REHABILITATION HOSPITAL
OF THE PACIFIC

State of Hawaii
Community Health Needs Assessment

September 30, 2013

Healthy Communities INSTITUTE

REHABILITATION HOSPITAL OF THE PACIFIC

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Executive Summary

Introduction

The Healthcare Association of Hawaii and its member hospitals are pleased to present the 2012-2013 State of Hawaii Community Health Needs Assessment (CHNA). This CHNA report was developed through a collaborative process and provides an overview of the health needs in Hawaii. The goal of this report is to offer a meaningful understanding of the health needs in the community, as well as help guide the hospitals in their community benefit planning efforts and development of an implementation strategy to address prioritized needs. Special attention has been given to identify health disparities, the needs of vulnerable populations, and unmet health needs or gaps in services. Although this report focuses on needs within the community, there are innumerable community assets and a true *aloha* spirit that provide ample foundation for community health improvement activities.

Approach

In Fall 2012, the Healthcare Association of Hawaii partnered with Healthy Communities Institute to conduct a CHNA for Hawaii. Our approach followed the public health model of assessing and understanding community health holistically. A framework for analysis was constructed based on determinants of health; the framework included a broad definition of community health that considers extensive secondary data on the social, economic, and physical environments, as well as health risks and outcomes. The influence of *mauka* ("toward the mountains"), or upstream factors, and the resulting *makai* ("toward the ocean"), or downstream impacts, on health is a transcending theme. Key informant interviews with those having special knowledge of health needs, health disparities, and vulnerable populations provided vital information that increased the understanding of the health needs in Hawaii. A small set of community residents provided additional insights on the health needs in Hawaii. It is hoped that this report will provide a foundation for community health improvement efforts and that community health partners will build on this report.

Data Sources and Methods

An extensive array of secondary and primary data was collected and synthesized for this report.

Core Indicators: Secondary data was analyzed using Hawaii Health Matters (www.HawaiiHealthMatters.org), a publicly available data platform with a dashboard of over 140 indicators from over 20 sources; much of the data comes from Hawaii Department of Health, allowing for Hawaii-specific race, age and gender details. This extensive core data was analyzed using a highly systematic and quantitative approach that incorporated multiple benchmarks and comparisons to understand the question: How is Hawaii performing?

Hospitalization Indicators: Eighteen indicators on key preventable causes of hospitalization, analyzed at the county level, supplemented the core indicators. This data was provided by Hawaii Health Information Corporation (HHIC) and enabled valuable insights into utilization patterns, geographic disparities in hospitalization rates, and enhanced the core indicator data for important topic areas.

Supplemental Information: Recently published reports on Hawaii's health and access to care were reviewed for additional key information on important topics such as health disparities, primary care needs, and mental health.

Key Informant Interviews: Storyline Consulting, a local partner of the project, interviewed 22 key informants who had knowledge of the health needs in Hawaii. The selection of the key informants was guided by preliminary core indicator data findings and followed a structured nomination and selection

process by the HAH Advisory Committee. These 22 interviews were supplemented by relevant information provided by additional key informants who were interviewed for the County of Honolulu and had knowledge deemed applicable to the whole state. The input by local key informants was invaluable and greatly enhanced the understanding of health needs and offered insight into health resources and health improvement approaches.

Community Survey: A small sample of community residents, via an online survey, supplemented the key informant interviews. Highlights of these surveys, or "Voices from the Community," are incorporated throughout the report.

Areas of Need

This report provides an overview of Hawaii community health needs. Community health was assessed for Hawaii as a whole, for race sub-groups, and for sub-geographies. The findings revealed overall or sub-population community needs in the following areas:

Access to Health Services	Exercise, Nutrition, & Weight	Mental Health & Mental Disorders
Cancer	Family Planning	Older Adults & Aging
Diabetes	Heart Disease & Stroke	Oral Health
Disabilities	Immunizations & Infectious Diseases	Respiratory Diseases
Economy	Injury Prevention & Safety	Social Environment
Education	Maternal, Fetal & Infant Health	Substance Abuse & Lifestyle
Environment		Transportation

Several overarching themes emerged across the topic areas:

All groups experience adverse health outcomes due to chronic disease and health risk behaviors

Individuals from all geographies, race, gender, and age groups experience poor health outcomes. Evidence from high rates of chronic disease patterns, hospitalizations due to preventable causes, and patterns of unhealthy behaviors compels those seeking to improve health to consider interventions at the structural, policy, and community-wide level in order to positively impact the long term health of as many Hawaii residents as possible. A societal shift toward healthier lifestyles that includes quality nutrition, daily physical activity, optimal weight control, social support and reduced substance abuse can have profound positive impacts on Hawaii's health. Special consideration for mental health, a chronic condition that significantly influences overall health, is critical for achieving population health goals.

Greater socio-economic need and health impacts are found among disabled persons and others in Hawaii

There are areas of high socio-economic need across all counties, especially on the Big Island of Hawaii. Disparities in educational attainment are also found across Hawaii, with Native Hawaiians, Pacific Islanders, and Filipino populations most impacted. These areas and groups with high socio-economic need are also the most affected by health problems, as evidenced by significantly worse health outcome measures, higher hospitalization rates, inadequate vaccination rates, and myriad health challenges described by key informants. While Hawaii has relatively good health insurance coverage, some essential health needs remain inaccessible to many, including full spectrum mental health services and quality long-term care for older adults.

Hawaii residents with a disability are also more likely to live in poverty than the general population, which puts them at further disadvantage to accessing needed care and services. When planning for health improvement, careful consideration should be given to highest need groups identified geographically by socio-economic measures.

Cultural and language barriers inhibit effective intervention for the most impacted populations

Because of the strong correlation between poverty and race/ethnicity, some of the groups most impacted by health issues often face cultural barriers to health improvement. Language differences, including limited English proficiency, and poor health behaviors that are common within a culture are challenges that must be overcome in order to effectively prevent disease.

Limited access to care results in greater health impacts

Access to health care is challenging on the Neighbor Islands and rural parts of Oahu due to shortages of primary and specialty care, as well as transportation issues for those in rural areas who need to obtain care in Honolulu. Access challenges also exist for those who are underinsured, those with cultural differences, and those with complicated needs. Federally designated underserved areas and populations cover the entirety of the Neighbor Islands and part of Oahu. Unmet mental health, oral health, and chronic disease management needs are recurring themes supported by data and key informant interviews. Addressing the medical and dental shortage areas and increasing access to primary, specialty and long-term care are important needs in Hawaii.

Community health centers and schools are key community assets for effective interventions

Key informants highlighted the primary assets of community health centers and schools as venues that can provide culturally appropriate services and education that promotes health lifestyles and health literacy. Community -based clinics and schools can address “human needs” in an integrated manner. Children spend the majority of their waking hours in schools and one of the best chances for improving the health of the next generation is through school-based programs. While Hawaii has many existing community health centers, funding is often a limitation of providing services through these venues. Public schools also have funding challenges that impact their ability to meet the spectrum of student needs.

Hawaii is rich with organizations, agencies, and individuals that understand the impact of social determinants of health and seek opportunities to partner or collaborate to improve the health of the community. Fortunately, the *aloha* spirit in Hawaii embodies concern for community and is deeply infused in the culture of Hawaii.

Selected Priority Areas

Rehabilitation Hospital of the Pacific has selected the following two priorities:

- Disabilities
- Heart Disease and Stroke

Note to the Reader

Beyond the Executive Summary, readers may choose to study the entire report or alternatively focus on a particular topic area. An overview is provided for each key type of data included in the report: core indicators, hospitalization rates, key informant interviews, and on-line community survey.

To more deeply understand a topic area, the reader can turn to any of the 20 topic area presentations and find all data for the topic and summary conclusions. Each topic-specific section is organized in the following way:

- Core Indicators and Supplemental Information
- Hospitalization Rates (when available)
- Key Informant Interview Information
- Summary of Topic Area

1 Introduction

1.1 Summary of CHNA Report Objectives and context

The state of Hawaii is unique in that all of its community hospitals and hospital systems joined efforts to fulfill new requirements under the Affordable Care Act, which the IRS developed guidelines to implement. The Healthcare Association of Hawaii (HAH) led this collaboration to conduct state- and county-wide assessments for its members.

1.1.1 Rehabilitation Hospital of the Pacific

Founded in 1953, Rehabilitation Hospital of the Pacific (REHAB) is the only provider of acute medical rehabilitation services in the State of Hawaii. With eighty licensed inpatient beds and three outpatient clinics, REHAB cares for over 5400 patients per year. All of the patients receiving care at REHAB have experienced a serious illness or injury that has resulted in major functional impairments and residual disabilities. Our highly skilled multidisciplinary care teams are physician-led and provide a comprehensive and intensive level of rehabilitative services to maximize the recovery of our patients. The makeup of our patient population is shown in Figure 1.0.

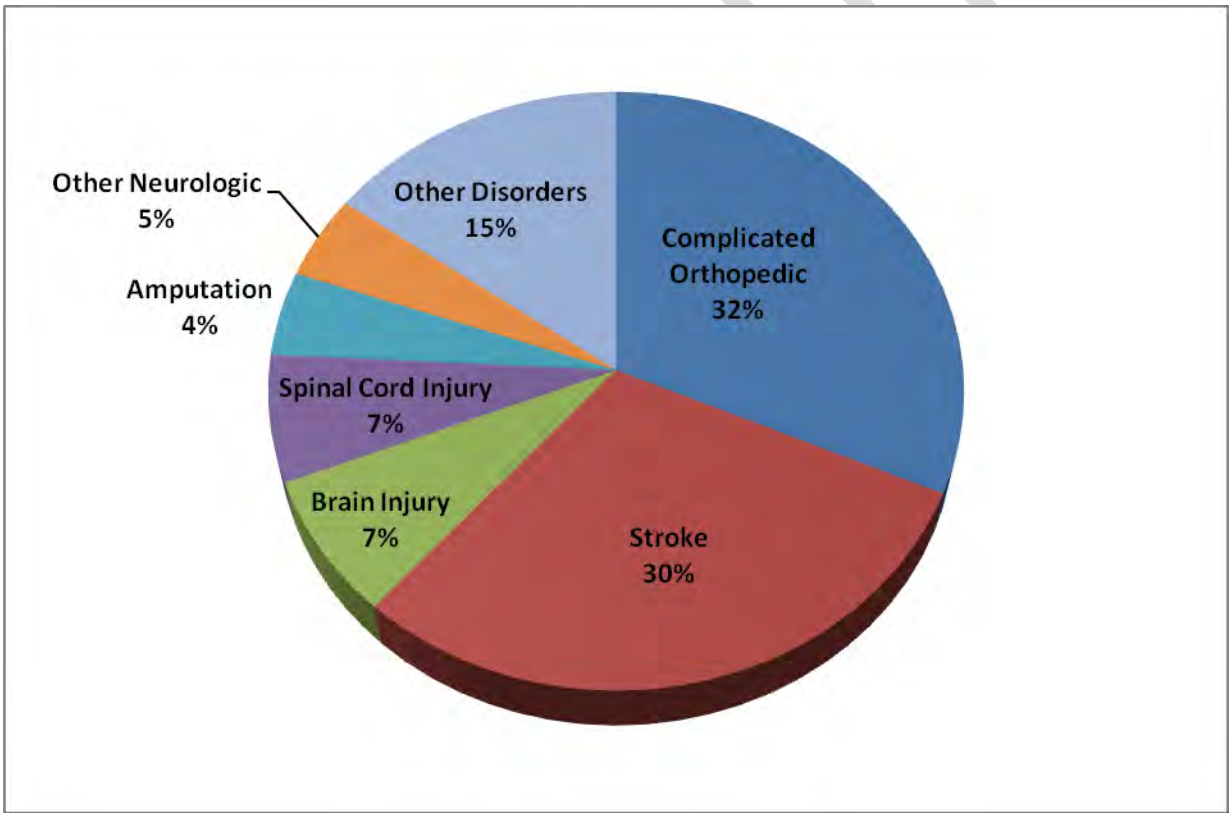


Fig. 1.0: REHAB Inpatient Admissions by Diagnosis 2012

Mission

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

Non – profit status

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

Leadership Team

As of September 30th 2013, REHAB's leadership team consisted of the following persons:

John Komeiji	Chairman, Board of Directors
Timothy J. Roe MD MBA	President & CEO
Jason Chang, MD	Chief Medical Director
Audrey Torres	Senior Vice President, Patient Care Services
Wendy Manuel	Chief Financial Officer
Faye Miyamoto	Vice President, Human Resources

1.1.2 Healthcare Association of Hawaii

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

1.1.3 Member Hospitals

Twenty-six of 28 Hawaii hospitals,[1] located on all islands, participated in the CHNA project:

Castle Medical Center
Hale Ho`ola Hamakua
Hilo Medical Center
Kahi Mohala Behavioral Health
Kahuku Medical Center
Kaiser Permanente Medical Center
Kapi`olani Medical Center for Women & Children
Ka`u Hospital
Kauai Veterans Memorial Hospital
Kohala Hospital
Kona Community Hospital
Kuakini Medical Center
Kula Hospital
Lana`i Community Hospital
Leahi Hospital
Maui Memorial Medical Center
Molokai General Hospital

[*] Tripler Army Medical Center and the Hawaii State Hospital are not subject to the IRS CHNA requirement and were not a part of this initiative.

North Hawaii Community Hospital
Pali Momi Medical Center
Rehabilitation Hospital of the Pacific
Samuel Mahelona Memorial Hospital
Shriners Hospitals for Children - Honolulu
Straub Clinic & Hospital
The Queen's Medical Center
Wahiawa General Hospital
Wilcox Memorial Hospital

1.1.4 Advisory Committee

The CHNA process has been informed by hospital leaders and other key stakeholders from the community who constitute the Advisory Committee. The following individuals shared their insights and knowledge about health care, public health, and their respective communities as part of this group.

Howard Ainsley - Hawaii Health Systems Corporation
Bruce Anderson, PhD – Hawaii Health Systems Corporation
Joy Barua – Kaiser Permanente Hawaii
Maile Ballesteros – St. Francis Home Care Kauai
Wendi Barber, CPA, MBA – Castle Medical Center
Rose Choy - Kahi Mohala Behavioral Health
Kathleen Deknis, RN, MPH – Home Health by Hale Makua
Karen Fernandez – Wahiawa General Hospital
Mark Forman, JD – Hawaii Medical Service Association Foundation
Loretta J. Fuddy, ACSW, MPH – State of Hawaii Department of Health
Robert Hirokawa, DrPH – Hawaii Primary Care Association
Mari-Jo Hokama – Kahi Mohala Behavioral Health
Fred Horwitz – Life Care Center of Hilo
Susan Hunt, MHA – Hawaii Island Beacon Community
Richard Keene – The Queen's Health Systems
Jeannette Koijane, MPH – Kokua Mau
Jay Kreuzer - Hawaii Health Systems Corporation
Greg LaGoy, ND, MBA – Hospice Maui
Bernadette Ledesma, MPH – Pearl City Nursing Home
Vince Lee, ACSW, MPH - Hawaii Health Systems Corporation
Wesley Lo - Hawaii Health Systems Corporation
Pat Miyasawa – Shriners Hospitals for Children-Honolulu
R. Don Olden – Wahiawa General Hospital
Quin Ogawa – Kuakini Health System
Jason Paret, MBA – North Hawaii Community Hospital
Ginny Pressler, MD, MBA, FACS – Hawaii Pacific Health
Hilton Raethel, MBA, MHA – Hawaii Medical Service Association
Hardy Spoehr - Papa Ola Lokahi
Jerry Walker - Hawaii Health Systems Corporation
Katherine Werner Ciano, MS, RN – North Hawaii Hospice
Ken Zeri, RN, MSN – Hospice Hawai`i
Lori Miller – Kauai Hospice
Marie Ruhland, RN – Home Healthcare Services of Hilo Medical Center

Neill Schultz – Castle Medical Center
Corinne Suzuka, RN, BNS, MA – St. Francis Home Care
Peter Sybinsky, PhD – Hawaii Health Information Corporation
Ty Tomimoto – Rehabilitation Hospital of the Pacific
Sharlene Tsuda – The Queen's Health Systems
Stephany Vaioleti, LSW, JD - Kahuku Medical Center
Sharon Vitousek, MD – North Hawaii Outcomes Project

1.1.5 Consultants

Healthy Communities Institute

The Healthy Communities Institute (HCI) mission is to improve the health, environmental sustainability and economic vitality of cities, counties and communities worldwide. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement at the University of California at Berkeley.

HCI offers a spectrum of technology and services to support community health improvement. HCI's web-based dashboard system makes data easy to understand and visualize. The web system and services enable planners and community stakeholders to understand all types and sources of data, and then take concrete action to improve target areas of interest. HCI has over 100 implementations of its dashboard for clients in 40+ states.

The HCI team is composed of experts in public health, health informatics, and health policy. The services team provides customized research, analysis, convening, planning and report writing to meet the organizational goals of health departments, hospitals, and community organizations.

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

Storyline Consulting

Storyline Consulting is dedicated to serving and enhancing Hawaii's nonprofit and public sectors. Storyline provides planning, research, evaluation, grant writing, and other organizational development support and guidance. By gathering and presenting data and testimonies in a clear and effective way, Storyline helps organizations to improve decision-making, illustrate impact, and increase resources.

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

1.2 Hospital Community Benefit Team and Goals

Rehabilitation Hospital of the Pacific actively collaborated with the Healthcare Association of Hawaii, its 27 other member hospitals, and the Healthy Communities Institute in the development of the Community Health Needs Assessment. In addition, an internal review of the assessment was performed by a multidisciplinary team of rehabilitation professionals, including the following:

President and Chief Executive Officer
Chief Financial Officer
Director, Inpatient Therapy
Director, Nursing
Director, Finance
Chief Medical Director
Senior Vice President, Patient Care Services
Director, Outpatient Clinic
Director, Community Development
Director, Compliance

Working in conjunction with internal and external stakeholders, REHAB is developing an Implementation Plan based on our identified priority areas. Following approval of the Community Health Needs Assessment and the Implementation Plan by the REHAB Board of Directors, the Implementation plan will be made publicly available in the third quarter of the hospital's 2014 fiscal year.

1.2.1 Definition of Community + Map

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

As the sole provider of acute inpatient medical rehabilitation, REHAB's service area extends throughout the entire state. Given the nature of the state's demographics and acute care service patterns, approximately 81% of REHAB's inpatients reside in Honolulu County, with the distribution in the community as shown in Figure 1.1.

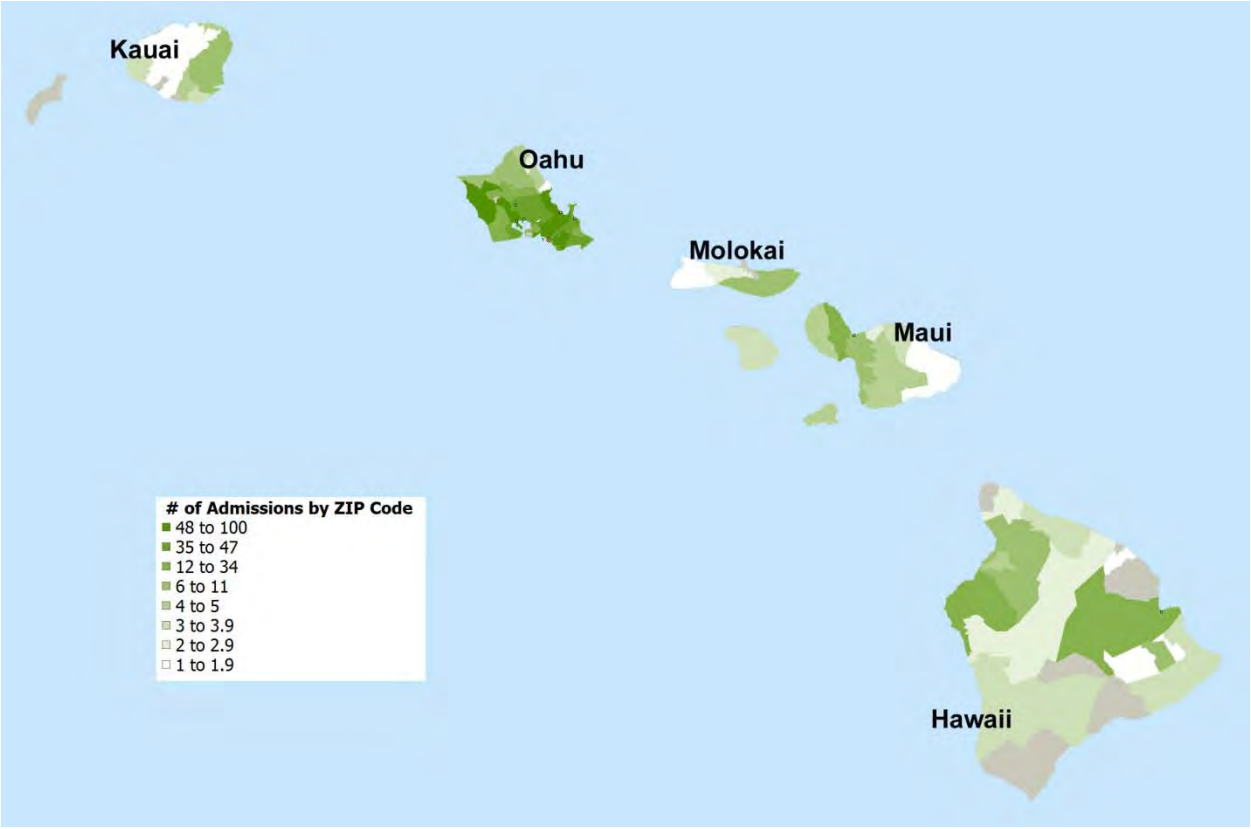


Fig. 1.1: Admissions to Rehabilitation Hospital of the Pacific by Island and Zip Code region, FY 2012

2 Methods

The starting point for this needs assessment is a summary of secondary or core indicator data, which applies a systematic and quantitative method of comparing the relative severity of health indicators across 20 topic areas. When possible, other data are considered, including rates of hospitalization due to preventable causes, to more closely examine the most severe health needs and their impact on health care utilization. The secondary data findings are further informed by collected primary data. Individuals with special knowledge regarding the health needs of the community, including those with expertise in public health and community health, were interviewed through a key informant interview process. An online survey collected additional opinions from community residents. The quantitative, secondary data is then combined with the knowledge of key informants who have awareness of health needs specific to their community and highlighted with resident opinions on community health concerns.

