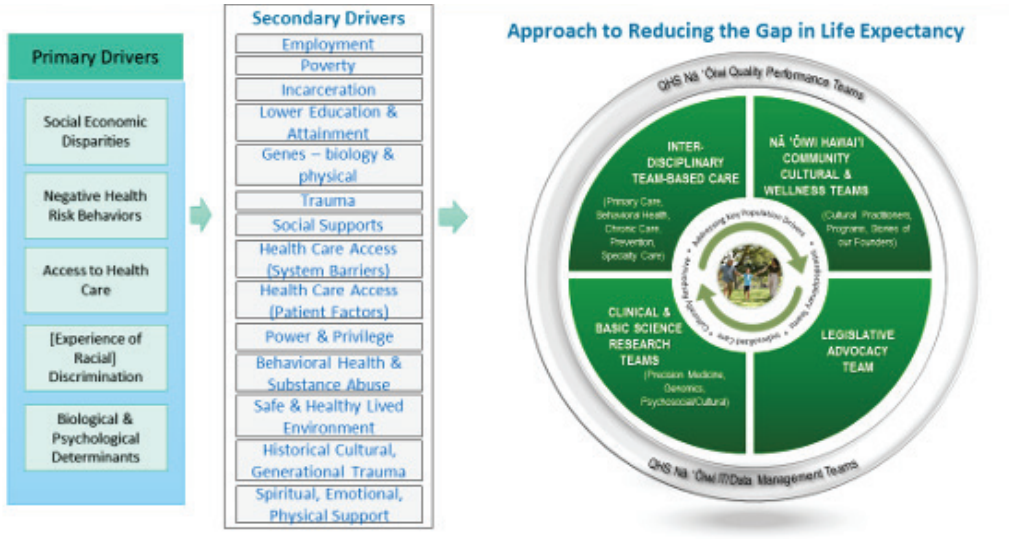
DEMOGRAPHIC	NATIVE HAWAIIANS
TOTAL POPULATION	**309,807**
SCHOOL ENROLLMENT	
Age 3 year and older enrolled in school	95,179
• *In elementary school*	*45.7%*
• *In high school*	*24.0%*
• *In college or graduate school*	*17.7%*
Males in school	48,657
• *Males enrolled in grades K-12*	*77.3%*
• *Males in college or graduate school*	*14%*
Females in school	46,522
• *Females enrolled in grades K-12*	*73.1%*
• *Females in college or graduate school*	*21.5%*
NATIVE HAWAIIANS 25 YEARS AND OVER	**182,554**
High school diploma or equivalent	41.9%
Some college or Associate's degree	32.9%
Bachelor's degree	11.4%
Graduate or Professional degree	7%

Social Determinants (SDoH), like health care screening, are most effective when there is a timely response to identify developmental stages, causal factors, and outcome patterns that generate positive (or negative) change, followed by a cohesive strategy in which QHS aligns—and over time—partners with communities, Native Hawaiian organizations, and state and federal agencies to address the health inequities associated with SDoH.

In sum, the Native Hawaiian ACS data and other health and well-being findings indicate that population health interventions that are driven by CNHA priorities should be focused on children particularly in middle school, young adults ages 18 to 25 years, and middle-aged adults between 40 and 55 years old. A CNHA Native Hawaiian population health strategy needs to occur where each of these development age group reside, e.g., in schools, work sites, and perhaps most important, family-centered multi-generational activities within their households, neighborhoods, and communities. This follows the QHS department of Native Hawaiian Health (NHH) Kahua Ola 2.0 Strategic Plan Population Health Approach Model, shown in Figure 1 below.

FIGURE 1

POPULATION HEALTH APPROACH – KAHUA OLA 2.0 STRATEGIC PLAN



As the largest healthcare provider in Hawaii, QHS is acutely aware of the status of all vulnerable populations, specifically focusing on the “at risk” Native Hawaiian population.

Based on the identified priorities of the CHNA, Queen’s Senior Leadership and the Queen’s Board of Trustees discussed the Significant Health Needs and unanimously selected and approved all five of the state’s identified priorities.