2.1 Core Indicator Summary

2.1.1 Data Sources

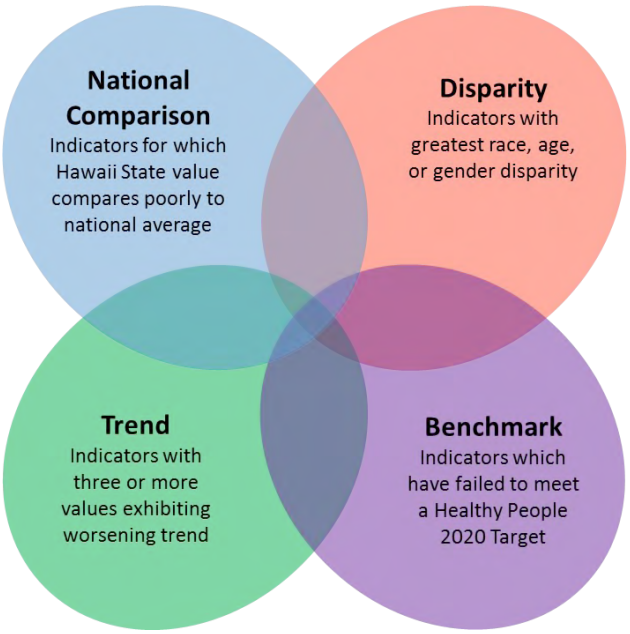
The core indicators included in this summary originated from Hawaii Health Matters (www.HawaiiHealthMatters.org), a publicly available data platform with a dashboard of over 140 indicators from over 20 sources. Hawaii Health Matters (HHM) was developed as a partnership between Hawaii Health Data Warehouse and Hawaii Department of Health, with technology provided by Healthy Communities Institute. The core indicators cover health outcomes, behaviors that contribute to health, and other factors that are correlated with health. The secondary data available on HHM is continuously updated as sources release new data. The data included in this summary is as of October 17, 2012, and may not reflect data currently on the site. Additional data specific to race, gender, and age subgroups was obtained directly from Hawaii Department of Health. Each of the indicators was categorized into one of 20 topic areas, spanning both health and quality of life issues. All indicators, including measurement date, sources and topic area assignment, are included in the Appendix of this report.

2.1.2 Comparisons: Analytic Approach

The status of Hawaii was assessed one indicator at a time using up to four comparison methods.

1. First, Hawaii was compared geographically, to the rest of the United States. If the indicator value for Hawaii was worse than the U.S. average, or if Hawaii was in the worst 50th percentile of U.S. state values, then Hawaii was considered to compare poorly to the nation.
2. The second comparison examined the trend of the data. A line of best fit was calculated for all available data points, and the slope of the line was used to determine the average percent change per year. If Hawaii's indicator value had worsened by at least 2.5% of the baseline value per year, the trend for the indicator was considered poor.
3. A third comparison measured disparities among sub-populations in Hawaii. If one sub-population had a value at least four times worse than another for the indicator, then the disparity measurement was considered poor.
4. Finally, the indicator value was compared to nationally recognized Healthy People 2020 (HP2020) benchmarks. The comparison was considered poor if Hawaii had not yet met the target set by the U.S. Department of Health and Human Services (see Appendix A for more information on HP2020 benchmarks).

Figure 2.1: Comparison Methods



As many comparisons as possible were applied to each indicator. The possible comparisons varied for each indicator depending on the availability of data. Geographic comparisons were only possible when national data was available for the same indicator and time period. Trend comparisons were only possible when at least three periods of measure were available to avoid misinterpreting slight changes between two periods. The availability of sub-population data varied by indicator, and so disparity comparisons were incorporated whenever possible. Finally, HP2020 benchmarks only exist for a subset of the indicators included in the summary. Please see Appendix A for more details and examples of this process.

2.1.3 Indicator and Topic Area Scoring

After the status of all possible comparisons was assessed, indicators were aggregated into their respective topic areas. The total number of poor comparisons was divided by the total possible comparisons within the topic area to calculate the topic area score. This score, measuring the proportion of poor comparisons within the topic, ranges from zero to one. Scores were not calculated for topic areas that had one or zero indicators, as these areas were deemed to lack an adequate number of indicators. The top ten topic areas with the highest scores were used to guide primary data collection. Please see Appendix A for more details and an example of this process.

2.1.4 Shortage Area Maps

Core indicator data for relevant topic areas was supplemented with maps illustrating the following types of federally-designated shortage areas and populations:

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

Criteria for medically underserved areas and populations can be found at:
http://bhpr.hrsa.gov/shortage/muaps/index.html

Criteria for health professional shortage areas can be found at:
http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/designationcriteria.html

Maps of shortage areas and populations were based upon shapes generated using the Community Issues Management site's mapping tool: http://www.cim-network.org/CIM/Tools/

Maps were further customized by Healthy Communities Institute.

2.2 Hospitalization Rates

While the Core Indicator Summary included several unadjusted hospitalization rate indicators, further risk-adjusted rates were obtained for comparison between geographies of varying population makeup. Rates were provided by Hawaii Health Information Corporation (HHIC), and are defined by the Agency for Healthcare Research and Quality (AHRQ) as a set of measures that can be used to identify quality of outpatient care, which can potentially prevent the need for hospitalization. Risk adjustment attempts to account for differences in indicators across providers and geographic areas that are attributable to variations in patient mix. AHRQ's risk adjustment methodology employs multivariate ordinary least squares regression to estimate an expected value of each indicator an area would exhibit with an "average" case-mix. The model adjusts for patient demographics, including age, sex, all age-sex combinations, All-Payer Refined DRGs (a refinement of CMS's DRGs that additionally classifies non-Medicare cases) and severity-of-illness. HHIC applies AHRQ's risk adjustment methodology to further control for the top four dominant races in Hawaii, as determined by the Hawaii State Department of Health's Hawaii Health Survey. Risk adjustment coefficients are estimated using the Healthcare Cost and Utilization Project's (HCUP) State Inpatient Databases (SID). Please see http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx for a complete definition of indicators. Because the area of mental health was not well represented in the Core Indicator Summary, HHIC also provided unadjusted rates of hospitalization for any mental health-related primary diagnosis.

Sub-county hospitalization rates are included for Hospital Service Areas (HSA), which were defined in 1995 by hospital CEOs and are composed of contiguous zip codes surrounding a hospital's self-defined service area. Please see Appendix B for a list of the zip codes contained within each HSA.

Also included in Appendix B are unadjusted rates for age, gender, and race/ethnicity sub-populations. The inclusion of these rates in the Findings discussion is limited due to uncertainties in the comparability of these unadjusted rates with the risk-adjusted rates.

All rates are based upon patient residence, and values were suppressed if there were fewer than 10 cases. Population estimates are based on the U.S. Census Bureau, Population Division, Intercensal Estimates of the Resident Population for Counties of Hawaii and Hawaii State Department of Health, Office of Health Status Monitoring, Hawaii Health Survey. Sub-county demographic counts are based on estimates/projections provided by Pitney Bowes Business Insight, 2008-2011. Population estimates by race were provided by the Hawaii State Department of Health, Office of Health Status Monitoring, Hawaii Health Survey 2009-2010.

Hospitalization rate area maps were created by HCI using HHIC-provided Hospital Service Area maps, where darker shading of Hospital Service Areas reflects higher rates.

2.3 Key Informant Interviews

In order to supplement the quantitative findings, key informants were interviewed to further assess the underlying drivers for health outcomes, current community efforts, and obstacles to health. These key informants were chosen by the HAH Advisory Committee on November 7-8, 2012 through a structured nomination and selection process, which followed a thorough review of the preliminary core indicator data. Advisory members nominated community members with expertise in public health, in the top ten topic areas from the core indicator analysis, as well as in those topic areas where there were data gaps. Key informants were also nominated for their knowledge of vulnerable populations, such as low-income or more adversely impacted racial/ethnic groups. After the nomination process, the advisory members prioritized the list through a voting process.

The key informant interview process was part of a larger statewide CHNA effort in which a total of 105 community experts were nominated, then prioritized down to a list of 75. The remaining 30 nominated key informants were maintained on an alternate list, in the event that a key informant was not available. Roughly 15 key informants were allotted for each of the four counties and for the overall state perspective. 22 key informants were interviewed for their state-wide knowledge of health needs; when certain topic areas were lacking an interview with a state-wide perspective, relevant findings from Honolulu County interviews were included.

The interviews were conducted by local consultants, Storyline Consulting. The interviews took place between November 19, 2012 and January 2, 2013 and lasted 30-60 minutes in length. Most interviews took place by phone; a few took place in person. Storyline Consulting typed notes from the interviews during the conversation, capturing the bulk of the conversation verbatim. Interview notes were then condensed and entered into a data collection spreadsheet.

The information obtained from these interviews was incorporated into this report in three ways. A summary qualitative analysis tool called a "word cloud" was produced using TagCrowd.com to identify the most common themes and topics. Words or phrases that were mentioned most often display in the word cloud in the largest and darkest font (see Figure 3.8). Next, input from the key informants was included in each relevant topic area in Section 3.2. Lastly, any recommended community programs or resources are referenced in Appendix D: Identified Community Resources.

A Key Informant Interview Guide was developed to guide the interviews. Storyline Consulting adapted the interview guide to best suit Hawaii's context, unique ethnic/racial profile, and culture. The questions used in the guide are listed below:

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

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

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

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

Q5: Could you tell me about some of the strengths and resources in your community that address [topic area]?

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

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

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

Q9: Is there anything else you'd like us to note?

2.4 Community Survey

An online survey was used to collect community opinions on the greatest health needs for Hawaii. The survey link was virally distributed by members of the HAH Advisory Committee and was posted on several local websites, including www.HawaiiHealthMatters.org. The survey was open from November 28 to December 24, 2012. Because the survey sample is a convenience sample, it is not expected to be representative of the population as a whole. Survey respondents provided select personal characteristics, including gender, age, sex, county and zip code of residence and whether or not the

resident works in the health field. Residents were asked to rank the top ten topic areas from the core indicator analysis in order of importance for their community, as well as informing us about other topic areas of concern. Respondents were also asked which racial/ethnic groups they felt experienced more health problems than average. Lastly, there was an open-ended question asking the resident if there was anything else they would like to share with us, in terms of health concerns in their community. Opinions gathered with this survey are included in this report as highlights, called “Voices from the Community,” in describing notable areas of need.

3 Community Health Needs Assessment Findings

3.1 Demographics

The demographics of a community significantly impact its health profile. Different ethnic, age, and socioeconomic groups may have unique needs and take varied approaches to health. This section provides an overview of the demographics of the State of Hawaii, with comparisons to the United States for reference. All estimates are sourced from the U.S. Census Bureau's American Community Survey unless otherwise indicated.

3.1.1 Population

In 2011, Hawaii had a population of 1,374,810. As measured by the decennial Census, the population density in the state is much higher than the U.S. overall. Within the state, Hawaii County grew the fastest between 2000 and 2010, while Honolulu County grew the slowest.

Table 3.1: Population Density and Change

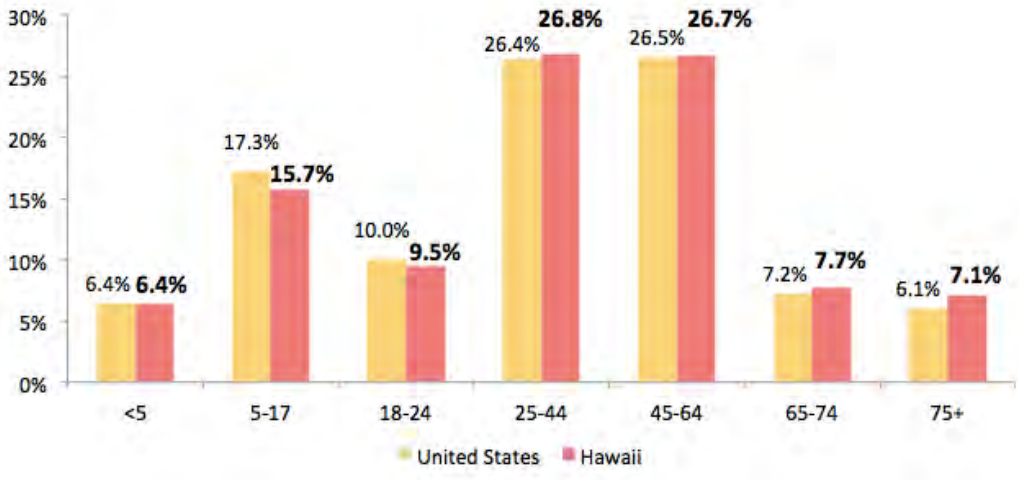
	U.S.	Hawaii	Hawaii County	Honolulu County	Kauai County	Maui County
Population, 2011	311,591,919	1,374,810	186,738	963,607	67,701	156,693
Population density in persons per sq. mi, 2010*	87	212	46	1,587	108	133
Population change, 2000-2010*	9.7%	12.3%	24.5%	8.8%	14.8%	20.9%

*2010 U.S. Census

Age

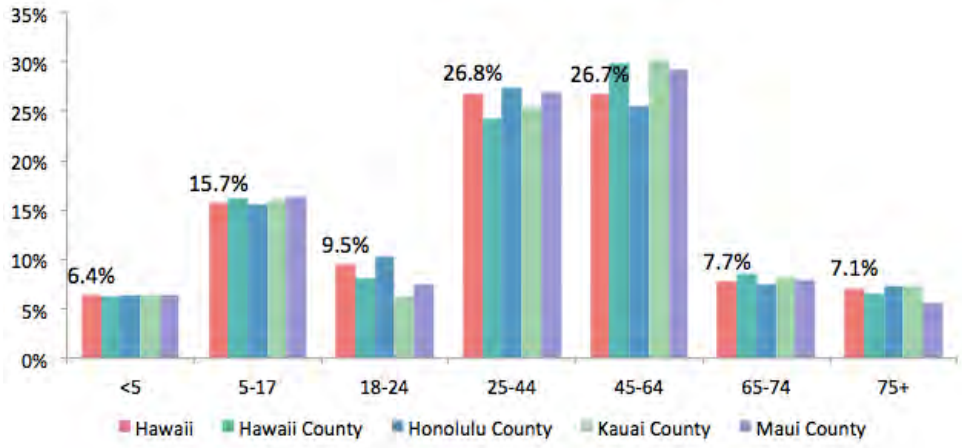
As seen in Figure 3.1, Hawaii's population is slightly older than the rest of the country, with a median age of 38.5 (compared to 37.3 for the U.S.). Children under 18 make up only 22.1% of the state's population, while 23.7% of the total U.S. population is under 18.

Figure 3.1: Population by Age, 2011: Hawaii and U.S.



Within the state, Kauai County has the oldest population with a median age of 42.2. Honolulu County has the youngest, with a median age of 37.6.

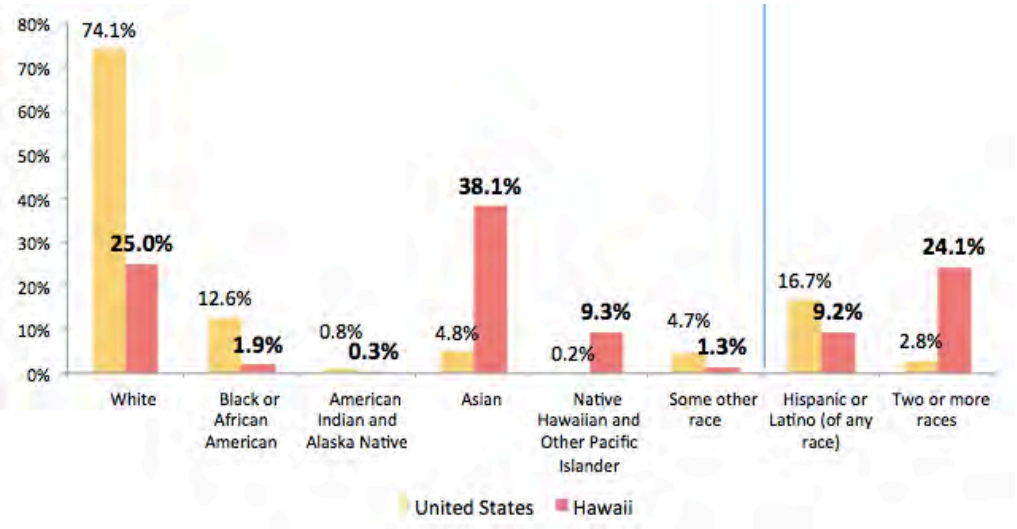
Figure 3.2: Population by Age, 2011: Counties in Hawaii



Racial/Ethnic Diversity

Differences are more readily apparent when comparing the race/ethnicity breakdown of Hawaii against the rest of the country. In Figure 3.3, the race groups displayed to the left of the blue line include residents reporting one race only, while residents reporting two or more races and Hispanic/Latino ethnicity (of any race) are shown to the right of this line. The population reporting a race of White only makes up 25.0% of the population, compared to 74.1% in the U.S., almost three times greater. Black/African American, Hispanic/Latino, and Other race/ethnicity groups are also much smaller than the U.S. overall.

Figure 3.3: Population by Race/Ethnicity, 2011



The largest single race group in Hawaii is Asian at 38.1%. The majority of the Asian population is Filipino or Japanese, as seen in Figure 3.4 (which includes all residents reporting a race of Asian only regardless of Hispanic/Latino ethnicity). Hawaii also has much larger Native Hawaiian/Other Pacific Islander (9.3%) and multiracial populations (24.1%) than the rest of the country. Native Hawaiians, at 5.6% of the total population, make up the largest share of the Native Hawaiian/Other Pacific Islander single race group (Figure 3.5).

Figure 3.4: Breakdown of Population Reporting Race of Asian Only, 2011

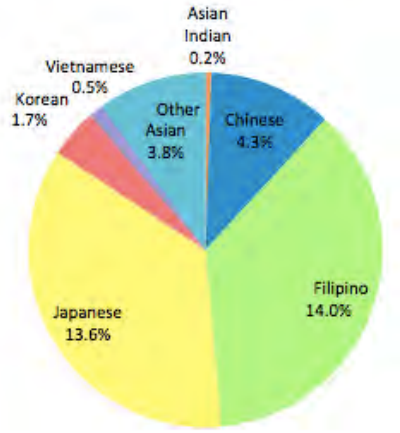
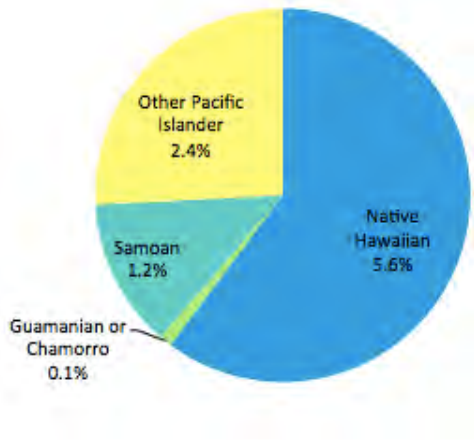


Figure 3.5: Breakdown of Population Reporting Race of Native Hawaiian/Other P.I. Only, 2011

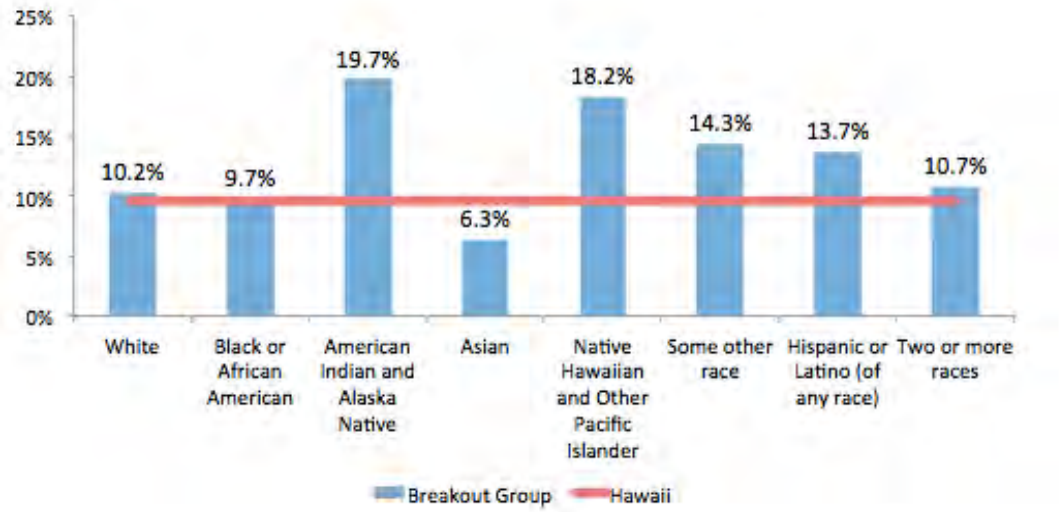


A higher percent of Hawaii is foreign-born compared to the U.S. In 2006-2010, 17.7% of the state was foreign-born, compared to 12.7% of the U.S. overall. A higher percent of Hawaii households were linguistically isolated as well: 6.2% of households reported that all of its members ages 14 and over had some difficulty speaking English, contrasted with just 4.8% of households in the U.S.

3.1.2 Economy

Income in Hawaii overall is high. Median household income in 2006-2010 was $66,420, substantially higher than the national value of $51,914. While the gap is smaller among per capita incomes, Hawaii's $28,882 is still higher than the U.S.'s $27,334. Hawaii also has a smaller population living in poverty compared to the U.S., at 9.6% vs. 13.8%. Within the state, Honolulu County is tied with Kauai County for the lowest levels of poverty (8.8%). Hawaii County has the highest, at 14.4%. Certain race/ethnicity groups are also more affected by poverty, as seen in Figure 3.6. The American Indian/Alaska Native and Native Hawaiian/Other P.I. populations have the highest poverty rates at 19.7% and 18.2% respectively. The two least impoverished groups are Asian (6.3%) and Black or African American (9.7%). It is important to note that federal definitions of poverty are not geographically adjusted, so the data may not adequately reflect the proportion of Hawaii residents who struggle to provide for themselves due to the high cost of living in the state.

Figure 3.6: Poverty by Race/Ethnicity, 2006-2010



3.1.3 Education

Hawaii residents are well-educated compared to the rest of the nation. In 2006-2010, 89.8% of the state's residents aged 25 and older had at least a high school degree, and 29.4% had at least a bachelor's degree. By contrast, only 85.0% of the nation's 25+ population had a high school degree or higher, and only 27.9% had a bachelor's degree or higher.

3.2 Overview of Needs Assessment

Core Indicator Summary

One hundred forty-six (146) indicators of health drivers and outcomes were included in the systematic review of secondary data. Table 3.2 shows the weighted ranking scores for each topic area, from most severe to least.

Table 3.2: Core Indicator Summary Scores

Topic Area	Indicators	Score	Rank
Heart Disease & Stroke	4	0.71	1
Respiratory Diseases	2	0.60	2
Family Planning	3	0.57	3
Diabetes	2	0.50	4
Substance Abuse & Lifestyle	33	0.43	5
Social Environment	5	0.40	6
Cancer	12	0.39	7
Injury Prevention & Safety	10	0.38	8
Immunizations & Infectious Diseases	9	0.38	8
Mental Health & Mental Disorders	4	0.38	8
Maternal, Fetal & Infant Health	16	0.36	11
Education	3	0.33	12
Environment	2	0.33	12
Exercise, Nutrition, & Weight	15	0.28	14
Economy	12	0.25	15
Access to Health Services	3	0.14	16
Transportation	4	0.13	17
Oral Health	5	0.08	18
Disabilities	1	n/a	n/a
Older Adults & Aging	1	n/a	n/a

The ranking of scores for the topic areas provides a systematic way to assess a large number of indicators across many topic areas. Because the absolute and relative scores are influenced by the number of available inputs for the scoring equation, scoring differences can arise due to availability of data, so **it is important to consider the scores in the context of the primary data and the interrelatedness of many of the topic areas**. Findings of both quantitative and qualitative nature are presented below by topic area, along with a discussion of what can be learned from these results. For a complete list of indicators included in the core indicator summary, see Appendix A.

Hospitalization Rates

Risk-Adjusted hospitalization rates due to preventable causes in Hawaii for the most recent year available, 2011, are presented in Table 3.3. The specific causes of hospitalization with the three highest overall rates are mental health, COPD or asthma in older adults, and heart failure. Prevention Quality

Indicator (PQI) Composite Rates are a summary of preventable causes as described in the table footnote. Specific causes of hospitalization are further discussed in applicable topic areas below. All hospitalization rates are listed in Appendix B.

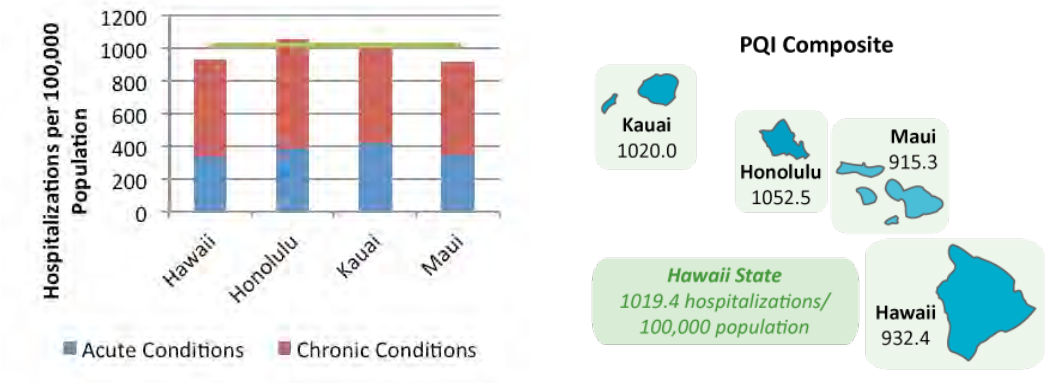
Table 3.3: Hospitalization Rates due to Preventable Causes in the State of Hawaii, 2011

Preventable Cause	Hospitalizations	Risk-Adjusted Rate per 100,000 (95% CI)
Mental Health*	5180	481.6 (468.5-494.7)
Heart Failure§	2954	267.4 (257.8-277.1)
Bacterial Pneumonia†	2252	205.1 (196.6-213.6)
COPD or Asthma in Older Adults (Ages 40+)§	1930	293.4 (280.3-306.5)
Urinary Tract Infection†	1126	102.7 (96.7-108.7)
Low Birth Weight**	1072	6 (5.6-6.3)
Diabetes Long-Term Complication§	885	82.8 (77.3-88.2)
Dehydration†	720	65.9 (61.1-70.7)
Diabetes Short-Term Complication§	463	43.1 (39.1-47)
Perforated Appendix***	295	23.7 (21-26.4)
Hypertension§	285	26.7 (23.6-29.8)
Rate of Lower-Extremity Amputation§	187	17.4 (14.9-19.9)
Angina Without Procedure§	178	16.7 (14.3-19.2)
Asthma in Younger Adults (Ages 18-39)§	109	25.9 (21-30.7)
Uncontrolled Diabetes§	72	6.8 (5.2-8.3)
Composite Hospitalization Rates		
PQI Composite – Acute Conditions	4098	373.8 (362.4-385.3)
PQI Composite – Chronic Conditions	6996	646.1 (630.9-661.2)
PQI Composite	11093	1019.4 (1000.4-1038.4)

* Rate for this cause is unadjusted
**Rate is per 100 live births
***Rate is per 100 appendicitis admissions
† Included in Acute Conditions Composite Rate
§ Included in Chronic Conditions Composite Rate

By county, the highest composite rate for preventable hospitalizations in 2011 was in Honolulu County, followed by Kauai.

Figure 3.7: PQI Composite Hospitalization Rates



Key Informant Interviews

The word cloud below illustrates the Hawaii needs mentioned most often by key informants at the state and county levels, where the size and shading of the word reflects the frequency of its use. The concerns include both those pertaining to the informants' specific areas of expertise, as well as other issues they see in the community as a whole. Interviews are summarized by the topic area covered by the interviewees' expertise in sections 3.2.1 through 3.2.20.

Figure 3.8: Key Informant Interview Word Cloud

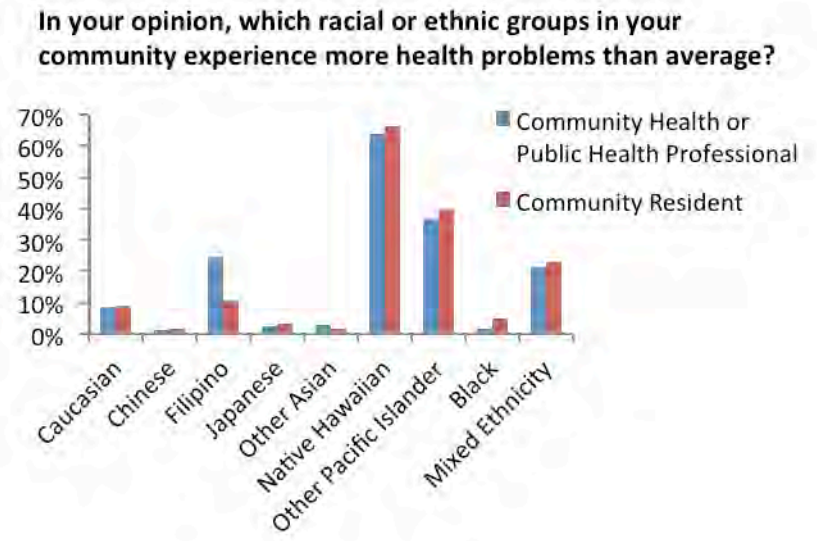
Community Survey

During the period of November 28 to December 24, 2012, 807 surveys were completed online by Hawaii residents. As the survey was a convenience sample, it was not expected to be representative of the state population as a whole. Of the respondents, 73.4% were female, 26.0% male. Over half of respondents were between the ages of 45 and 64; 30.0% were under 45 and 15.0% were 65 or older. More than half of respondents were Community Health or Public Health Professionals (62.0%). The topics to the right are those most commonly noted by respondents as an area of concern for Hawaii, in alphabetical order.

Areas of Concern

- Access to Health Services
- Cancer
- Diabetes
- Economy
- Education
- Exercise, Nutrition, & Weight
- Heart Disease & Stroke
- Immunizations & Infectious Diseases
- Maternal, Fetal & Infant Health
- Mental Health & Mental Disorders
- Older Adults & Aging
- Substance Abuse & Lifestyle

Figure 3.9: High-Risk Race/Ethnicity Groups Identified through Community Survey



The race/ethnic group most commonly reported as experiencing more health problems than average was Native Hawaiians, followed by Other Pacific Islanders. Health professionals were more likely than non-health professionals to include Filipino and Other Asian groups as experiencing more health problems than average.

Please see highlights throughout this report of respondent opinions titled "Voices from the Community."

The sections below, 3.2.1 - 3.2.20, will describe the findings by topic area in the following format:

Core Indicators and Supplemental Information

This section is more extensive for those topics where need demonstrated in the Core Indicator Summary was greatest. The top ten scoring topic areas include a list of highlights followed by a table including the indicators, most recent value, and how Hawaii fared across the four comparison methods. Green checkmarks indicate that the comparison was good, red X's indicate a poor comparison, and a blank cell indicates no comparison was possible. Further information about core indicators is included in Appendix A. When possible, data is supplemented by additional information obtained from previous needs assessments and reports.

Hospitalization Rates

As applicable, preventable hospitalization rates are compared to values across the State of Hawaii. All hospitalization data for the state and counties are included in Appendix B.

Key Informant Interviews

The information gleaned from key informants who were interviewed for their expertise in the relevant topic area is summarized in a table. Main points made by interviewees are organized by the needs and concerns for Hawaii; the impact on low-income, underserved or uninsured, and/or race or ethnic groups; and the opportunities and strengths that they have identified in their community.

Summary

All findings are summarized for the topic with a focus on common themes.

3.2.1 Access to Health Services

Core Indicators and Supplemental Information

Core indicators for access to health services in Hawaii compare favorably to the U.S. and do not demonstrate any poor trends. Disparities by race and age were not severe enough to be labeled as poor according to the standardized systematic review criteria. However, the health insurance coverage in Hawaii (92.6%) has not met the HP2020 target of 100%.

Voices from the Community

"So many residents do not understand or are [not] able to communicate their health issues."

Figure 3.10 Federally-Designated Medically Underserved Areas/Populations

Despite the good comparisons in core indicators, a large proportion of Hawaii has been designated as medically underserved by the Health Resources and Services Administration (HRSA). Other than Oahu, the entirety of every island is considered underserved for at least a portion of their populations.

Figure 3.11: Federally-Designated Primary Healthcare Provider Shortage Areas

Furthermore, the Island of Molokai and parts of Maui and Hawaii Islands are considered to be primary care provider shortage areas by HRSA.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Affordable Care Act focuses primarily on clinical delivery, but the greatest return on investment is in public health interventions *Hawaii has immature delivery system with many small, solo practitioners that need to be supported and not left behind by the ongoing healthcare transformation *Rural areas lack critical care units that can respond quickly; hospitals not equipped to handle array of concerns *More communication among providers; integration of care *More engagement with patients so they are able to manage the complexity of their care with the support of professionals *Conversation about health care and making a better system and affecting more people should be about improving education, decreasing disparities, and really addressing social determinants at the right level	*Med-QUEST has pretty good coverage with no cost sharing for low-income families *Transportation is an issue--how do you get patients to hospitals that have capacity? *Racial/ethnic disparities do exist, but they are confounded by being low-income *Every cultural group has its own attitudes about health and healthcare *Real disparities among Native Hawaiians and Pacific Islanders, who have the worst outcomes *Besides basic health disparities, language barriers, navigation of health system barriers, Compact of Free Association (COFA) nation residents have a lot of access issues because of a "pariah" sense in Hawaii where they are not wanted and disenfranchised	*Increases in reimbursements that begin in 2014 will help improve access to services *Health information technology holds promise, but we need to make sure there are supports for all providers to be able to use it *Participation in marathons, walks, canoe regattas by young kids and whole families demonstrates increased awareness *School-based clinic models have the potential to influence health and wellness starting with the younger generation *Need to support an appropriate presence of community health centers, particularly important for dental and behavioral health *Clearly addressing mental and behavioral health can reduce overutilization rates of ER

Summary

While health insurance coverage in Hawaii is better than the U.S. in general, there are many other barriers to care that make access to health services a complex issue. Availability of services is strongest in Honolulu County, but rural parts of Oahu and neighboring islands struggle to make the array of services needed accessible to everyone where population density is low. Many specialized services, and some primary services, such as mental health services, are not available on each island, requiring costly air transportation to receive care or not receiving the needed care. The race/ethnic groups most in need face both

Voices from the Community

"[We have] limited resources in several health-related areas, such as access to long term care services, lack of or limited specialty care and/or access to these specialty services; [another challenge is] cost of health care in a socio-economic environment that experiences a high unemployment rate with limited resources for employment."

cultural and socioeconomic barriers to engaging with providers to best manage their health. Key informants suggest that local efforts such as school-based clinics and community health centers are best positioned to assist hard-to-reach populations and stress that solo practitioners must be included in current efforts to improve Hawaii's health delivery system.

3.2.2 Cancer

Core Indicators and Supplemental Information

While there are many drivers of cancer, early detection and steps toward prevention can lessen the burden on a community's health. In Hawaii, core indicators reflect a significant need in this area:

Regarding screenings:

- The proportion of women aged 40 and older in Hawaii who have had mammograms within the past two years (76.5%) has not met the HP2020 target (81.1%)
- The proportion of women aged 18 and older who have had a pap test in the past three years (77.4%) has not met the HP2020 target (93.0%)
- The proportion of adults aged 50 and older who have had a blood stool test within the past two years decreased from 43.6% in 2003 to 24.7% in 2010

Regarding new cases and mortality rates:

- Breast cancer incidence (125.1 cases/100,000 females) is in the worst half of US states. The breast cancer death rate is highest for Native Hawaiian/Pacific Islander women (55.1 deaths/100,000 females) and Black or African American women (40.4 deaths/100,000 females)
- Cervical cancer incidence (8.2 cases/100,000 females) is in the worst half of U.S. states, and has increased from 7.6 cases/100,000 females in 2003-2007 to 8.2 in 2005-2009
- Colorectal cancer incidence (48.6 cases/100,000 population) is in the worst half of U.S. states and the colon cancer death rate is highest for Native Hawaiian or Pacific Islanders (39.2 deaths/100,000 population)
- Liver & bile duct cancer incidence (10.7 cases/100,000 population) and melanoma incidence (20.6 cases/100,000 population) are in the worst half of U.S. states; melanoma incidence is highest among Caucasians (65.7 cases/100,000 population

Table 3.4: Core Indicators – Cancer

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Colon Cancer Screening (2010)	24.7 percent	✓	X	✓	
Colorectal Cancer Incidence Rate (2005-2009)	48.6 cases/100,000 population	X	✓	✓	X
Colon Cancer Death Rate (2009-2011)	13.5 deaths/100,000 population		✓	X	✓
Liver and Bile Duct Cancer Incidence Rate (2005-2009)	10.7 cases/100,000 population	X	X	✓	
Lung and Bronchus Cancer Incidence Rate (2005-2009)	52.9 cases/100,000 population	✓	✓	✓	
Melanoma Incidence Rate (2005-2009)	20.6 cases/100,000 population	X	X	X	
Mammogram History (2010)	76.5 percent	✓	✓	✓	X
Breast Cancer Incidence Rate (2005-2009)	125.1 cases/100,000 females	X	✓	✓	
Breast Cancer Death Rate (2009-2011)	14.2 deaths/100,000 females		✓	X	✓
Pap Test History (2010)	77.4 percent		✓	✓	X
Cervical Cancer Incidence Rate (2005-2009)	8.2 cases/100,000 females	X	X	✓	
Prostate Cancer Incidence Rate (2005-2009)	128.4 cases/100,000 males	✓	✓	✓	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Obesity and environmental factors place people at risk, and should be addressed before cancer develops *High cost when found at late stages *Increasing aging population means increased number of people diagnosed with cancer	*Low-income women fall through the gaps with screening *Native Hawaiian, Pacific Islanders, and Filipino groups have poorer health outcomes and the women have higher breast/cervical cancer mortality rates *Higher incidence of cancer in Micronesians exposed to nuclear testing radiation *Cancer treatment centers are concentrated on Oahu and are costly to access from other islands	*Breast and Cervical Cancer Control Program reaches out to groups with higher mortality rates *Micronesians formed tight organizations and sports programs; when youth come out for sports they talk to them about disease and health *Hawaii has progressive policies to curb cigarette smoking and to provide free screening for colon and breast cancer *American Cancer Society program to improve access by picking up patients and taking them to their appointments *American Cancer Society provides materials in Spanish, Tagalog, and

Ilocano

Summary

The cancer burden in Hawaii can be reduced with improved screening and preventative behaviors. Cancer screening for women has not met national targets, and colon cancer screening has decreased in recent years. The burden disproportionately falls on certain race/ethnic groups, some of which may be masked in secondary data due to national standards in race categorization that do not well represent Hawaii's population. Reaching these populations for screening and early treatment requires language translation and culturally appropriate communications. Additionally, the concentration of cancer treatment centers on Oahu makes it costly for cancer patients on neighboring islands to access care.

Voices from the Community

Hawaii needs cancer treatment centers [with] equivalent…quality of care and expertise [as] those on the mainland."

3.2.3 Diabetes

Core Indicators and Supplemental Information

Diabetes is an increasing problem in Hawaii:

- The prevalence of diabetes among adults increased from 7.5% in 2003 to 8.3% in 2010
- By age, diabetes prevalence is highest for adults aged 65-74 (18.1%) and 75 or older (17.8%)
- By race, diabetes prevalence is highest for Native Hawaiians (11.4%) and Filipinos (10.1%)

Table 3.5: Core Indicators – Diabetes

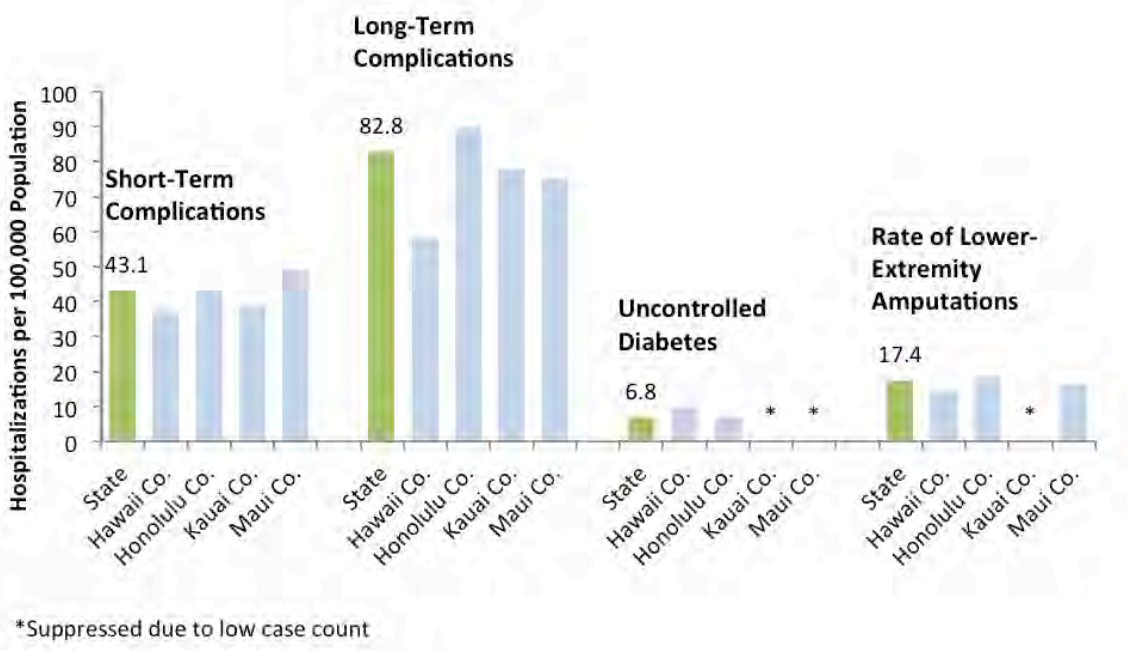
Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Adults with Diabetes (2010)	8.3 percent	✓	X	X	
New Cases of Diabetes (2010)	5.8 new cases/1,000 population		✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

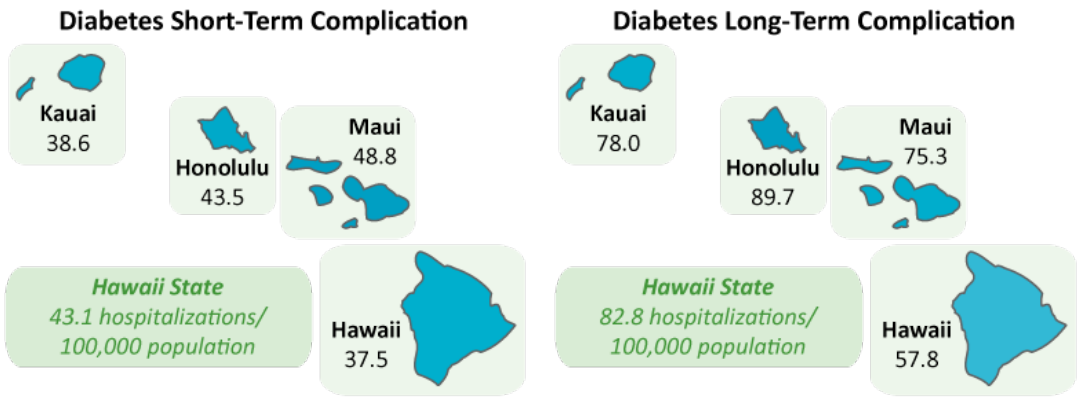
Hospitalization Rates

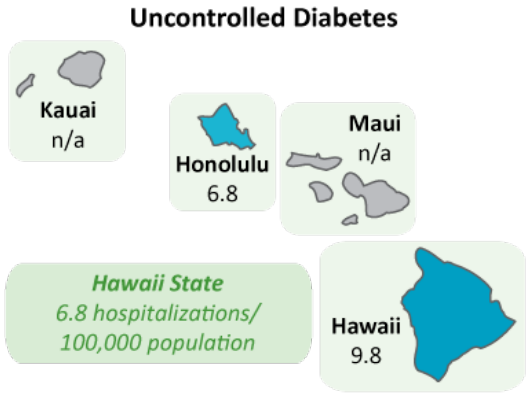
In 2011, the highest rates of hospitalization due to short-term complications of diabetes were in Maui County, the rate due to uncontrolled diabetes was highest in Hawaii County, and rates due to long-term complications and the rate of lower-extremity amputations were highest in Honolulu County.