Figure 2 below shows the powerful resonance between the CNHA and Native Hawaiian Health (NHH) priorities, which in turn underpin the principles and strategic aims of the QHS Diversity, Equity, Inclusion, and Social Justice and Caregiver Wellness (DEIJ-CW) Road Map to achieve health equity for the island communities that we serve.

FIGURE 2

SIGNIFICANT HEALTH NEEDS IDENTIFIED AS PRIORITY

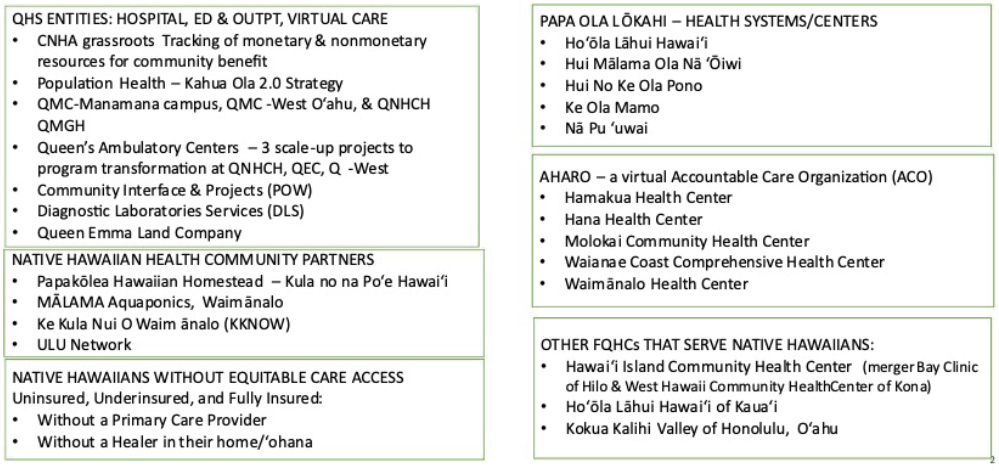
CHNA PRIORITIES	QHS NATIVE HAWAIIAN HEALTH PRIORITIES
Financial Security	Improve Health and Well Being
Food Security	Empower Individuals and Families
Mental and Behavioral Health	Deliver Culturally Responsive Care
Housing	Engage Community
Trust and Equitable Access	

Pivotal to the successful execution of our proposed Strategic Approaches described in the subsequent section are our efforts to continue developing, strengthening, aligning, and partnering with our internal QHS leaders and our external community leaders who are able to augment and accelerate our efforts to address the CNHA and NHH priorities while building the infrastructure to ensure DEIJ, Caregiver Wellness, and health equity.

A key outcome measure of this work is to build our Native Hawaiian Health Registry in which Native Hawaiians that we serve within QHS and in community settings choose Queen's as their provider of choice for the appropriate levels of care for clinical and wellness programs. These relationships and entities are depicted in Figure 3.

FIGURE 3

CHNA NHH/DEIJ-CW COMMUNITY PARTNERS FOR STRATEGY AND ALIGNMENT TO BUILD NATIVE HAWAIIAN HEALTH REGISTRY



OBJECTIVES, STRATEGIES & ACTION PLANS TO ADDRESS 2021 PRIORITIES

OBJECTIVES

1. Enhance equitable access to health care and wellness services by implementing the next phases of the QHS NHH Kahua Ola 2.0 Strategic Plan and DEIJ Road Map to develop and sustain relations and trust (i.e., pilina) between QHS and the communities it serves.

2. Promote quality patient care and sustain patient engagement with evidence-based interventions that are developmentally appropriate across the life span, culturally responsive, and upholds the QHS values of C.A.R.E. (Compassion, Aloha, Respect and Excellence) between providers and the persons, families, and communities.

3. Cultivate community partnerships that build a mutual respect and kuleana to transform the models and system of care from one that focuses on illness to a population health movement that leverages all local, state and federal resources to build the capacity for communities to address the SDoH drivers of positive change.

STRATEGIES & ACTION PLANS

OBJECTIVE 1

Enhance equitable access to health care and wellness services by implementing the next 2 phases of the Kahua Ola 2.0 Strategic Plan to develop and sustain relations and trust (i.e., pilina) between QHS and the communities it serves.

a) Recruit primary care providers, pediatricians and specialists to provide on-island access to these services. Pediatrics and primary care are our main focus.