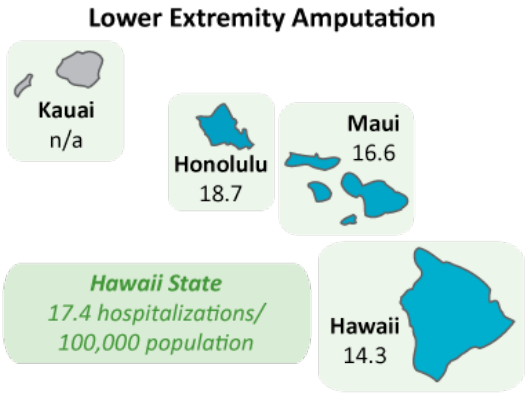
Figure 3.12: Hospitalization Rates due to Diabetes, 2011



*Suppressed due to low case count







Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*National trend is that 1:3 children will have Type II diabetes; in Hawaii, much higher rate of 1:2 children *Childhood obesity will lead to diabetes becoming an even bigger problem in the future; the amount of resources spent on diabetes will double *Diabetes is going undiagnosed in many Hawaii residents	*Native Hawaiians have a higher rate of diabetes, and those living in rural areas have little access to specialists *Higher prevalence for diabetes among Native Hawaiians, other Pacific Islanders, Japanese, and Filipinos and we have such a blend of those bloodlines in Hawaii *Difficulties in translating messages to Samoan and other Pacific Island languages *Outlying areas, low-income population high rates could be lack of overall knowledge of assessment of body and lack of access to critical care	*Work with American Heart and American Cancer Associations to combat obesity *Work with schools to increase physical activity *Ask legislature to put physical education back in schools

Summary

The prevalence of diabetes in Hawaii currently affects a large number of adults and is projected to increase in severity due to childhood obesity. Diabetes' greatest impact is on low-income residents with low access to medical care. Poor disease management leads to more severe disease and inpatient-based care. Reducing the impact of diabetes in Hawaii will require universal and effective primary care management of those with disease, as well as preventing new disease by combatting obesity through a multi-level approach that can effectively include schools, employers, city planning, and community based organizations that promote physical activity across generations.

Voices from the Community

"Diabetes is increasing and there is not a serious educational campaign being done at any level. It should begin in grade school and get children practicing healthier habits and exercising."

3.2.4 Disabilities

Core Indicators and Supplemental Information

There was no data included in the core indicator summary specific to disabilities (please see Section 4.1.2 for a discussion on data gaps). Based on data from the 2011 American Community Survey, the proportion of persons in Hawaii with a disability (10.6%) is lower than the national average of 12.1%. Among people aged 20 to 64 with a disability, 26.8% were living below poverty in 2011.[2] The most common type of disability is ambulatory (serious difficulty walking or climbing stairs), as seen in Table 3.6.

Figure 3.13: Percent of Persons with a Disability by Age and Race/Ethnicity: Hawaii, 2011[2]

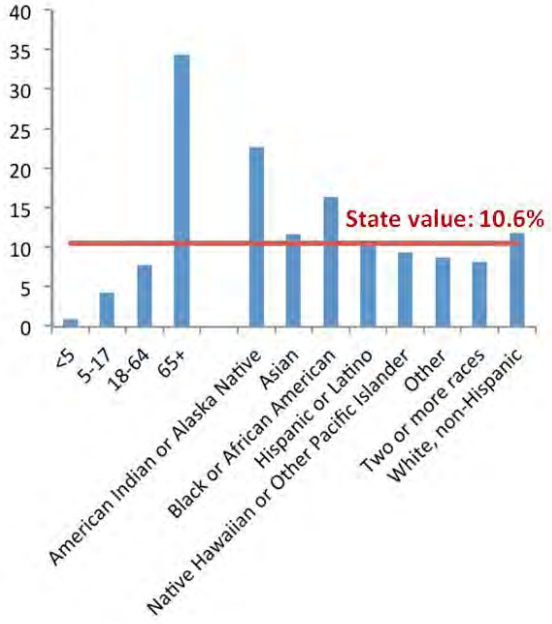


Table 3.6 Percent of Persons with a Disability, 2011[2]

	Hawaii	U.S.
Persons with a Disability	10.6	12.1
Hearing Difficulty	3.6	3.4
Vision Difficulty	1.7	2.2
Cognitive Difficulty (age 5+)	4.5	4.9
Ambulatory Difficulty (age 5+)	5.9	6.9
Self-Care Difficulty (age 5+)	2.1	2.7
Independent Living Difficulty (age 18+)	5.2	5.8
Children with a Disability	3.3	4.0

Includes all ages unless otherwise noted

One consideration of this needs assessment should be the identification of two priorities for children with special health care needs in a recent statewide needs assessment of Maternal and Child Health Needs[3]:

- Promote the identification of children with developmental delay
- Promote the transition of adolescents with special health care needs to adult health care

Furthermore, given the large proportion of aging adults 65+ with a disability (34.3%)[2], the living needs (including housing, transportation, health care, and social support) of the aged and disabled population must be strongly considered in community planning.

Summary

The population of Hawaii with a disability must not be ignored in a needs assessment as their needs may require special attention. Adults with a disability may require special housing, transportation, and health care services. Early identification of needs among children is needed to lessen the burden of disability on their health and wellness, and special focus may be needed to ensure a smooth transition from pediatric to adult health care.

[2] U.S. Census, American Community Survey, 2011 Estimates.
[3] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. http://hawaii.gov/health/doc/MCH-NASummary2010

Although there are fewer persons living with a disability compared to the nation, a much larger percentage of disabled persons live in poverty in Hawaii compared to the population at large. Socioeconomic constraints put this population at further disadvantage.

3.2.5 Economy

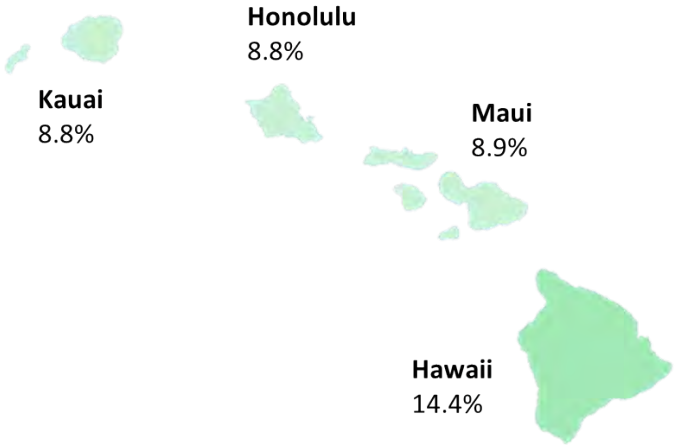
Core Indicators and Supplemental Information

Economic conditions are highly correlated with health. While overall the comparisons for economic core indicators were good for Hawaii, it should be noted that the rate of poverty is high among persons of certain race/ethnic backgrounds. Although the percent of all people living below poverty in Hawaii (9.6%) is in the better half of U.S. state values, the poverty rate for some subpopulations is as high as 19.7% (American Indian and Alaska Natives) and 18.2% (Native Hawaiian and Other Pacific Islanders). Additionally there are three core indicators for which Hawaii falls in the worst quartile of U.S. states: the percentage of households receiving cash public assistance income (3.3%), the homeownership rate (51.2%), and the percentage of renters spending 30% or more of household income on rent (54.6%).

The poverty rate is considerably higher in Hawaii County (14.4%) than the other counties.[4]

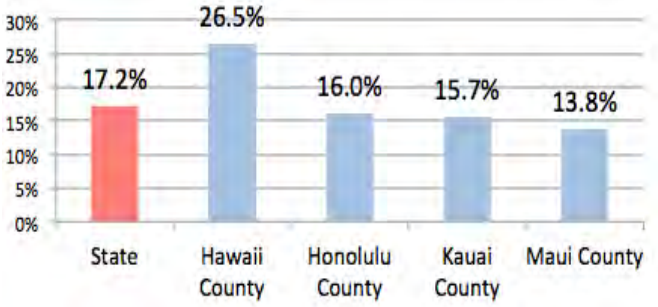
A similar pattern is seen in the proportion of children living in households receiving government assistance[5] (Figure 3.15).

Figure 3.14: Percent of Population Living Below Poverty Level, 2006-2010[4]



Map created with Community Issues Management tool: http://www.cim-network.org/CIM/

Figure 3.15: Percent of Children Living in Households Receiving Government Assistance, 2006-2010[5]



Key Informant Interviews

Although no key informants were interviewed specifically for their knowledge on Hawaii's economy, the effects of poverty on health were mentioned in several interviews spanning many topics. Please see a discussion of the impact of socioeconomics in Section 4.1.

[4] U.S. Census, American Community Survey, 2006-2010 Estimates

[5] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Primary Care Needs Assessment Data Book 2012*, July 2012. http://hawaii.gov/health/doc/pcna2012databook.pdf

Summary

The economic disparity in Hawaii drives many of the health disparities discussed throughout this report; it is widely understood to be one of the determinants of health, along with education and the social environment. While this topic was not focused on in primary data collection, it was mentioned many times for its relevancy to patterns of health access, health behaviors, and health outcomes. The economy is particularly a concern in Hawaii County, for which secondary data indicates the highest poverty rate. Furthermore, because federal definitions of poverty do not adjust for geographic variations in the cost of living, the data may not adequately reflect the proportion of Hawaii residents who struggle to provide for themselves due to the high cost of living in the state. The necessity of addressing health and quality of life needs among Hawaii's low-income residents is critical in order to realize a healthy community.

Voices from the Community

"Many of the health issues are linked by common socioeconomic or social determinants. Addressing root causes seems like a way to get at health issues before they become problems like cancer, diabetes, heart disease, etc."

3.2.6 Education

Core Indicators and Supplemental Information

Education is a foundation upon which Hawaii residents can work towards economic and social advancement. In Hawaii, the student-to-teacher ratio (15.8 students/teacher) is within the worst half of U.S. states. And there is a large race disparity for education among adults; while 5.3% of all Hawaii residents do not have a high school degree, the rate among adults of Other race is 18.5%, Other Pacific Islanders is 16.8%, Native Hawaiians is 9.8%, and Filipinos is 8.0%.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*High-quality early childhood education is a critical foundation for later success, but many young children are not mentally stimulated enough *Hawaii does not have universal preschool or mandatory kindergarten *Teen dropouts impact not only education but their ability to advocate for themselves around health and wellness	*Challenges for low-income students include nutrition, adequate sleep, and family dynamics that create depression *Teenagers are at risk with alcohol and drug use, chronic diseases like diabetes, and teen pregnancies *Culture is especially important to students who have lost their sense of belonging	*Single most important thing to be done today is establishing an early learning base *Many after-school support systems are in place today, which are incredibly important *Groups are making home visits to dropouts to re-engage them in learning *Should develop village-oriented efforts to share success and accountability with community *Prioritize funding for children

Summary

While educational attainment among adults in Hawaii is better than national averages, a large race disparity reflects that some populations still lack in education. A poor student-to-teacher ratio and a lack of widely available early learning programs for children fuel disparity and prevent low-income children from obtaining a quality education. With support, schools can guide children through special challenges with after school programs and education programs that emphasize students' culture and interests. An early start to learning can be supported by financial support for preschool and kindergarten for all children in Hawaii.

Voices from the Community

"[There are] two tiers [of] education for many of the children: excellent if in private school but much less [so] if in public education."

3.2.7 Environment

Voices from the Community

"[An important community issue is] managing land development better to control use of drinking water, keep our air clean, avoid beach pollution and preserve endemic plants."

Core Indicators and Supplemental Information

Hawaii's natural environment is a treasured asset. The American Lung Association has given most Hawaii counties grades of "A" or "B" for both annual ozone air quality and annual particle pollution, with the exception of Hawaii County which received a grade of "F" for annual particle pollution in 2008-2010. And although Hawaii has exceeded the HP2020 target for the percentage of beaches that are open and safe for swimming (Target: 96.0%; Hawaii: 99.8%), the percent of beach water samples that contained pathogenic organisms increased from 2% in 2008 to 4% in 2011.

Summary

While the environment did not arise as a great need in core indicators for Hawaii, it should be noted that environmental safety can vary on a more local level for which data is not available. Air and water quality has the strongest health effect on the most vulnerable in the community, including children and older adults. While there may be little that can be done about poor air quality resulting from the volcanic activity on the Big Island, care should be taken to limit the amount of pollution released by humans.

3.2.8 Exercise, Nutrition & Weight

Core Indicators and Supplemental Information

Healthy activity patterns, diet, and weight have profound effects on chronic disease. In the core indicator summary, Hawaii mostly compared favorably to the nation, with the exception of teen fruit and vegetable consumption, which was lower in Hawaii (17.5%) than the U.S. (22.3%). Among adults, fruit and vegetable consumption has generally decreased in recent years (from 27.2% in 2003 to 23.5% in 2009), and the proportion of adults who are obese increased from 16.7% in 2003 to 23.1% in 2010. The adult obesity rate is highest for Native Hawaiians (28.3%), Other race (25.4%), and Other Pacific

Islanders (23.8%). Two HP2020 targets are unmet in Hawaii: food insecurity (low access to essential nutrition) among children (Target: 0.2%; Hawaii: 1.1%) and food insecurity among households (Target: 6.0%; Hawaii: 16.6%).

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the rate of overweight and obesity in young children ages 0-5 as a priority for children in the state.[6]

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Childhood obesity is a widespread problem in Hawaii; affects other things such as hip problems, joint problems, multiple organ systems, and psychological/social issues *Culturally, food is such an important part of our lives in the local Hawaiian culture, and we now have access to so much high calorie, high sugar food *We need to see more physical activity and PE time in schools *Need stronger campus compliance with USDA policies in snacks and fundraising *Need more walkable/bike-able communities less reliant on cars	*Childhood obesity affects our economically disadvantaged community more than others *Fresh fruits and vegetables, healthier foods cost a lot more *Low-income families have more difficult time accessing places where kids can move and exercise freely *Native Hawaiians and Pacific Islanders are disproportionately impacted; rates of poverty are higher for these groups * No word in Micronesian languages for "exercise" because it was part of their daily lives - now ability to live off their lands has been taken away; needs to be a way to translate and integrate their culture too	* Start with access to healthier foods *Have more community gardens, especially in low-income areas * Free Department of Education sports activities moving down into lower grades vs. just high school *Having Med-QUEST billable services around exercise (e.g. pay for exercise classes) *Finding people where they are in communities, at place-based, existing social structures (like churches) instead of expecting them to come to clinics *Have a funded bicycle program

Voices from the Community

"Obesity and lack of exercise are pervasive and the root causes of most of the chronic health problems people have around here. More social outlets such as sports, exercise classes, education about nutrition and cooking would ameliorate this significantly and contribute to the community's cohesiveness and spiritual well-being."

[6] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. http://hawaii.gov/health/doc/MCH-NASummary2010

Voices from the Community

"Designing our communities to be connected by pedestrian pathways/linkages is imperative to increasing physical activity by our youth and others."

Summary

Obesity is an increasing concern in Hawaii for residents of all ages. The problem is apparent for adults in secondary data, and children are also affected at an early age by poor nutrition and activity. Native Hawaiians and other Pacific Islanders are especially in need of assistance to improve their lifestyles, which is especially difficult given both cultural and socioeconomic barriers in these subpopulations. Key informants recommend improving access to physical activity options, increasing access to affordable and healthy food, and promoting school-based physical activity programs to target youth.

3.2.9 Family Planning

Core Indicators and Supplemental Information

Family Planning is notable in Hawaii due mainly to disparities:

- The lowest rate of intended pregnancies is among mothers aged less than 20 years (13.3%), followed by mothers aged 20-24 (36.4%); the rate of intended pregnancies in Hawaii (52.6%) has not met the HP2020 target (56.0%)
- A severe race disparity exists in the teen birth rate, with the highest rate among Native Hawaiian/Pacific Islander women (145.4 births/1,000 women aged 15-19 years)
- The proportion of infants born to mothers with less than 12 years of education is highest for Native Hawaiian/Pacific Islanders (13.7%)

Table 3.7: Core Indicators – Family Planning

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Pregnancies that are Intended (2009)	52.6 percent		✓	X	X
Teen Birth Rate (2011)	29.9 births/1,000 women aged 15-19 years		✓	X	
Infants Born to Mothers with <12 Yrs Education (2011)	7.3 percent		✓	X	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the rate of unintended pregnancy (including a focus on teen pregnancy) as a priority for Women and Infants.[7]

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Priority is increasing access to long-acting, reversible	*Higher incidence of unwanted/unintended pregnancies	*Community health centers are

[7] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. http://hawaii.gov/health/doc/MCH-NASummary2010

contraception, such as IUDs and implants, which have high upfront costs *Cultural factors in different communities around family planning and birth are not well understood; more research is needed	in low-income groups *Access to most effective contraceptive methods is limited or too expensive	biggest assets for family planning *The centers' evening and weekend hours improve working patients' access to care

Summary

Family planning is a need for particular groups in Hawaii, primarily low-income families. Access to long-acting, reversible contraception would help reduce the proportion of pregnancies that are unintended, but the cost of these family planning methods is prohibitive in some communities. The high teen birth rate among particular race/ethnic groups is problematic for the social and educational development of mothers and healthy birth outcomes for newborns. Key informants note that community health centers are the biggest assets for providing family planning resources to those with low access.

3.2.10 Heart Disease & Stroke

Core Indicators and Supplemental Information

Strongly driven by poor lifestyle patterns, heart disease and stroke are a major concern for Hawaii. The core indicator summary score was highest for this topic area. Notable findings include:

- An increase in the prevalence of high blood pressure among adults, from 22.9% in 2003 to 30.2% in 2009; high blood pressure prevalence (30.2%) is in the worst half of U.S. states
- The prevalence of high cholesterol increased from 27.0% in 2003 to 38.9% in 2009; high cholesterol prevalence (38.9%) is in the worst quartile of U.S. states
- The death rate due to heart disease (72.3 deaths/100,000 population) was extremely high for Native Hawaiian/Pacific Islanders (282.2 deaths/100,000 population)
- The death rate due to stroke (35.8 deaths/100,000 population) was also very high for Native Hawaiian/Pacific Islanders (108.9 deaths/100,000 population)
- Hawaii has not met HP2020 targets for high blood pressure prevalence (Hawaii: 30.2%; target: 26.9%), high cholesterol prevalence (Hawaii: 38.9%; target: 13.5%), and stroke death rate (Hawaii: 35.8 deaths/100,000 population; target: 33.8 deaths/100,000 population)

Table 3.8: Core Indicators – Heart Disease & Stroke

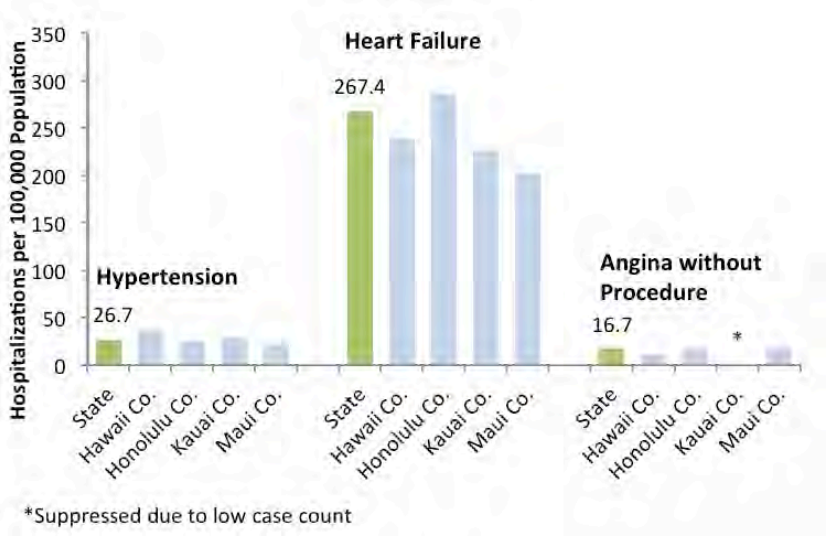
Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
High Blood Pressure Prevalence (2009)	30.2 percent	X	X	X	X
High Cholesterol Prevalence (2009)	38.9 percent	X	X	✓	X
Heart Disease Death Rate (2009-2011)	72.3 deaths/100,000 population		✓	X	✓
Stroke Death Rate (2009-2011)	35.8 deaths/100,000 population		✓	X	X

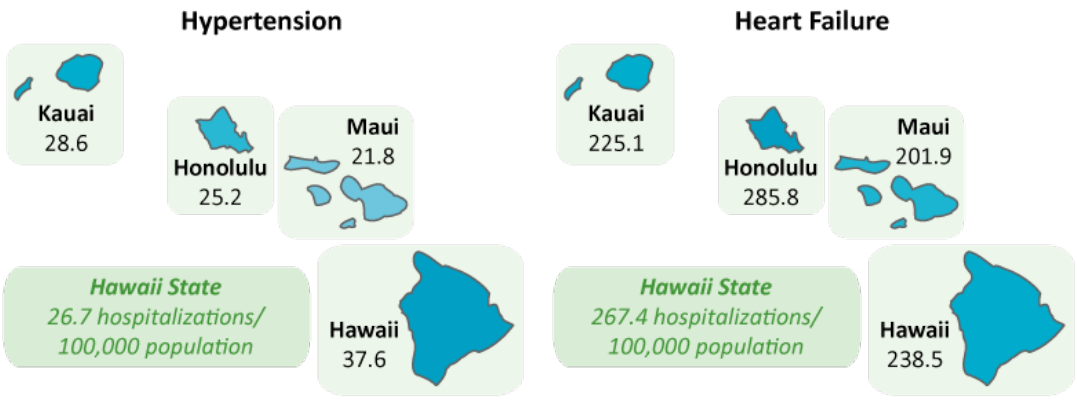
✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

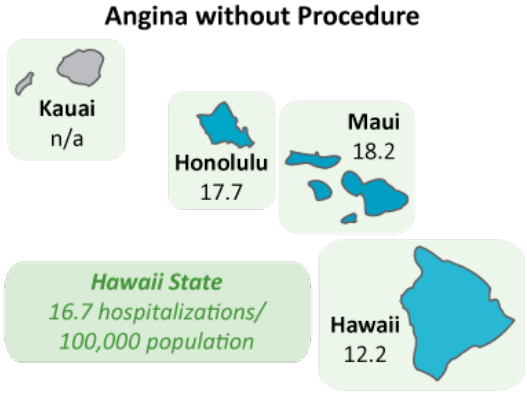
Hospitalization Rates

Among Hawaii counties in 2011, Hawaii County had the highest rate of hospitalization due to hypertension, Honolulu County had the highest hospitalization rate due to heart failure, and Maui County had the highest rate due to angina without procedure.

Figure 3.16: Hospitalization Rates due to Heart Disease, 2011







Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Need for education on smoking prevention/cessation, blood pressure control, weight control, aspirin *Need to look toward primary prevention and wellness, developing awareness and healthy habits *Kids are getting driven to structured activities instead of playing outside *Parents don't have time to cook at home and end up eating less healthy but faster food *Food is an important component of many cultural events, but many times the food being served is unhealthy *Lack of resources for quick EMS response, heart/stroke patient rehabilitation	*Disproportionate impact on Native Hawaiians and Filipinos *Language barriers for Filipino immigrant population *Storytelling is an important way of communicating among the Pacific Island populations, and health information should be shared with this in mind *Access to technology and computer illiteracy may be barriers to utilizing online tools	*A lot of resources are available, it's a matter of leveraging and collaborating *Ability to collaborate when everyone brings their strengths, resources, expertise, and knowledge to the table

Summary

The lack of healthy eating and exercise behaviors in Hawaii largely contribute to poor cardiovascular health. Those living in low-income areas are disproportionately affected, and resources are not effectively reaching those most in need. While the high hospitalization rate due to heart failure in Honolulu County may reflect the higher density of persons living on Oahu for the availability of special needs care, hypertension hospitalizations in Hawaii County suggests that this population has particularly poor heart health. Key informants cite a lack of resources for quick EMS response and heart/stroke patient rehabilitation, and encourage interventions that leverage existing resources and collaboration.

3.2.11 Immunizations & Infectious Diseases

Core Indicators and Supplemental Information

Despite the limited national comparisons and disparity measurements that were possible for core indicators, there are several concerns in this area:

- The pneumonia vaccination rate for adults 65 and older (66.8%) is in the worst half of U.S. states and has not met the HP2020 target of 90%; influenza vaccination rate for adults 65 and older (73.2%) has not met the HP2020 target of 90%
- Syphilis incidence increased from 1.6 cases per 100,000 population in 2005-2009 to 1.8 in 2007-2011
- Hawaii has not met two tuberculosis HP2020 targets: tuberculosis incidence rate (Hawaii value: 9 cases/100,000 population; target: 1 case/100,000 population) and TB among foreign-born persons (Hawaii value: 37.4 cases/100,000 population; target: 14 cases/100,000 population)

Table 3.9: Core Indicators – Immunizations & Infectious Diseases

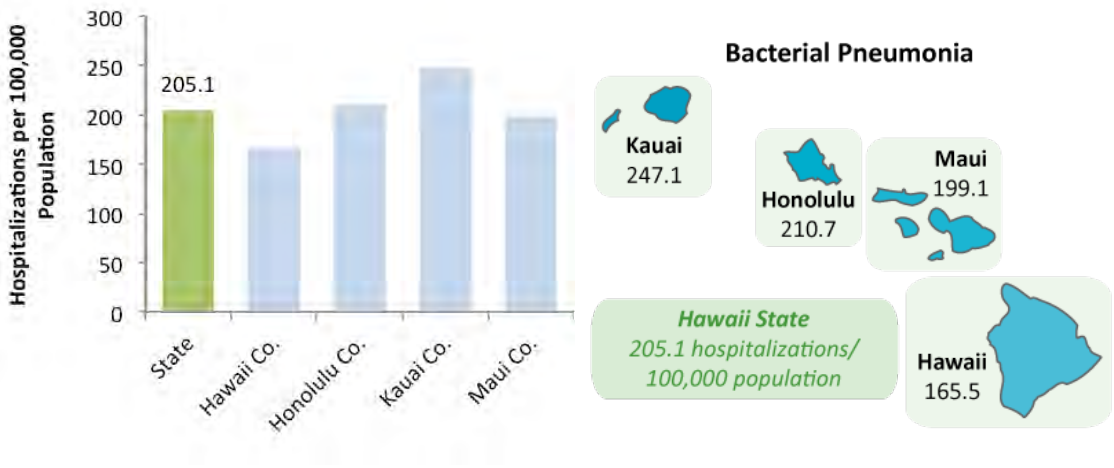
Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Influenza Vaccination Rate 65+ (2010)	73.2 percent	✓	✓	✓	X
Pneumonia Vaccination Rate 65+ (2010)	66.8 percent	X	✓	✓	X
Acute Hepatitis B Incidence Rate (2007-2011)	0.7 cases/100,000 population		✓		
AIDS Incidence Rate (2011)	4.6 cases/100,000 population		✓		
Chlamydia Incidence Rate (2011)	436.6 cases/100,000 population		✓		
Gonorrhea Incidence Rate (2011)	49.8 cases/100,000 population		✓		
Syphilis Incidence Rate (2007-2011)	1.8 cases/100,000 population		X		
Tuberculosis Incidence Rate (2011)	9 cases/100,000 population		✓		X
TB Among Foreign-Born Persons (2011)	37.4 cases/100,000 population				X

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

Hospitalization Rates

Hospitalizations due to bacterial pneumonia were the third most frequent cause of hospitalization (n=2252) in 2011 among the 15 preventable causes studied. The highest rate of hospitalization due to bacterial pneumonia in 2011 was in Kauai County, followed by Honolulu County.

Figure 3.17: Hospitalization Rates due to Bacterial Pneumonia, 2011



Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Food borne diseases such as noroviruses are highly communicable *Lack of tracking and surveillance for non-flu respiratory pathogens	*Lack of access in underserved rural areas to regular vaccination schedules; rural populations increasingly turning to naturopathic medicine that discourages vaccination	*School-located vaccination programs have created some strong and nontraditional partnerships *Partnerships with schools, schools of nursing, health insurers, general community, and healthcare

*Over-use of antibiotics increasing resistant bacteria *Zoonotic diseases *Highest TB rates in U.S. *Low usage of immunization registry means that we don't have accurate, real-time data on immunization rates and geographic regions where efforts should be concentrated *Growing population of people refusing vaccinations	*Pockets of Southeast Asian/Pacific Islander immigrant communities with low/no vaccination access in home country or U.S. *Micronesian Compact of Free Association (COFA) agreement allows Micronesians to enter U.S. without passport and health records *With immigrants and IV drug users, we see higher rates of Hepatitis C and Hepatitis B (latter is vaccine preventable)	providers helps in terms of overall communication

Summary

Hawaii faces unique problems in infectious disease control due to the regular influx of new residents from far and neighboring countries. The frequent hospitalizations due to bacterial pneumonia could, in many cases, be prevented by increasing vaccination rates among adults ages 65 and older from the 66.8% coverage rate to the HP2020 target of 90% coverage. Maintaining vaccination levels is essential to preventing widespread illness, but tracking vaccination coverage is difficult due to low use of the state's immunization registry. Geographic and economic barriers contribute to residents' challenges in complying with recommended vaccination schedules. It was noted that some residents may be likely to forgo childhood vaccinations for personal reasons including the practice of non-traditional medicine that discourages vaccines. For those diseases without a vaccine, efforts to prevent disease must overcome barriers that are similar to those faced in chronic disease prevention: effective communication that is culturally appropriate. Key informants recommend partnerships with schools, health providers, and community organizations to increase vaccine availability and provide effective communication for disease prevention.

3.2.12 Injury Prevention & Safety

Core Indicators and Supplemental Information

Core indicators demonstrate large disparities in the burden of injury related deaths:

- The motor vehicle collision death rate is much higher for Native Hawaiian/Pacific Islanders (25.8 deaths/100,000 population) than the general population (7.8 deaths/100,000 population)
- The drowning death rate is much higher for men (4.4 deaths/100,000 males) than women (0.9 deaths/100,000 females)
- The poisoning death rate is highest for Native Hawaiian/Pacific Islanders (35.6 deaths/100,000 population), followed by American Indian/Alaska Natives (29.9) and Caucasians (22.3)
- Native Hawaiian/Pacific Islanders have the highest death rates for injuries (150.0 deaths/100,000 population) and unintentional injuries (91.7)
- Healthy People targets are unmet for drowning deaths (Hawaii: 2.6 deaths/100,000 population; target: 1.1 deaths/100,000 population) and pedestrian deaths (Hawaii: 1.7 deaths/100,000 population; target: 1.3 deaths/100,000 population)

Table 3.10: Core Indicators – Injury Prevention & Safety

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Hospitalization Rate due to Motor Vehicle Collisions (2009)	63.6 hospitalizations/ 100,000 population		✓		
Motor Vehicle Collision Death Rate (2009-2011)	7.8 deaths/100,000 population		✓	X	✓
Pedestrian Death Rate (2007-2010)	1.7 deaths/100,000 population		✓		X
Drowning Death Rate (2009-2011)	2.6 deaths/100,000 population		✓	X	X
Poisoning Death Rate (2009-2011)	12.9 deaths/100,000 population		X	X	✓
Hospitalization Rate due to Unintentional Injuries (2009)	323 hospitalizations/ 100,000 population		✓		
Unintentional Injury Death Rate (2009-2011)	29.8 deaths/100,000 population		✓	X	✓
Hospitalization Rate due to Injuries (2009)	421.7 hospitalizations/ 100,000 population		✓		✓
Injury Death Rate (2009-2011)	48.4 deaths/100,000 population		✓	X	
Hospitalization Rate due to Assault (2009)	24 hospitalizations/ 100,000 population		✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Falls are a leading cause of hospitalization among elderly *Suicides are now the leading cause of injury deaths unless all motor vehicle incidents are lumped together *Motor vehicle incidents are also concerning: passenger, pedestrian, bicycle, motorcycle *Increase in poisoning deaths often related to prescription drugs *Other areas of need are drowning prevention, violence and abuse prevention	*Health disparities might not seem as obvious as with chronic disease, but they do exist *Injuries are a leading cause of death/disability for ages 1-44, so this indicates a possible disproportionate effect on uninsured *People with less education may be less likely to engage in protective risk reduction factors *Some cultures accept risky behaviors (e.g. drinking and driving is seen as ok)	*Child and passenger safety programs at community health centers *New database by Department of Public Safety allows providers to look up a patient's history to see if they're drug seeking or potentially abusing *SBIRT (Screening, Brief Intervention, Referral and Treatment) program underway to change behavior and reduce injury

Summary

A large number of accidental deaths and hospitalizations could be prevented by reducing risky behaviors in Hawaii. Some residents are more likely to put themselves at increased risk of injury by engaging in risky behaviors or avoiding safety precautions. Communicating the importance of behavior changes to the most at-risk populations is essential, but other interventions may involve policy changes and

increased enforcement of existing policies to reduce traffic injuries. Further efforts may include improving mental health care to prevent suicides and prescription drug abuse.

3.2.13 Maternal, Fetal & Infant Health

Core Indicators and Supplemental Information

The following concerns were identified for Hawaii in this area's core indicators:

- Preterm births were most common for mothers aged 45-54 (41.7%), as were babies with low birth weight (39.6%); the HP2020 target for low birth weight is unmet (Hawaii: 8.2%; target: 7.8%)
- The proportion of births delivered by cesarean section increased from 22.5% in 2003 to 27.7% in 2010; C-section births were most common among mothers aged 45-54 (70.8%) and mothers aged 35-44 (36.1%)
- Four HP2020 targets regarding infant feeding are unmet: newborns who received formula within the first two days of life (Hawaii: 23.9%; target: 14.2%), infants who were breastfed at 6 months (Hawaii: 52.4%; target: 60.6%), infants who were breastfed exclusively through 3 months (Hawaii: 42.4%; target: 46.2%), and infants who were breastfed exclusively through 6 months (Hawaii: 20.8%; target: 25.5%)

Table 3.11: Core Indicators – Maternal, Fetal & Infant Health

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Newborns who Received Formula within the First 2 Days of Life (2011)	23.9 percent				X
Infants who were Ever Breastfed (2011)	85 percent				✓
Mothers who Breastfeed (2009)	93.3 percent		✓	✓	
Children Still Breastfeeding at 4 Weeks (2008)	81.9 percent		✓		
Children Still Breastfeeding at 8 Weeks (2008)	72.5 percent		✓		
Infants who were Breastfed at 6 Months (2011)	52.4 percent				X
Infants who were Breastfed Exclusively Through 3 Months (2011)	42.4 percent				X
Infants who were Breastfed Exclusively Through 6 Months (2011)	20.8 percent				X
Mothers who Received Late or No Prenatal Care (2011)	15.2 percent		✓	✓	
Mothers who Smoked During Pregnancy (2009)	9.6 percent		✓	✓	
Women who Binge Drink Prior to Pregnancy (2009+) (2009)	23.1 percent			✓	
Preterm Births (2011)	9.9 percent		✓	X	✓
Babies with Low Birth Weight (2011)	8.2 percent		✓	X	X
Infant Mortality Rate (2010)	5.8 deaths/1,000 live births		✓		✓
Births Delivered by Cesarean Section (2011)	26.5 percent		X	X	
Births Occurring in Baby-Friendly Facilities (2011)	8.7 percent				✓

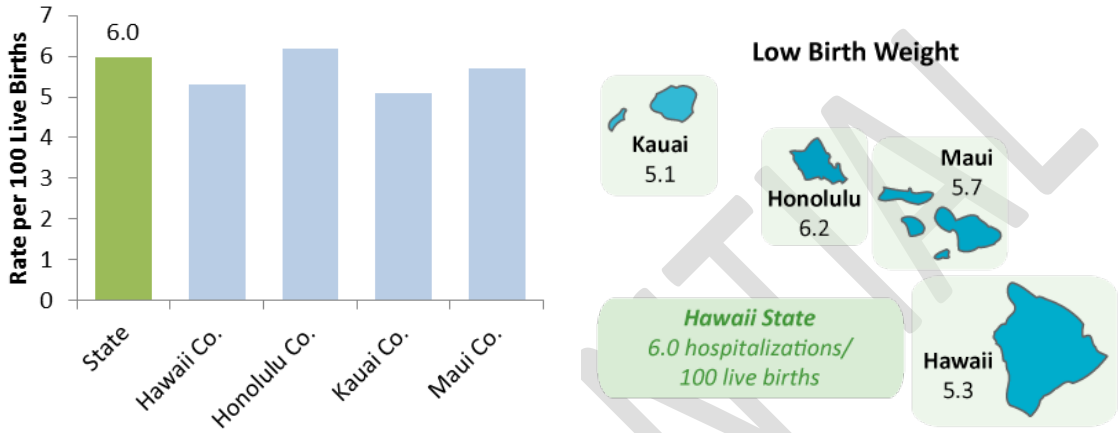
✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

Furthermore, a recent statewide needs assessment of Maternal and Child Health Needs identified reducing the use of alcohol during pregnancy as one of its priorities for Women and Infants.[8]

Hospitalization Rates

According to hospitalization data, Honolulu County had the highest rate of low birth weight among its newborns in 2011, followed by Maui County.

Figure 3.18: Low Birth Weight Rate per 100 Live Births, 2011



Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Root causes of poor health (e.g. social determinants, stress management skills) are not being addressed and lead to poor lifestyle choices *High rate of women binge drinking during pregnancy; haven't gotten message out successfully	*Underserved have higher probability of experiencing high stress and making poor health choices *Tendency for poor to be less educated and be less likely to have insurance	*Would like to see programs that help new mothers learn skills around coping with stress *Should trend toward quality improvement and performance measure like reducing readmission

Summary

While data demonstrates that many poor birth outcomes are for older mothers, the stress experienced by low-income mothers is a dangerous factor for fetal and infant health. Key informants recommend removing the barriers that deter low-income women from accessing care and providing programs to holistically improve the quality of life for women and children. Additionally, the increasing trend in cesarean births may reflect that infants

Voices from the Community

"We need more midwifery care options on Oahu that are affordable."

[8] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. http://hawaii.gov/health/doc/MCH-NASummary2010

and mothers are at an unecessarily increased risk of complications in cases where surgery is not necessary.

3.2.14 Mental Health & Mental Disorders

Core Indicators and Supplemental Information

Two mental health indicators exhibit race disparities and one HP2020 target is unmet:

- The proportion of adults with a depressive disorder was highest for Other Asians (16.6%), followed by Caucasians (15.1%)
- The suicide death rate is highest for Native Hawaiian/Pacific Islanders (39.3 deaths/100,000 population), followed by Caucasians (17.5 deaths/100,000 population). Hawaii has not met the HP2020 target for the suicide death rate (10.2 deaths/100,000 population)

Table 3.12: Core Indicators – Mental Health & Mental Disorders

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Self-Reported Good Physical and Mental Health (2010)	56.4 percent		✓	✓	
Mental Health Treatment for Children (2009/2010)	83.7 percent				✓
Suicide Death Rate (2009-2011)	13.1 deaths/100,000 population		✓	X	X
Adults with a Depressive Disorder (2010)	8.9 percent		✓	X	

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Figure 3.19: Federally-Designated Mental Health Professional Shortage Areas

There may be an insufficient number of mental health indicators to fully assess the scope of the issue. The Health Resources and Services Administration has designated at least part of each Hawaii county as a mental health professional shortage area.

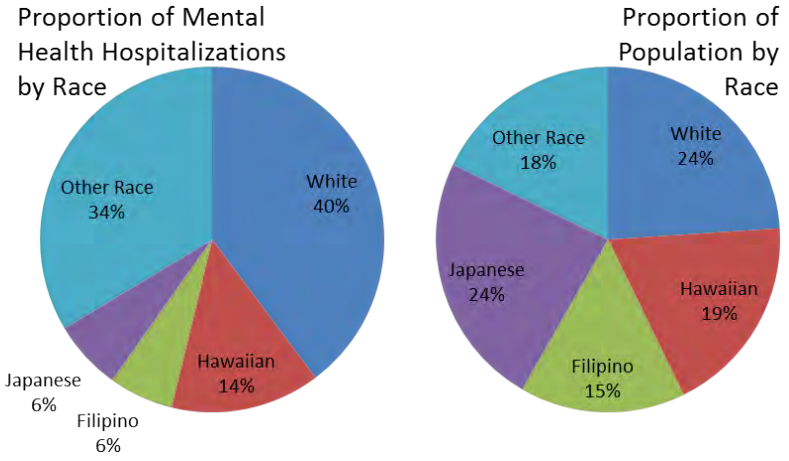
Hospitalization Rates

It is notable that mental health was the most frequent cause for hospitalization among the 15 different preventable hospitalizations that were studied – 5,180 hospitalizations were due to mental health in Hawaii in 2011. While 92.1% of all mental health admissions were from those 18-64 years old, this age group only represents 63.0% of the total population. Also, more than half of the mental health admissions were for males (59.6%). The proportion of mental health hospitalizations by race is compared to the population make-up by race according to data provided by HHIC in Figure 3.20. A

disproportionately low number of mental health hospitalizations are attributed to Hawaiians, Filipinos, and Japanese. The proportion of hospitalization among Whites and all other races are is higher than would be expected given the population make-up.

Because mental health hospitalization rates are not risk or age adjusted, the mental health admission rates are not compared across geographies due to uncertainties in varying population characteristics. All 2011 values are included in Appendix B. Further data on mental health hospitalizations at a sub-county level can be found in the State of Hawaii Primary Care Needs Assessment Data Book 2012.[9]

Figure 3.20 Mental Health Hospitalizations by Race, Hawaii, 2011



Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Highest needs in capacity are around acute psychiatric care, for hospitals in rural areas and also on Oahu *Lack of psychiatrists available to community *Need to integrate physical and mental health areas; increase comfort level of our healthcare system with addressing behavioral health needs *Mental health issues in parents may prevent students from coming to school because parents can't care for students or the family *Takes more than a physician to	*Cutbacks in mental health disproportionately impacting low-income families *Physicians' concern is adequate reimbursement and we have to figure this out for Medicaid/Medicare populations *Need among veterans is not met by Veterans Administration if they were not honorably discharged or did not complete their years and are therefore not qualified for services *Mental health stigma across cultures and ethnicities--a lot of shame attached with behavioral health.	*One opportunity is continuing to build capacity around statewide tele-access *DOH pilot in Kalihi Palama area integrates primary care and behavioral health with community mental health center *YO (Youth Outreach) program at Waikiki Health Center, for teens with mental health issues that are runaway and homeless - they go out and find and reach kids on the streets, since a lot of them won't go into clinics

[9] Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Primary Care Needs Assessment Data Book 2012*, July 2012. http://hawaii.gov/health/doc/pcna2012databook.pdf

provide adequate care for this population; we need to wrap around and look at navigators or care organization	*Native Hawaiians have a lot of complications due to access issues, social determinants of health *Micronesian new arrivals don't know how to access system

Summary

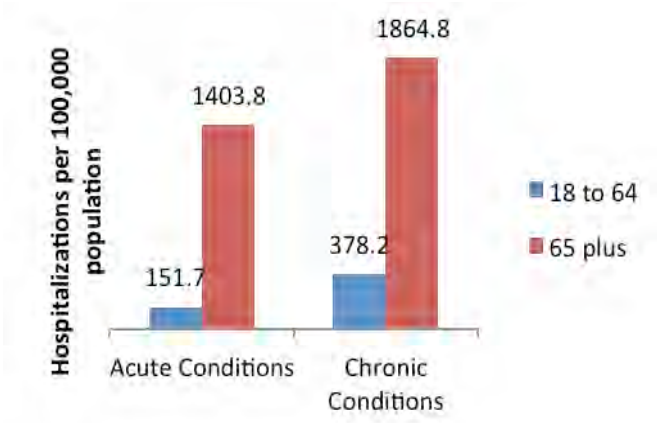
Mental health is a clear area of need in Hawaii and access to quality mental health care remains an issue. Residents with the most difficulty accessing mental health care include low-income families, rural residents, veterans, Native Hawaiians, and Compact of Free Association (COFA) migrants. For many, insurance coverage for mental health care is likely an issue. Reducing hospitalizations for mental health disorders is important for improved quality of life and reduced health services costs for mental health. Key informants say that improving mental health will require integrating mental health services with primary care, which entails cooperation between physicians, mental health providers, social care workers and healthcare navigators.

3.2.15 Older Adults & Aging

Core Indicators and Supplemental Information

Little data specific to older adults was available for the core indicator summary. The rate of hospitalization due to falls among people aged 65 and older increased from 880 cases/100,000 population in 2003 to 920.2 in 2009. As seen under Immunizations & Infectious Diseases (section 3.2.11), vaccination rates among people 65 and older have not met Healthy People targets.