FY 2022, 2023, 2024

b) Integrate physician services/coverage with the Manamana campus to provide access to specialists (e.g., Maternal Fetal Medicine for OB/GYN program).

FY 2022, 2023, 2024

c) Continue to reduce barriers to accessing primary and specialty care, working with Queen's University Medical Group to provide access.

Time Frame FY 2022, 2023, 2024

d) Reduce barriers to accessing primary and specialty care in the Molokai community (addressing Social Determinants of Health to include transportation and supporting navigation throughout the continuum of care).

Time Frame FY 2023 and FY 2024

e) Collaborate with Kapi`olani Community College to create a Molokai Registered Nursing Cohort. This collaboration will increase the number of Molokai-resident Registered Nurses at Molokai General Hospital. It will also elevate the socio-economic status and standard of living for the participants and their families.

FY 2022, FY 2023, 2024

f) Continue to develop a cohesive partnership between the QHS NHH and DEIJ-CW departments.

- Complete a population health assessment for the island of Molokaʻi, which would involve developing pilini with key leaders at MGH, Molokaʻi Federally Qualified Health Center, Na Puʻuwai (the Papa Ola Lōkahi Native Hawaiian Health Center that serves Molokaʻi and Lanaʻi), and Native Hawaiian organizations that are committed to advance Native Hawaiian and community health and wellness.

  FY 2022, FY 2023, 2024

g) Continue participation as a member of the DEIJ-CW Leaders' work group to implement the DEIJ-CW strategic Road Map

Time Frame FY 2022, FY 2023, FY 2024

OBJECTIVE 2

Promote quality patient care and sustain patient engagement with evidence-based interventions that are developmentally appropriate across the life span, culturally responsive, and upholds the QHS values of C.A.R.E. (Compassion, Aloha, Respect and Excellence) between providers and the persons, families, and communities.

a. Continue to develop clinical care and wellness services after discharge to promote patient engagement in following health care instructions that are culturally appropriate as shown in figures 4 and 5 below.

b. Workforce Development for Molokaʻi students at the middle school, high school, college, and professional schools on Molokaʻi Island.

   i. Hire a QHS Human Resources and NHH/DEIJ-CW Coordinator who will oversee this workforce development program.

   ii. Develop relationships with middle and high schools to recruit volunteers and part-time employment and establish a pool of community health care workers, navigators, and a cadre of students entering the QHS NHH and JABSOM NH Center of Excellence and its health professionals program.

   iii. Continue to enhance the collaboration with University of Hawaiʻi campuses that includes a comprehensive student scholarship and recruitment program, along with training rotations for clinical learners in addition to the training programs for nurses, medical students, residents, and other health care professions.

OBJECTIVE 3

Cultivate community partnerships that build a mutual respect and kuleana to transform the models and system of care from one that focuses on illness to a population health movement that leverages all local, state and federal resources to build the capacity for communities to address the SDoH drivers of positive change.

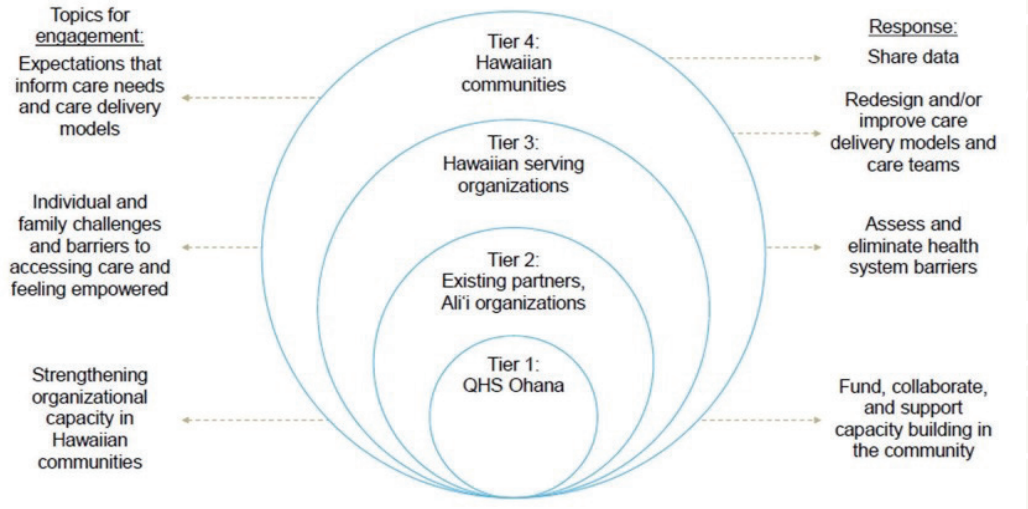
a.) Work with MGH TJC Quality Management, Patient Safety and Reliability teams, to include the Executive Vice President and Director of DEIJ-CW, ensuring compliance with the new TJC health equities requirements and preparing for the next TJC site visit.