Figure 3.21: Unadjusted Composite Hospitalization Rates: State of Hawaii, 2011



Hospitalization Rates

Overall, most hospitalizations occur among older adults. With the exception of hospitalizations due to short-term complications of diabetes and mental health hospitalizations, the unadjusted hospitalization rate was much higher for adults aged 65 and older.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Biggest need is more access to palliative and end-of-life care; more effective effort to engage people in conversations early *Need to increase availability of supportive, in-home care because	*Long-term care is prohibitively expensive *"Disenfranchisement" of people when they feel services have been denied because of ability to pay *Hospice (and other organizations)	*Should change from facility-based to patient-centered approach through patient-centered medical records *Innovative things in Hawaii, including ability to choose

there will never be enough nursing home, hospital, and hospice beds

*Need to reframe "best care" to include at-home care; majority of people don't want to die in hospital, but majority do

*Mental health and transportation are big needs

*Seniors need to know about medications' uses and impacts to reduce adverse drug events, especially for those with dementia

bear the cost burden of serving as a social safety net because no one is turned away because of inability to pay

*Population tends to use the ER more because physicians are less likely to accept them as patients

*Some cultural perception around what "best care" is

*Marshallese have no funds for home health care

treatment/curing therapy and comfort care (some insurers require choosing one)

*Private duty industry provides crucial home care and companionship on a regular basis after home health services are finished

Voices from the Community

"Much more emphasis needs to be placed on serving the elderly's access to housing, nutrition, health and transportation."

Summary

Although health data for seniors is lacking, the longevity in Hawaii is leading to an increased need for care for seniors. Specific needs of older residents of Hawaii include increased availability of in-home care, careful education on specific medications and their uses and impacts, and access to palliative care in addition to medical treatment. The high cost of special needs care is especially prohibitive for low-income seniors' health and wellness. Furthermore, coordination of care for seniors could reduce the burden of managing advice and medications from multiple providers and more effectively deliver health services for this growing population.

3.2.16 Oral Health

Core Indicators and Supplemental Information

Core indicators for oral health in Hawaii reflect favorable comparisons to the nation, meeting HP2020 targets for adults who visited a dentist (Hawaii: 70.1%; target: 49%), adults 45-64 with one or more tooth extractions (Hawaii: 44.4%; target: 68.8%), and adults 65 and older with total tooth loss (Hawaii: 7.4%; target: 21.6%). The largest disparity evident in the data was for adults aged 65 and older with total tooth loss in 2010, which was much higher among Native Hawaiian (12.7%) and Filipino adults (11.5%) than among the general population (7.4%).

Although no oral health indicators in the summary addressed children, a report by the Pew Research Center gave the State of Hawaii a grade of "F" for meeting only one out of

Figure 3.22: Federally-Designated Dental Health Professional Shortage Areas

eight benchmarks for key policy indicators. In *The State of Children's Dental Health: Making Coverage Matter ,*[10] Hawaii compared poorly to the nation due to several factors, including:

- Sealant programs were in place in 0% of high-risk schools in 2010
- Optimally fluoridated water was provided to only 10.8% of citizens on community systems in 2008
- As of 2010, the Medicaid program does not reimburse medical care providers for preventive dental health services

The designation of dental health professional shortage areas provides further evidence of need in this area. The Island of Maui as well as populations within the Kalihi Valley and Kalihi-Palama areas of Honolulu County have been designated by the Health Resources and Services Administration as having a shortage of dental health professionals.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*We have particularly bad dental health in Hawaii *Access to dental care is a huge issue	*Medicaid-covered services are not adequate; kids have great benefits but no access, adults have access but no benefits	*Need to support appropriate presence of community health centers, particularly important for dental and behavioral health

Summary

Given the large impact that oral health has on overall health and wellbeing, it is important that Hawaii residents have access to and utilize preventative dental care. Both insurance coverage and access to dental care are necessary to maintain good oral health. Several statewide policy changes are potential avenues for improving oral health, including strengthening Medicaid coverage for dental care, providing dental sealants through schools, and fluoridating public water. Key informants also recommend supporting dental care programs provided by community health centers.

3.2.17 Respiratory Diseases

Core Indicators and Supplemental Information

Although only two asthma indicators were available for this topic, adult asthma had several poor comparisons in Hawaii:

- The proportion of adults who have been told by a healthcare provider that they currently have asthma (9.4%) is in the worst half of U.S. states
- Asthma prevalence among adults increased from 5.6% in 2003 to 9.4% in 2010
- By race/ethnicity, the percent of adults with asthma is highest for adults of Other race (22.8%), Native Hawaiian adults (14.9%) and Chinese adults (11.3%)
- Although the disparity was not as great in children, the asthma prevalence among Native Hawaiian children (18.8%) was also much higher than the general population (11.1%)

[10] From the Pew Research Center's *The State of Children's Dental Health: Making Coverage Matter*, May 2011. http://www.pewstates.org/uploadedFiles/PCS_Assets/2011/The_State_of_Childrens_Dental_health.pdf

Table 3.13: Core Indicators – Respiratory Diseases

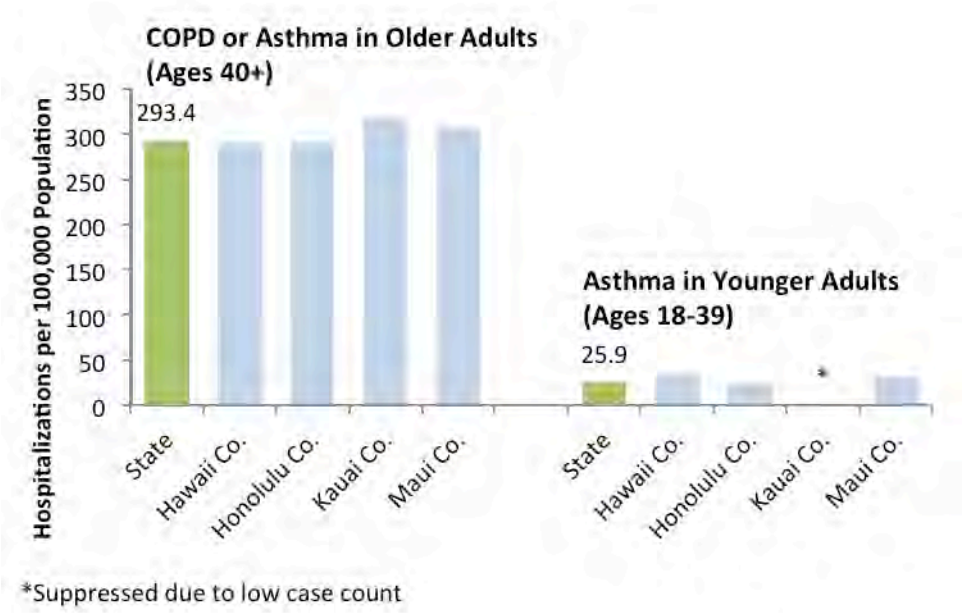
Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Adults with Asthma (2010)	9.4 percent	X	X	X	
Children with Current Asthma (2010)	11.1 percent		✓	✓	

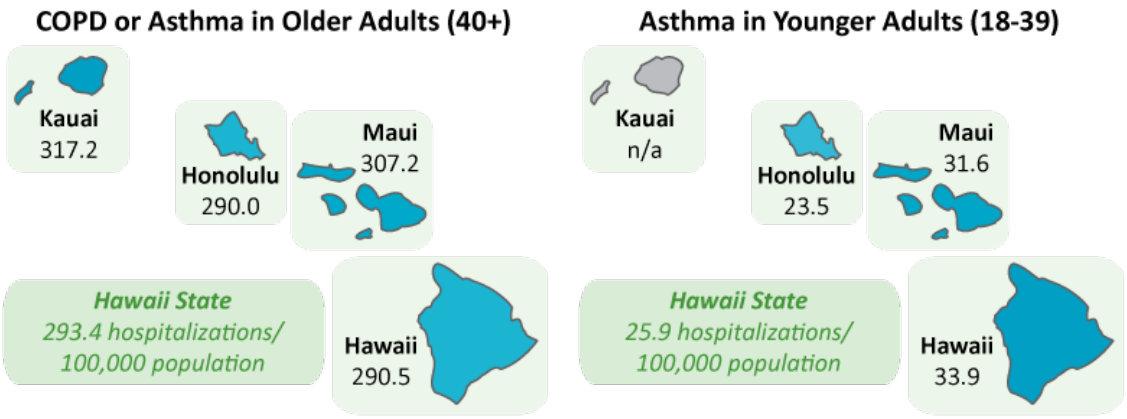
✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

Hospitalization Rates

In 2011, the hospitalization rate due to COPD or asthma in older adults (40+) was highest in Kauai County, and the hospitalization rate due to asthma in younger adults (18-39) was highest in Hawaii County.

Figure 3.23: Hospitalization Rates due to Respiratory Disease, 2011





Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Tobacco-related respiratory illness is preventable *Women who are pregnant and smoking are a concern; women who resume smoking after pregnancy also put children's respiratory health at risk *Asthma correlated with obesity for unknown reasons *Asthma prevalence is significant in kids ages 0-4 *Asthma most common reason for child to be hospitalized *Asthma causes school absenteeism and drop in grades	*Lower socioeconomic levels correlated with higher smoking rates *Native Hawaiian, Pacific Islander, and Filipino populations also have higher smoking rates *Asthma more prevalent with poverty; higher rates where housing conditions are not good *Native Hawaiians have highest rate of asthma & chronic disease	*Hawaii's progressive laws have positively impacted smoking rates in last 10 years *"Catch a roach" program in public housing helps reduce this asthma trigger *Chronic disease self-management programs *Data collection and analysis efforts play an important role in educating and empowering people *Community health centers are a great model

Summary

Respiratory disease is a health issue with high disparity in Hawaii. Residents living in poverty are more likely to smoke and more likely to live in conditions that may trigger asthma. Sub-populations that are often living below poverty are most impacted by respiratory disease, including Native Hawaiian, Pacific Islander, and Filipino families. Controlling asthma is particularly important for children, whose education can be negatively affected by the disease if the school environment is not able to provide asthma medication support. Key informants herald progressive laws that have made an impact on smoking rates, and recommend chronic disease self-management programs and further data collection and analysis efforts.

Voices from the Community

"[One health issue is] respiratory problems from cane burning."

3.2.18 Social Environment

Core Indicators and Supplemental Information

Although possible comparisons were limited in the core indicator summary for this area, two social environment indicators displayed poor trends:

- The percentage of teens (high school students) who play three or more hours of video or computer games on an average school day increased from 31.1% in 2007 to 36.6% in 2011

- The percentage of young teens (middle school students) who play three or more hours of video or computer games on an average school day increased from 25.2% in 2007 to 37.5% in 2011

Table 3.14: Core Indicators – Social Environment

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Single-Parent Households (2006-2010)	29 percent	✓			
Teens with More Than 3 Hours of Computer/Video Game Time (2011)	36.6 percent		X		
Young Teens with More Than 3 Hours of Computer/Video Game Time (2011)	37.5 percent		X		
Teens who Watch 3+ Hours of Television (2011)	24.7 percent		✓		
Young Teens with More Than 3 Hours of TV Time (2011)	39.4 percent		✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs. All values and data sources included in Appendix A.

A higher percent of Hawaii households were linguistically isolated as well: 6.2% of households reported that all of its members ages 14 and over had some difficulty speaking English, contrasted with 4.8% of households in the U.S.[11] Of note, certain race/ethnicity groups are also more affected by poverty, as seen in Figure 3.6.

An additional consideration for the social environment is the inclusion of two priorities in a recent statewide needs assessment of Maternal and Child Health Needs[12]:

- Reduce the rate of child abuse and neglect with special attention on ages 0-5 years
- Prevent bullying behavior among children with special attention on adolescents age 11-18

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Haven't paid enough attention to the social factors that impact health and how school success, housing, poverty, health are all interrelated *Need to understand how social factors are causative factors for health conditions *Looking at caring for ill, for diseased is not the answer; it is really the deeper issue of social issues we have to work on, which will take a huge effort and there is	*Underserved are less likely to have safe streets, places to exercise, access to good food, fruits, and vegetables *Stress factor is incredibly high in terms of basic living, having enough resources to just make it; stress factors lead to abusive situations, poor health *Compliance issues caused by lack of access to transportation *Societal priorities, things we value	*We have to sustain collaboration beyond grant funds; harder to do without funding but maybe in long run it is better, not so dependent on money that will disappear *Affordable Care Act is a good start but we need societal changes to make a dent in health care

[11] U.S. Census, American Community Survey, 2006-2010 Estimates

[12] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Maternal & Child Health Needs Assessment Summary*, November 2010. http://hawaii.gov/health/doc/MCH-NASummary2010

no money or reimbursement for it *Most chronic disease areas can be traced back to lifestyle, education, and nutrition	may not lend themselves to a healthy lifestyle *Native Hawaiians more likely to live in poverty and have social environment issues to confront

Summary

Largely driven by economic insecurity, social issues such as unemployment, education, alcoholism, and domestic violence all influence a community's health. Low-income residents are most impacted by poor social environments that limit opportunities for economic and social advancement and cause stress-induced health problems. Furthermore, the increasing amount of time spent inactive among teens increases obesity and hinders the social development of Hawaii's communities. Key informants advise against temporary sources of funding in this area and feel that societal change is essential to improving health.

Voices from the Community

"Domestic violence/ interpersonal violence (for teens and adults) and bullying are health and community issues that need to be addressed. We do not talk about [violence] or bullying enough and it affects the health of the people involved in these situations - mentally and physically."

3.2.19 Substance Abuse & Lifestyle

Core Indicators and Supplemental Information

Substance abuse is a relatively high ranking topic in the core indicator summary:

- The percent of adults who binge drink (17.9%) is within the worst quartile of U.S. states; the age groups most likely to binge drink are adults aged 25-34 (29.9%), aged 18-24 (23.0%), and aged 35-44 (20.9%)
- Although the percent of adults who smoke (14.5%) is within the better half of U.S. state values, the HP2020 target (12.0%) is unmet in Hawaii; smoking is most common among Native Hawaiian adults (26.8%)
- The proportion of teens (grades 9-12) who use marijuana increased from 17.2% in 2005 to 21.9% in 2011; Hawaii is in the worst half of U.S. states and the HP2020 target for this indicator (6.0%) is unmet
- The proportion of young teens (grades 6-8) who use marijuana increased from 3.9% in 2005 to 9.3% in 2011; the HP2020 target for this indicator (6.0%) is unmet

Beyond the indicators included in the table below, there were 24 tobacco policy indicators included in the summary which were compared to HP2020 targets only. Of these, 10 targets are not met in Hawaii. These indicators and their targets can be found in Appendix A.

Table 3.15: Core Indicators – Substance Abuse & Lifestyle

Indicator	Hawaii Value	National Comparison	Trend	Disparity	HP2020 Target
Adults who Binge Drink (2010)	17.9 percent	X	✓	X	✓
Teens who Use Alcohol (2011)	29.1 percent	✓	✓		
Liquor Store Density (2010)	3.7 stores/100,000 population	✓	✓		
Adults who Smoke (2010)	14.5 percent	✓	✓	X	X
Teens who Smoke (2011)	8.7 percent		✓		✓
Illegal Tobacco Sales to Minors (2011)	5.9 percent				X
Teens who Use Marijuana (2011)	21.9 percent	X	X		X
Young Teens who Use Marijuana (2011)	9.3 percent		X		X
Teens who have Used Methamphetamines (2011)	3.4 percent	✓	✓		

✓ indicates good comparison, X indicates poor comparison, blank cell indicates no comparison possible. Please see Methods section for cutoffs.
All values and data sources included in Appendix A.

In 2006-2010, 8.9 percent of hospital admissions in Hawaii were associated with a substance related disorder. The percent of admissions associated with a substance related disorder was higher in Maui County (11.9%) and Hawaii County (11.4%) than Kauai County (8.1%) and Honolulu County (8.0%)[13].

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Significant need in drug and alcohol addiction and related problems like accidents and psycho-social disorders *Highest drug use for youth is marijuana followed by alcohol *Ice/Crystal Meth is big problem for both youth and adults *Low health literacy leads to poor decisions when seeking care *Need to address mental health & substance abuse co-morbidity	*With Marshallese population and others, there are issues related to language and culture; need for translation *With Hawaiians, cultural issues come into play and comes down to how we offer services and what services we offer	*Work with University of Hawaii Center on the Family *Hawaii Primary Care Association is required to do a lot of things around language and services and will have a good handle on this

Summary

Hawaii's substance abuse problems have a wide impact on health. Alcohol abuse is particularly severe among young adults and teens, and the danger of alcohol use during pregnancy has yet to be effectively communicated. Smoking is much more common among race groups who also tend to be more impacted by other economic and social problems. Furthermore, marijuana use among teens is increasing. Hospitalization patterns suggest that substance abuse is more of a problem in Maui County and Hawaii

[13] From the Family Health Services Division, Hawaii Department of Health Report: *State of Hawaii Primary Care Needs Assessment Data Book 2012*, July 2012. http://hawaii.gov/health/doc/pcna2012databook.pdf

County as a larger proportion of hospitalizations in these counties are substance abuse related. Intervention for substance abuse for certain sub-populations is inhibited by translation needs and a lack of culturally appropriate communication. Intervening on psychosocial disorders and other mental health issues may indirectly assist in controlling substance abuse, and there are at least 14 tobacco policy changes that could be implemented to meet HP2020 targets and influence behavior.

3.2.20 Transportation

Core Indicators and Supplemental Information

Access to transportation is essential for accessing health services, and the choices a community makes for daily transportation can have a great impact on the environment. Although the average time spent commuting to work in Hawaii (25.9 minutes) is within the worst quartile of U.S. states, more workers in Hawaii use public transportation (6.0%) or walk to work (4.7%) than in most U.S. states.

Key Informant Interviews

Needs/Concerns	Impact on Low-Income, Underserved/Uninsured, Race/Ethnic Groups	Opportunities/Strengths
*Transportation is a major issue on all Hawaiian islands; rail and bus won't help seniors *Lack of transportation contributes to lack of access to care	*Handicabs (door to door service for wheelchairs, walkers, and stretchers) are often too expensive	*Existing geriatric home visit program

Summary

While commuters in Hawaii are utilizing alternative transportation options that are healthy for the environment, transportation issues exist for older adults. Adults who have special needs for transportation may have trouble affording services, especially if they need to travel long distances for care. Efforts to improve this barrier for older adults may include funding home visit programs, expanding telemedicine, or providing transportation that is both affordable and accessible.

4 Community Health Needs Summary

4.1 Findings/Conclusions

The community health needs of Hawaii span across all of the topics included in this report. Some health issues impact a larger proportion of the population, while others are of greatest impact to particular groups or sub-geographies. In order to assess the health needs in Hawaii, both objective indicator data and subjective interviews were considered. While indicator data provided a good starting point for determining where attention should be focused, sometimes the data was lacking in depth or breadth on important topics. Interviewing key informants who have local knowledge on the topics helped to fill in details and bring attention to data gaps. Surveying residents elicited health concerns from a small proportion of the community and added highlights. Planners will want to consider how to impact these areas, as many areas can be addressed concurrently with appropriate primary and holistic interventions.

Several common themes emerge in this assessment that can guide community health improvement planning:

All groups experience adverse health outcomes due to chronic disease and health risk behaviors

While there are significant disparities in chronic disease, it is important to note that areas such as heart disease and stroke, cancer, diabetes, and asthma affect many residents of Hawaii. Moreover, key health behaviors that impact chronic disease, including optimal exercise, nutrition, and weight need attention across all age, gender, and race/ethnic groups. While some core indicators in the area of physical activity and body weight compared favorably to the nation, it is important to remember that obesity and inactivity is a problem nationwide. Although Hawaii's obesity rate is lower than the nation, it is still at a hazardous level that signals the need to improve healthy behaviors. Attention to this area at many levels could have an enormous positive impact on the long-term health of the community.

As a chronic condition that significantly influences overall health, mental health and associated substance abuse arose repeatedly throughout key informant interviews as a concern in Hawaii. Suicide was noted to be a leading cause of injury deaths in Hawaii, and the increasing rate of poisoning deaths was attributed to prescription drugs. In addition, many injury-related hospitalizations and deaths may be attributable to substance abuse, including motor vehicle collision deaths caused by driving under the influence of alcohol. Specific populations in need include: teens, whose increasing drug use interferes with educational progress; pregnant women who use alcohol during pregnancy; new mothers who need to learn stress-coping skills; and older adults with dementia or depression associated with disability and/or the loss of loved ones. Addressing mental and behavioral health can reduce the rate of overutilization of emergency rooms, and some key informants feel that providing adequate mental health care will require integration with primary care services.

Greater socioeconomic need and health impacts are found among certain groups and places in Hawaii

Largely driven by a lack of access to health services, the socioeconomically disadvantaged populations in Hawaii are repeatedly mentioned throughout this report as experiencing greater effects of poor health. Low-income residents are more likely to be missed in cancer screening, unable to afford effective contraceptives, and lacking assistance from health professionals in assessing and maintaining physical and mental health. While Hawaii has relatively good health insurance coverage, some essential health needs remain inaccessible to many, including full spectrum mental health services and quality long-term care for older adults. Hawaii residents with a disability are also more likely to live in poverty than the general population, which puts them at further disadvantage to accessing needed care and services.

The socioeconomically disadvantaged population is also more limited to affordable housing options which may put them at increased risk for asthma and often do not allow easy access to safe environments for physical activity. Additionally, the stress induced by financial constraints is recognized by key informants for its effect on education, poor health choices among pregnant women, and the social environment in which families live. The resulting health problems in the low-income population include higher rates of chronic disease such as diabetes and asthma. The number of Hawaii residents living in poverty and facing greater health challenges is likely underestimated because federal definitions of poverty do not adjust for the high cost of living in the state.

Cultural and language barriers inhibit effective intervention for the most impacted populations

Because of the strong correlation between poverty and race/ethnicity, some of the groups most impacted by health issues often face cultural barriers to health improvement. Language, including limited English proficiency, and poor health behaviors that are common within a culture are challenges that must be overcome in order to effectively prevent disease. While there are race/ethnicity disparities across nearly every topic covered in this report, key informants specifically cited cultural barriers to care in the areas of diabetes; exercise, nutrition, and weight; heart disease and stroke; immunizations and infectious disease; injury prevention and safety; mental health and mental disorders; respiratory disease; and substance abuse. Race/ethnicity disparities in the areas of cancer; family planning; and oral health suggest that these areas are also influenced by cultural barriers and/or the socioeconomic constraints experienced by some race/ethnic groups. See section 4.1.1 for further discussion on health disparities by race/ethnicity.

Limited access to care results in greater health impacts

The concentration of Hawaii's health services in the City of Honolulu make accessing care more challenging for residents of Neighbor Islands. While some parts of Oahu are also included, federally designated underserved areas and populations cover the entirety of all other islands. There are also federally designated primary care provider shortage areas in parts of Maui and Hawaii Counties, dental care provider shortage areas in Maui County, and mental health care provider shortage areas across all the counties. Key informants also stated that rural communities have lower levels of access to vaccinations, and that there is a need for increased capacity around acute psychiatric care in rural areas. While some services may be difficult to provide in low population density areas, travelling to Honolulu for specialty care such as cancer treatment is expensive and unaffordable for many.

Community health centers and schools are key community assets for effective interventions

Given the difficulty in providing services in Hawaii's rural areas, several key informants recommended focusing on intervention through community health centers. Areas for which this was specifically recommended included family planning, mental health, and oral health. Locally based care has many advantages, including the ability to bring primary care services that are culturally appropriate to communities. Staffing community health centers with residents from the served community offers opportunities for economic advancement and an improved social environment. While Hawaii has many existing community health centers, funding is often a limitation of providing services through these venues.

Health interventions for children and teens can have a two-fold benefit of establishing healthy life-long behaviors among Hawaii's youth, as well as influencing the health of their families. Key informants often recommended interventions that are school-based or involve collaboration with Hawaii schools. School-based clinics can be an avenue to health care that is easily accessible to families, and vaccine clinics in schools increase uptake of immunizations. Childhood obesity can be addressed in school by increasing physical activity time and sports activities, an important step towards reducing future chronic disease. Schools can also play an important role in addressing substance abuse, an increasing problem among teens.

4.1.1 Disparities Highlights

Although the root causes of health disparities are attributable to socioeconomics, race/ethnicity is a correlate for which data is more often available. The topic areas for which each race/ethnic group was noted to have a severe disparity (either by a key informant or for at least one indicator) are listed in Figure 4.1. Note that some race/ethnic categories differ between secondary data sources, and the degree to which disparities could be assessed depend on data availability. A significant finding is that Native Hawaiians and Pacific Islanders are faring worse across more topic areas than any other group. This population also has one of the highest poverty rates in the state.

Figure 4.1: Areas of Disparity for Race/Ethnicity Groups

4.1.2 Identified Data Gaps

There were two topic areas for which so little data was available that a core indicator summary score was not calculated: Disabilities and Older Adults & Aging. Although the population affected by Disabilities was described with data from the American Community Survey, information on the specific needs and challenges of this group is lacking. The health needs of Older Adults can be further described with data from other topics such as tooth loss, immunization rates for adults 65 and older, and age-specific hospitalization rates. However, data describing the social isolation, disability, and care needs faced by this population is lacking as well.

Core indicators for Diabetes and Respiratory Disease were also limited. Both of these areas were further informed by hospitalization rates, but more data would further describe these areas, especially for children. While secondary data for mental health did not seem to adequately describe Hawaii's problems, primary data brought further attention to this critical area that impacts many other health behaviors and outcomes. For Immunizations & Infectious Diseases, little sub-population data is available to examine disparities. And while Oral Health indicators showed that Hawaii adults compare well to the nation, no data could be found for Oral Health among children.

Another area where available data does not fully describe the health needs is with new immigrant and transient populations. Primary data did highlight the populations arriving in Hawaii under the Compact of Free Association and the new challenges this growing group presents to the state's health care system. Due to this population's mobility, marginalized existence, and cultural isolation, traditional public health surveys and population statistics typically do not capture their data and circumstance. However, acute care settings are challenged to provide services and community infrastructure to support the new populations.

4.2 Limitations and Other Considerations

This needs assessment is subject to limitations of the methods used for summarizing core indicators and key informant interview findings. Topic areas to which core indicators were assigned are not truly independent of each other, and the scoring system used could not account for the inherent relationships between health and wellness topics. The number of indicators available for each topic area varied, and while the scoring system numerically accounted for this variation, the impact of a given indicator on the final scoring for a topic area was greater if fewer indicators and/or comparisons were available. Nonetheless, this needs assessment utilized an extensive data set, derived from the best public health data made available by the Hawaii State Department of Health and the Hawaii Health Data Warehouse. By using the local website source for indicator data, available from www.HawaiiHealthMatters.org, the most recent, least aggregated across years, and most detailed race/ethnicity disparity data possible was considered. Race and ethnicity breakout data from this source provides information on the numerous subgroups in Hawaii (Japanese, Filipino, Chinese, Native Hawaiian, Pacific Islander), allowing this report to understand health needs and disparities for groups that together comprise a majority of the population in Hawaii.

Indicators from national data sources had limitations, including combining important race and ethnic groups together and thus masking disparities. Importantly, in assessing poverty and economic measures, data sources did not account for the higher cost of living on the islands, resulting in an underestimation of poverty in Hawaii.

The variability in accuracy and precision of secondary data indicators, as well as the comparisons used, are further limitations. Some indicators, such as those from vital statistics, are based on accurate counts and are more exact. Other indicators which are based on surveys are subject to variability due to

sampling error and accuracy of self-reported data. Because of the varying amount of historical data available for different sources, trend comparisons were not equal between indicators. Additionally, many indicators from surveys conducted in Hawaii, including the Hawaii Health Survey (HHS) and Pregnancy Risk Assessment Monitoring System (PRAMS), could not be compared to a national value or benchmark due to lack of equivalent data. When national comparisons were available, sometimes the indicator was in an area where the nation as a whole is doing very poorly and a favorable comparison for Hawaii did not necessarily reflect good health; examples of this include obesity and physical activity measures. Healthy People 2020 benchmarks were used for comparisons, when available, though some of these can be ambitious targets for communities to meet.

While preventable hospitalization rate indicators provided by HHIC were invaluable for enabling insight into the underlying health of the community for each county, it should also be considered that the variation in rates may reflect geographic differences in access and timeliness of care. Further analysis may be needed to better understand Hawaii's preventable hospitalization patterns.

One challenge in conducting this community health needs assessment was the condensed timeline. All of this work was compressed into a 5½-month time frame, overlapping the winter holidays, which impacted the primary data collection strategy. However, the key public health officials and community health leaders of Hawaii were successfully included in the key informant process (See Appendix C for a full list of key informants interviewed). The online community survey was aimed to further complete the understanding of the local needs in Hawaii, although the limited participation makes it difficult to assess if findings accurately reflect the broader community's perspective. While invaluable data was provided through the primary data collected for this report, a future CHNA process would benefit from a longer time horizon and would allow for expanded involvement and input from the community.

Regardless of the limitations, this report provides a snapshot of the health and quality of life challenges in Hawaii. The needs outlined provide a guide for community benefit planning, but subsequent efforts may be needed to delve deeper into specific areas of need and the most effective methods of intervention. While there are many areas of need, there are also innumerable community assets and a true *aloha* spirit that provide ample foundation for community health improvement activities.

5 Selected Priority Areas

Rehabilitation Hospital of the Pacific actively collaborated with the Healthcare Association of Hawaii, its 27 other member hospitals, and the Healthy Communities Institute in the development of the Community Health Needs Assessment. Following completion of the initial assessment report, REHAB engaged in an extensive internal review of priority areas performed by a multidisciplinary team of rehabilitation professionals, including the following:

President and Chief Executive Officer	Chief Medical Director
Chief Financial Officer	Senior Vice President, Patient Care Services
Director, Inpatient Therapy	Director, Outpatient Clinic
Director, Nursing	Director, Community Development
Director, Finance	Director, Compliance

Careful consideration was given to REHAB's mission as well as historical efforts of the hospital in the community as it worked to address some of the priority areas. Consideration was given also to the unique and specialized skills that REHAB has fostered in servicing as the only acute medical rehabilitation facility in the State of Hawaii. Following extensive efforts, a short list of priority areas was developed, and the internal review team selected its priority areas by unanimous vote.

Rehabilitation Hospital of the Pacific has selected the following two areas as priorities for the development of its' Implementation Plan:

- Heart Disease and Stroke
- Disabilities

5.1 Heart Disease and Stroke

Heart Disease and Stroke, or Cardiovascular Disease, are ranked as the #1 core driver for health status and outcome in this assessment. The reasons for this are clear. Strongly driven by poor lifestyle patterns, heart disease and stroke are a major concern for Hawaii. Notable findings in this assessment regarding heart disease and stroke include:

- An increase in the prevalence of high blood pressure among adults, from 22.9% in 2003 to 30.2% in 2009; high blood pressure prevalence (30.2%) is in the worst half of U.S. states
- The prevalence of high cholesterol increased from 27.0% in 2003 to 38.9% in 2009; high cholesterol prevalence (38.9%) is in the worst quartile of U.S. states
- The death rate due to heart disease (72.3 deaths/100,000 population) was extremely high for Native Hawaiian/Pacific Islanders (282.2 deaths/100,000 population)
- The death rate due to stroke (35.8 deaths/100,000 population) was also very high for Native Hawaiian/Pacific Islanders (108.9 deaths/100,000 population)
- Hawaii has not met HP2020 targets for high blood pressure prevalence (Hawaii: 30.2%; target: 26.9%), high cholesterol prevalence (Hawaii: 38.9%; target: 13.5%), and stroke death rate (Hawaii: 35.8 deaths/100,000 population; target: 33.8 deaths/100,000 population)

Cardiovascular conditions including hypertension, heart failure, and angina continue to be a major cause of hospitalization, rehospitalization and mortality in the State of Hawaii.

Cardiac Rehabilitation is “a complex intervention that may involve a variety of therapies, including exercise, risk factor education, behaviour change, psychological support, and strategies that are aimed at targeting traditional risk factors for cardiovascular disease. “ Cardiac rehabilitation is considered an essential part of contemporary heart disease care.

The Cochrane Collaborative systematically reviewed forty seven studies involving over 10,000 patients utilizing exercise based Cardiac Rehabilitation. The review found that exercise-based cardiac rehabilitation reduced overall and cardiovascular mortality in the medium to long term, and hospital admissions in the short term. Cardiac rehabilitation did not reduce the risk of total MI, CABG or PTCA. In seven out of 10 trials reporting health related quality of life measures there was evidence of a significantly higher level of quality of life with exercise-based cardiac rehabilitation than usual care.

Despite the long-established benefits of Cardiac Rehabilitation, the majority of patients who would be expected to benefit from a rehabilitation program will actually participate. Studies have shown that as few as 14% of patients with cardiovascular disease will participate in Cardiac Rehabilitation. Access to these services in Hawaii has been even more restricted, as prior to March 2011 there was no active Cardiac Rehabilitation program in the state. In addition to impacting the treatment of Heart Disease in the state, enhance Cardiac Rehabilitation services can improve access to care and facilitate lifestyle changes in regards to exercise, nutrition, and weight – all of which are priority areas for our community.

5.2 Disabilities: Disability and Poverty are Linked

Due to the unique nature of the services provided by REHAB, 100% of the patients that we admit have a severe disability. In addition, every year approximately 60% of our patients are age 65 or older. There is a clear link between age, the presence of a disability, and poverty, as demonstrated by numerous surveys conducted by US government agencies.

In their recent report “Americans with Disabilities: 2010” , the US Census Bureau shows that the presence of a physical, communicative or mental disability has a significant negative economic impact on both the person with disability and their family. A greater impact is seen in those with a severe disability, such as a disability in which the assistance of another person is needed in order to accomplish routine activities of daily living such as dressing oneself, feeding oneself, walking or using stairs.

The report shows that the economic impact of a disability stems from a significant reduction in employability of the disabled person. The disability impacts other family members as well, due in part to their role as caregivers. As a result, those with severe disability have monthly earnings that are 40% lower than the median American income, and their family income declines by 46%. Disability is also related to age: 36.6% of the US population 65 and older population is severely disabled, compared to 12.7% of the population at large.

The implications of the economic impact of severe disability for a disabled person in Hawaii are significant. The US Census estimates that statewide per capita income reached $29,200 in 2012, with the federal poverty guideline determined to be $13,230. Persons with severe disability in Hawaii would be expected to earn on average approximately $17,500 per year, or 132% of the poverty threshold. “Low income” status is generally defined as income less than 150-200% of the poverty guideline. Regardless of their economic status prior to their illness or injury, virtually every patient served by REHAB is either at or at risk of low income status.

Davies P, Taylor F, Beswick A, Wise F, Moxham T, Rees K, Ebrahim S. Promoting patient uptake and adherence in cardiac rehabilitation.CochraneDatabase of SystematicReviews 2010, Issue 7.Art.No.:CD007131.DOI: 10.1002/14651858.CD007131.pub2.

Heran BS, Chen JMH, Ebrahim S, Moxham T, Oldridge N, Rees K, Thompson DR, Taylor RS. Exercise-based cardiac rehabilitation for coronary heart disease. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD001800. DOI: 10.1002/14651858.CD001800.pub2.

Brault M, Americans with Disabilities: 2010, US Dept. of Commerce Economics and Statistics Administration, US Census Bureau, Washington DC, July 2012.

Appendix A: HCI Provided Data

About HCI Provided Data

Healthy Communities Institute (HCI), in partnership with the Hawaii Department of Health and the Hawaii Health Data Warehouse, provides demographic and secondary indicator data on health, health determinants, and quality of life topics. Data is typically presented in comparison to the distribution of counties, state average, national average, or Healthy People 2020 targets. Data is primarily derived from state and national public health sources. HCI also provides a database of promising practices from a variety of sources, including the Centers for Disease Control and Prevention.

All of the HCI content is presented in a public web platform that also serves as a publishing tool for components of Community Health Needs Assessments.

Framework for Indicator/Data and Topic Selection

The framework for indicator selection within the Health category is based on the Department of Health and Human Services (DHHS) Healthy People initiative. Healthy People establishes science-based national objectives for improving the health of the nation. The initiative establishes benchmarks every ten years and tracks progress toward these achievable goals. This framework encourages collaboration across sectors and allows communities to track important health and quality of life indicators focusing on general health status, health-related quality of life and wellbeing, determinants of health and disparities.

The Health subcategories are based on the Healthy People framework, and multiple indicators across the health sub-topics that correspond with Healthy People targets have been chosen (based on data availability, reliability and validity from the source).

Indicators in the other categories were selected according to national consensus and feedback from a wide set of advisors, public health officials, health departments, and local stakeholders from various sectors in the community. For example, the education indicators are based on the National Center for Health Research and Statistics and United Way of America, and the standards and goals they set forth to help track educational attainment in the U.S. Economic indicators were selected in conjunction with economic development and chamber of commerce input. All of the selected indicators have gone through a vetting process where HCI's advisory board, as well as stakeholders in communities who have implemented HCI systems, provide feedback to refine the core indicators in order to best reflect local priorities.

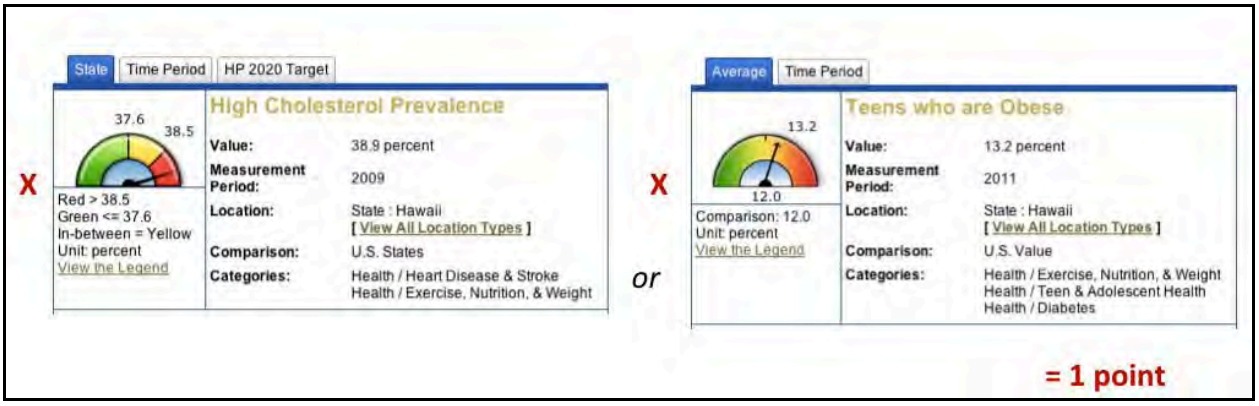
The indicator selection process evolves over time with changing health priorities, new research models and national benchmarks. HCI continues to incorporate models and standards from nationally recognized institutions such HHS's Healthy People, AHRQ's PQI's, EPA Air Quality standards, National Center for Education Research and Statistics' priorities, United Way, and United States Department of Agriculture's Food Atlas, among many others.

Core Indicator Data Summary: Analytic Approach and Scoring Methodology

As discussed in Section 2.1, the selection of topic areas for primary data collection relied on four types of Core Indicator comparisons: geographic, trend, disparity, and benchmark. A four-point system was used to evaluate each indicator on these four comparison methods, as illustrated in the examples below. Please note the data in this section is presented only to demonstrate the methodology and may not reflect data referenced elsewhere in this report.

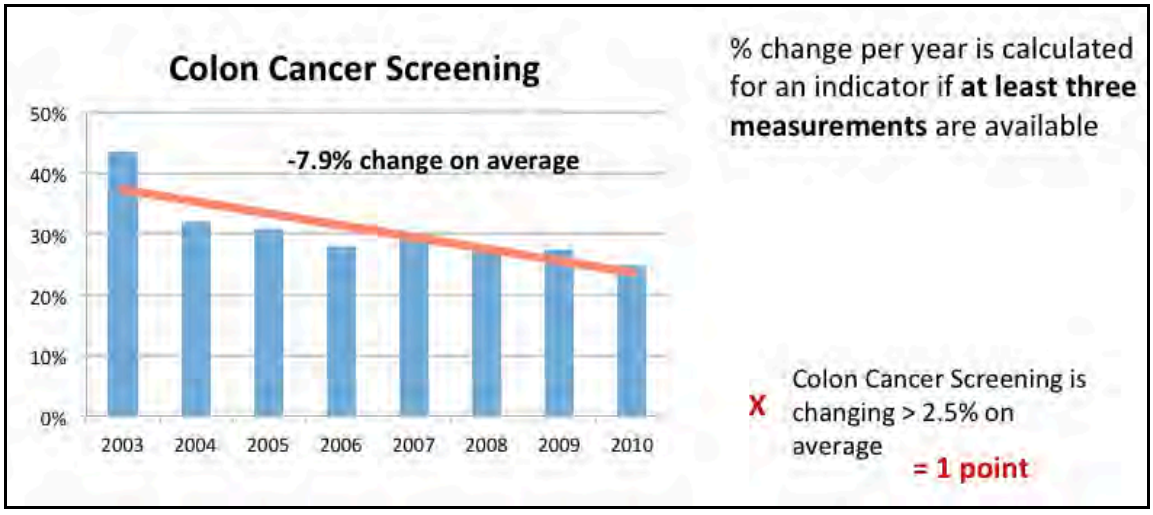
Geographic Comparison

The indicator was assigned a point if the value was either in the bottom 50th percentile of U.S. states or worse than the U.S. value. The specific comparison type depended on data availability: a distribution was created if data for other states were comparable; otherwise, the U.S. value was used. In the example indicators below, a state distribution was available for the high cholesterol prevalence indicator, while only a U.S. value comparison was available for the teen obesity indicator. Both of these indicators would receive a geographic comparison point for comparing unfavorably to other states and the U.S., respectively:



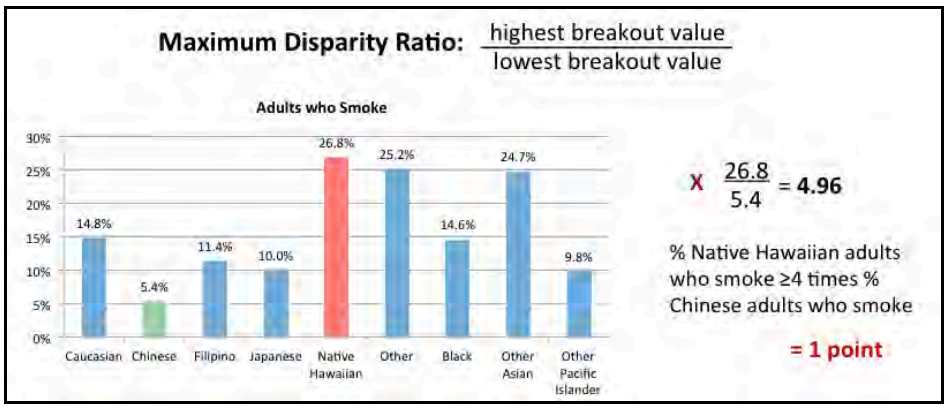
Trend Comparison

The indicator was assigned a point if the value was worsening by at least 2.5% on average. In this example of a colon cancer screening indicator, a point would be assigned because the value decreased by 7.9% on average:



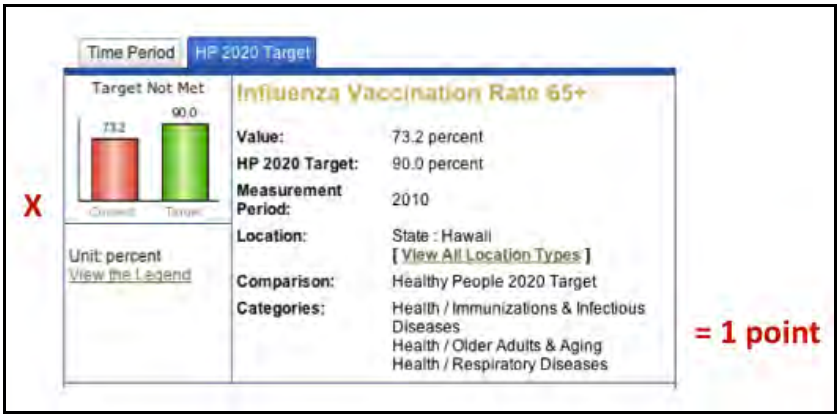
Disparity Analysis

The indicator was assigned a point if there were large disparities among subpopulations. In this Core Indicator analysis, any indicator with a maximum disparity ratio of 4 or greater received a point. This example of an adult smoking indicator would receive a point because its maximum disparity ratio is over 4:



Healthy People 2020 Target Comparison

The indicator was assigned a point if it did not meet a Healthy People 2020 target. In this example of an influenza vaccination indicator, a point would be assigned because the state did not meet the target of 90.0%:



The total earned points and total possible points were tallied for each indicator. In this example of a mammogram history indicator, four points were possible since all four comparisons were available. Out of the four potential points, the indicator earned only one point, for not meeting the Healthy People 2020 target:

Indicator	National Comparison	Trend	Disparity	HP2020 Target	Points / Possible
Mammogram History	√	√	√	X	1/4

X Poor value relative to comparison; point assigned
√ Value not poor relative to comparison; no point assigned

The total earned points and total possible points were then tallied for all indicators in a topic area to calculate the topic area summary score. In this cancer topic area example, 15 points were earned out of 38 possible points, giving the topic area a summary score of 0.39. These summary scores were then ranked in descending order to help guide the primary data collection process.