Time Frame FY 2022, FY 2023, FY 2024

b) Work with MGH leadership to assess and develop a strategic plan to increase the numbers of Native Hawaiians being served for primary care, mental and behavioral health counseling, and treatment interventions that are grounded in Native Hawaiian cultural traditions and allopathic medicine (see figure 4).

FIGURE 4

INDIGENOUS PRIMARY CARE PROGRAM



c) Develop a population health strategy that increases the numbers of Native Hawaiians who can access primary care, ambulatory care, and inpatient services. This strategy includes:

i. Partnering with other Moloka‘i healthcare organizations to develop a wraparound health and wellness strategy that optimally coordinates and directs the different community researches.

ii. Establish a Remote Patient Monitoring of patients to open access to health care within their homes.

iii. Care Coordination and navigation that assesses and systematically addresses social and cultural determinants of health (e.g., transportation, housing, and family counseling) to strengthen support that enhance wellness and clinical care engagement.

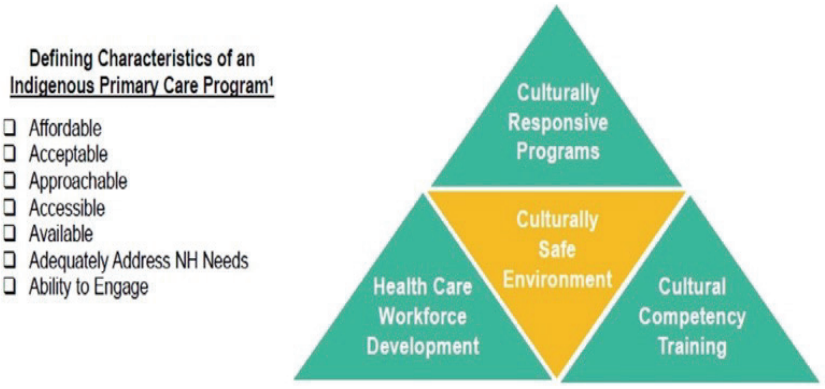
iv. Transitional Care

- ED/Inpatient Discharges Follow-up

v. Home Visits & Outreach for Care Coordination + Primary Care Visits (High-Risk Patients)

FIGURE 5

COMMUNITY ENGAGEMENT MODEL



Source[1]: "Access to primary health care services for Indigenous peoples: A framework synthesis," by Carol Davy, Stephen Harfield, Alexa McArthur, Zachary Munn and Alex Brown, 2016.

Source[2]: Assessment and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Peoples, Dept. of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, 2020

d) Extend Native Hawaiian culture awareness and education via a comprehensive Education and Training curriculum using virtual asynchronous learning, with face-to-face in person cultural immersion sessions that educate and train our clinical and non-clinical caregivers about our Ali‘i Founders’ Native Hawaiian traditions that enhance clinical and wellness perceptions and relationships with the patients and island communities we serve.

e) Work to expand the QHS health and wellness services to include traditional Native Hawaiian Healing and the Medical Model by effective partnerships with Molokai’s NĀ Pu‘uwai, and Papa Ola Lōkahi and their Kūpuna Council.

f) Formally develop relationships with local, state, and federal organizations that are committed to serve Moloka‘i to develop a population health and CHNA strategy to: generate food stability, trust and equitable access, mental and behavioral health, housing, and financial security; develop traditional Native Hawaiian la‘au (herbal medicine); and ensure trust and equitable access that strengthen families and educate elementary, middle school, high school and college students.