Indicator	National Comparison	Trend	Disparity	HP2020 Target	Points / Possible
Mammogram History	√	√	√	X	1/4
Breast Cancer Incidence	X	√	√		1/3
Breast Cancer Death		√	X	√	1/3
Pap Test History		√	√	X	1/3
Cervical Cancer Incidence	X	X	√		2/3
Colon Cancer Screening	√	X	√		1/3
Colorectal Cancer Incidence	X	√	√	X	2/4
Colon Cancer Death Rate		√	X	√	1/3
Liver and Bile Duct Cancer Incidence	X	X	√		2/3
Lung and Bronchus Cancer Incidence	√	√	√		0/3
Melanoma Incidence	X	X	X		3/3
Prostate Cancer Incidence	√	√	√		0/3
Total for Cancer	**5/9**	**4/12**	**3/12**	**3/5**	**15/38**

All points earned by indicators in a topic area are divided by total points possible to calculate the topic area's summary score

Cancer Summary Score:
15 ÷ 38 = **0.39**

Core Indicator Data

Most of the core indicator data included in this report can be found on Hawaii Health Matters (http://www.HawaiiHealthMatters.org/).

State of Hawaii

Detailed Explanation of Contents	
Topic Area	Health/Quality of Life topic area
Score	Score calculated as proportion of poor comparisons for all indicators within topic (range 0-1)
Indicator	Measure of a specific issue within a topic area
Value	Most recent value available, with period of measurement
National Value	Median U.S. State value (* denotes U.S. average value)
% Change per Year	Percent change per year (calculated using line of best fit for all values available), with earliest period of measurement
Race Disparity Ratio	Ratio between highest and lowest value for a specific race/ethnic group
Gender Disparity Ratio	Ratio between gender-specific values
Age Disparity Ratio	Ratio between highest and lowest value for a specific age group
HP2020 Target	Healthy People 2020 Target for indicator
Sub-populations in greatest need	Race, gender, or age specific sub-populations with a value greater than average, with sub-population value. Only worst age group is included.
Source of Data	Source of indicator data
Unit of Measure	Units of measure for indicator data

Red text indicates "poor" comparison that contributed to topic area score
Please note that availability of comparisons and sub-population categories vary by indicator and data source

All data is presented in the following format:

Topic Area **Score**

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							*Unit of Measure*

****

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Heart Disease & Stroke							**0.71**
High Blood Pressure Prevalence Filipino (31.2) Japanese (36.5) Native Hawaiian (36.3) Male (30.3) 75+ (63.2) *Source: Behavioral Risk Factor Surveillance System*	30.2 (2009)	28.7	5.8% (2003)	2.6	1.0	6.9	26.9 *Units: percent*
High Cholesterol Prevalence Chinese (42.7) Japanese (45.9) Male (41.6) 65-74 (53.8) *Source: Behavioral Risk Factor Surveillance System*	38.9 (2009)	37.6	6.9% (2003)	2.0	1.1	2.9	13.5 *Units: percent*
Heart Disease Death Rate Caucasian (72.9) Am Indian/Alask Nat (186.9) Black (88.4) Hawaiian/Pac Islander (282.2) *Source: Hawaii State Department of Health, Vital Statistics*	72.3 (2009-2011) Male (106.1)		-4.0% (2000-2002)	21.3	2.4		100.8 *Units: deaths/100,000 population*
Stroke Death Rate Am Indian/Alask Nat (54.5) Asian (36.5) Hawaiian/Pac Islander (108.9) Male (40.3) *Source: Hawaii State Department of Health, Vital Statistics*	35.8 (2009-2011)		-5.5% (2000-2002)	31.9	1.3		33.8 *Units: deaths/100,000 population*
Respiratory Diseases							**0.60**
Adults with Asthma Chinese (11.3) Native Hawaiian (14.9) Other (22.8) Female (12.1) 25-34 (11.7) *Source: Behavioral Risk Factor Surveillance System*	9.4 (2010)	9.1	8.4% (2003)	4.6	1.8	1.9	 *Units: percent*
Children with Current Asthma Japanese (11.3) Native Hawaiian (18.8) Other (11.2) Male (13) 5-9 (12.8) *Source: Behavioral Risk Factor Surveillance System*	11.1 (2010)		-0.7% (2005)	3.0	1.4	1.2	 *Units: percent*
Family Planning							**0.57**
Pregnancies that are Intended Filipino (49.7) Native Hawaiian (38.3) <20 (13.3) *Source: Pregnancy Risk Assessment Monitoring System*	52.6 (2009)		-0.6% (2003)	1.8		4.9	56.0 *Units: percent*
Teen Birth Rate Am Indian/Alask Nat (91.5) Black (33.3) Hawaiian/Pac Islander (145.4) *Source: Hawaii State Department of Health, Vital Statistics*	29.9 (2011)		1.4% (2003)	119.9			 *Units: births/1,000 women aged 15-19 years*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Infants Born to Mothers with <12 Yrs Education Am Indian/Alask Nat (8.5) Other (11.7) Hawaiian/Pac Islander (13.7) 10-14 (100) *Source: Hawaii State Department of Health, Vital Statistics*	7.3 (2011)		-1.4% (2003)	8.1		35.8	*Units: percent*
Diabetes							**0.50**
Adults with Diabetes Filipino (10.1) Japanese (9.8) Native Hawaiian (11.4) Male (8.6) 65-74 (18.1) *Source: Behavioral Risk Factor Surveillance System*	8.3 (2010)	8.7	2.7% (2003)	2.1	1.1	26.8	*Units: percent*
New Cases of Diabetes *Source: CDC Diabetes Data & Trends*	5.8 (2010)		-3.8% (2007)				*Units: new cases/1,000 population*
Substance Abuse & Lifestyle							**0.43**
Adults who Binge Drink Caucasian (20.3) Native Hawaiian (28.3) Other (25.4) Other Pacific Islander (23.8) *Source: Behavioral Risk Factor Surveillance System* Male (24.8) 25-34 (29.9)	17.9 (2010)	15.1	-0.8% (2006)	3.3	2.2	6.7	24.3 *Units: percent*
Teens who Use Alcohol *Source: Youth Risk Behavior Survey*	29.1 (2011)	41.8*	-1.2% (2005)				*Units: percent*
Liquor Store Density *Source: U.S. Census - County Business Patterns*	3.7 (2010)		-6% (2008)				*Units: stores/100,000 population*
Adults who Smoke Caucasian (14.8) Native Hawaiian (26.8) Other (25.2) Black (14.6) Other Asian (24.7) *Source: Behavioral Risk Factor Surveillance System* Male (16) 25-34 (24.3)	14.5 (2010)	17.3	-2.4% (2003)	5.0	1.2	6.6	12.0 *Units: percent*
Teens who Smoke *Source: Youth Tobacco Survey*	8.7 (2011)		-4% (2005)				16.0 *Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Illegal Tobacco Sales to Minors	5.9 (2011)						5
Source: State Synar Enforcement Reporting							*Units: percent*
Teens who Use Marijuana	21.9 (2011)	20.8	6% (2005)				6.0
Source: Youth Risk Behavior Survey							*Units: percent*
Young Teens who Use Marijuana	9.3 (2011)		22.2% (2005)				6.0
Source: Youth Risk Behavior Survey							*Units: percent*
Teens who have Used Methamphetamines	3.4 (2011)	4.1	-3.8% (2005)				
Source: Youth Risk Behavior Survey							*Units: percent*
Medicaid Coverage for Smoking Cessation	Yes (2010)						Met
Source: State Medicaid Coverage Survey for Tobacco-Dependence Treatments							*Units: N/A*
Indoor Worksites that Prohibit Smoking	99.5 (2006/2007)						100
Source: State Tobacco Activities Tracking & Evaluation System							*Units: percent*
Preemptive Tobacco Laws on Advertising	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Preemptive Tobacco Laws on Indoor Air	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Preemptive Tobacco Laws on Youth Access	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
State Tax on Cigarettes	3.2 (2011)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: dollars*
Smoke-Free Bars	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free College Campuses	No (2010)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Commercial Daycare Centers	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free High Schools	76 (2010)						100
Source: School Health Profiles Study							*Units: percent*
Smoke-Free Home-Based Daycare Centers	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Hospital Campuses	No (2010)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Hotels and Motels	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Junior High Schools	60 (2010)						100
Source: School Health Profiles Study							*Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Smoke-Free Mental Health Treatment Facilities	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Middle Schools	82.4 (2010)						100
Source: School Health Profiles Study							*Units: percent*
Smoke-Free Multiunit Housing	No (2010)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Prisons and Correctional Facilities	No (2010)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Private Workplaces	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Public Transportation	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Public Workplaces	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Restaurants	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Smoke-Free Substance Abuse Treatment Facilities	Yes (2010)						Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Smoke-Free Vehicles with Children	No (2010)						Not Met
Source: State Tobacco Activities Tracking & Evaluation System							*Units: N/A*
Social Environment							**0.40**
Single-Parent Households	29 (2006-2010)	31	0.7% (2005-2009)				
Source: American Community Survey							*Units: percent*
Teens with > 3 Hrs of Computer/Video Game Time	36.6 (2011)		4.4% (2007)				
Source: Youth Risk Behavior Survey							*Units: percent*
Young Teens with > 3 Hrs of Computer/Video Game Time	37.5 (2011)		12.1% (2007)				
Source: Youth Risk Behavior Survey							*Units: percent*
Teens who Watch 3+ Hours of Television	24.7 (2011)		-5.3% (2005)				
Source: Youth Risk Behavior Survey							*Units: percent*
Young Teens with More Than 3 Hours of TV Time	39.4 (2011)		-0.9% (2003)				
Source: Youth Risk Behavior Survey							*Units: percent*
Cancer							**0.39**
Mammogram History Caucasian (73) Filipino (75.6) Native Hawaiian (73.1) 80+ (67)	76.5 (2010)	75.2	-0.3% (2003)	1.1		1.2	81.1
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Breast Cancer Incidence Rate Caucasian (135) Hispanic (127.8)	125.1 (2005-2009)	123.7	1.9% (2003-2007)	1.7			
Source: National Cancer Institute							*Units: cases/100,000 females*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Breast Cancer Death Rate	14.2 (2009-2011)		-0.8% (2000-2002)	4.8			20.6
Black (40.4) Hawaiian/Pac Islander (55.1)							
Source: Hawaii State Department of Health, Vital Statistics							*Units: deaths/100,000 females*
Pap Test History	77.4 (2010)		-1% (2003)	1.2		1.8	93.0
Chinese (77.3) Filipino (73.1) Other (73.5) Other Asian (72.1) Other Pacific Islander (64.2)							
Source: Behavioral Risk Factor Surveillance System	75+ (49)						*Units: percent*
Cervical Cancer Incidence Rate	8.2 (2005-2009)	7.9	3.9% (2003-2007)	1.1			
Source: National Cancer Institute							*Units: cases/100,000 females*
Colon Cancer Screening	24.7 (2010)	17.2	-4.5% (2003)	1.6	1.0	1.5	
Caucasian (24.2) Filipino (17.9) Other (19.9) Other Asian (22.9) Female (24.6) 80+ (18.8)							
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Colorectal Cancer Incidence Rate	48.6 (2005-2009)	46.7	-0.6% (2003-2007)	1.9	1.5		38.6
Hispanic (49.4) Male (59.6)							
Source: National Cancer Institute							*Units: cases/100,000 population*
Colon Cancer Death Rate	13.5 (2009-2011)		-2.4% (2000-2002)	22.6	1.6		14.5
Black (17.7) Asian (13.5) Hawaiian/Pac Islander (39.2) Male (16.9)							
Source: Hawaii State Department of Health, Vital Statistics							*Units: deaths/100,000 population*
Liver and Bile Duct Cancer Incidence Rate	10.7 (2005-2009)	5.9	3.5% (2003-2007)	1.9	2.7		
Asian (11.2) Hispanic (16.7) Male (16)							
Source: National Cancer Institute							*Units: cases/100,000 population*
Lung and Bronchus Cancer Incidence Rate	52.9 (2005-2009)	69.8	-0.4% (2003-2007)	1.7	1.7		
Caucasian (61) Hispanic (73.9) Male (68.7)							
Source: National Cancer Institute							*Units: cases/100,000 population*
Melanoma Incidence Rate	20.6 (2005-2009)	20.4	2.8% (2003-2007)	25.3	1.9		
Caucasian (65.7) Male (27.7)							
Source: National Cancer Institute							*Units: cases/100,000 population*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Prostate Cancer Incidence Rate Caucasian (142.9) Black (196.1) *Source: National Cancer Institute*	128.4 (2005-2009)		-1.2% (2003-2007)	1.7			*Units: cases/100,000 males*
Injury Prevention & Safety							**0.38**
Hospitalization Rate due to Motor Vehicle Collisions *Source: Hawaii Health Information Corporation*	63.6 (2009)		-5.5% (2003)				*Units: hospitalizations/100,000 population*
Motor Vehicle Collision Death Rate Caucasian (8.1) Hawaiian/Pac Islander (25.8) Male (11.7) *Source: Hawaii State Department of Health, Vital Statistics*	7.8 (2009-2011)		0.4% (2000-2002)	18.7	3.1		12.4 *Units: deaths/100,000 population*
Pedestrian Death Rate *Source: Fatality Analysis Reporting System*	1.7 (2007-2010)		-8.3% (2003-2006)				1.3 *Units: deaths/100,000 population*
Drowning Death Rate Caucasian (2.9) Hawaiian/Pac Islander (8.1) Male (4.4) *Source: Hawaii State Department of Health, Vital Statistics*	2.6 (2009-2011)		-0.7% (2000-2002)	3.5	5.1		1.1 *Units: deaths/100,000 population*
Poisoning Death Rate Caucasian (22.3) Am Indian/Alask Nat (29.9) Hawaiian/Pac Islander (35.6) Male (18) *Source: Hawaii State Department of Health, Vital Statistics*	12.9 (2009-2011)		7.9% (2000-2002)	32.8	2.3		13.1 *Units: deaths/100,000 population*
Hospitalization Rate due to Unintentional Injuries *Source: Hawaii Health Information Corporation*	323 (2009)		-1.7% (2003)				*Units: hospitalizations/100,000 population*
Unintentional Injury Death Rate Caucasian (33.9) Hawaiian/Pac Islander (91.7) Male (44.9) *Source: Hawaii State Department of Health, Vital Statistics*	29.8 (2009-2011)		1.1% (2000-2002)	21.1	3.0		53.3 *Units: deaths/100,000 population*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Hospitalization Rate due to Injuries	421.7 (2009)		-2.4% (2003)				555.8
Source: Hawaii Health Information Corporation							*Units: hospitalizations/100,000 population*
Injury Death Rate	48.4 (2009-2011)		0.8% (2000-2002)	25.8	2.8		
Caucasian (60.4) Am Indian/Alask Nat (82.7) Hawaiian/Pac Islander (150) Male (71.9)							
Source: Hawaii State Department of Health, Vital Statistics							*Units: deaths/100,000 population*
Hospitalization Rate due to Assault	24 (2009)		0% (2003)				
Source: Hawaii Health Information Corporation							*Units: hospitalizations/100,000 population*
Immunizations & Infectious Diseases							**0.38**
Influenza Vaccination Rate 65+	73.2 (2010)	67.5	1% (2003)	1.1	1.1		90.0
Caucasian (69.2) Filipino (70) Native Hawaiian (70.5) Male (70.5)							
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Pneumonia Vaccination Rate 65+	66.8 (2010)	68.8	-0.4% (2003)	1.5	1.2		90.0
Caucasian (66.4) Filipino (50.9) Native Hawaiian (60.6) Male (60)							
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Acute Hepatitis B Incidence Rate	0.7 (2007-2011)		-6.3% (2009)				
Source: Hawaii State Department of Health							*Units: cases/100,000 population*
AIDS Incidence Rate	4.6 (2011)		-6.6% (2003)				
Source: Hawaii State Department of Health							*Units: cases/100,000 population*
Chlamydia Incidence Rate	436.6 (2011)		0.6% (2003)				
Source: Hawaii State Department of Health							*Units: cases/100,000 population*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Gonorrhea Incidence Rate *Source: Hawaii State Department of Health*	49.8 (2011)		-6.7% (2003)				*Units: cases/100,000 population*
Syphilis Incidence Rate *Source: Hawaii State Department of Health*	1.8 (2007-2011)		6.3% (2009)				*Units: cases/100,000 population*
Tuberculosis Incidence Rate *Source: Hawaii State Department of Health*	9 (2011)		-0.4% (2003)				1.0 *Units: cases/100,000 population*
TB Among Foreign-Born Persons *Source: Hawaii State Department of Health Tuberculosis Control Program*	37.4 (2011)		12.7% (2010)				14.0 *Units: cases/100,000 population*
Mental Health & Mental Disorders							**0.38**
Self-Reported Good Physical and Mental Health Caucasian (52.9) Native Hawaiian (52) Other (55.9) Other Asian (55.3) Other P.I. (54.5) *Source: Behavioral Risk Factor Surveillance System*	56.4 (2010) Female (53) 35-44 (52)		-0.9% (2003)	1.3	1.1	1.2	*Units: percent*
Mental Health Treatment for Children *Source: National Survey of Children with Special Health Care Needs*	83.7 (2009/2010)						75.8 *Units: percent*
Suicide Death Rate Caucasian (17.5) Hawaiian/Pac Islander (39.3) Male (20.3) *Source: Hawaii State Department of Health, Vital Statistics*	13.1 (2009-2011)		-1.4% (2000-2002)	29.6	3.5		10.2 *Units: deaths/100,000 population*
Adults with a Depressive Disorder Caucasian (15.1) Black (9.5) Other Asian (16.6) Female (10.6) 45-54 (12.5) *Source: Behavioral Risk Factor Surveillance System*	8.9 (2010)		0.3% (2006)	4.3	1.5	2.4	*Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Maternal, Fetal & Infant Health							**0.36**
Mothers who Received Late or No Prenatal Care Other (17.2) Hawaiian/Pac Islander (22.1) 15-19 (26.7) *Source: Hawaii State Department of Health, Vital Statistics*	15.2 (2011)		-0.8% (2003)	2.3		2.3	*Units: percent*
Mothers who Smoked During Pregnancy Japanese (12.8) Native Hawaiian (14.8) 20-24 (11.9) *Source: Pregnancy Risk Assessment Monitoring System*	9.6 (2009)		0.7% (2003)	3.0		1.5	*Units: percent*
Women who Binge Drink Prior to Pregnancy (2009+) Caucasian (31.1) Native Hawaiian (27.4) 20-24 (29.7) *Source: Pregnancy Risk Assessment Monitoring System*	23.1 (2009)			2.6		2.4	*Units: percent*
Preterm Births Black (10.4) Asian (10.9) Hawaiian/Pac Islander (10.3) 45-54 (41.7) *Source: Hawaii State Department of Health, Vital Statistics*	9.9 (2011)		-0.4% (2003)	2.1		4.7	11.4 *Units: percent*
Babies with Low Birth Weight Black (9.5) Asian (10.1) 45-54 (39.6) *Source: Hawaii State Department of Health, Vital Statistics*	8.2 (2011)		0% (2003)	2.9		5.5	7.8 *Units: percent*
Infant Mortality Rate *Source: Hawaii State Department of Health, Vital Statistics*	5.8 (2010)		-2% (2003)				6.0 *Units: deaths/1,000 live births*
Births Delivered by Cesarean Section Other (31.2) Black (32.2) Asian (28.2) 45-54 (70.8) *Source: Hawaii State Department of Health, Vital Statistics*	26.5 (2011)		3% (2003)	1.4		4.1	*Units: percent*
Births Occurring in Baby-Friendly Facilities *Source: Breastfeeding Report Card*	8.7 (2011)		0% (2010)				8.1 *Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Newborns who Received Formula within the First 2 Days of Life *Source: National Immunization Survey*	23.9 (2011)		-9.1% (2010)				14.2 *Units: percent*
Infants who were Ever Breastfed *Source: National Immunization Survey*	85 (2011)		-2.9% (2010)				81.9 *Units: percent*
Mothers who Breastfeed Chinese (88.3) Native Hawaiian (88.5) Other (93.1) 25-34 (92.8) *Source: Pregnancy Risk Assessment Monitoring System*	93.3 (2009)		0.7% (2003)	1.1		1.0	 *Units: percent*
Children Still Breastfeeding at 4 Weeks *Source: Pregnancy Risk Assessment Monitoring System*	81.9 (2008)		0.5% (2006)				 *Units: percent*
Children Still Breastfeeding at 8 Weeks *Source: Pregnancy Risk Assessment Monitoring System*	72.5 (2008)		1.3% (2006)				 *Units: percent*
Infants who were Breastfed at 6 Months *Source: National Immunization Survey*	52.4 (2011)		-13.2% (2010)				60.6 *Units: percent*
Infants who were Breastfed Exclusively Through 3 Months *Source: National Immunization Survey*	42.4 (2011)		0.2% (2010)				46.2 *Units: percent*
Infants who were Breastfed Exclusively Through 6 Months *Source: National Immunization Survey*	20.8 (2011)		30% (2010)				25.5 *Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Education							**0.33**
People 18+ without a High School Degree Filipino (8) Native Hawaiian (9.8) Other (18.5) Other Asian (5.6) Other Pacific *Source: Behavioral Risk Factor Surveillance System*	5.3 (2010) Islander (16.8) Male (5.9) 75+ (10.8)	7.5	-0.4% (2003)	15.4	1.2	3.3	*Units: percent*
People 25+ with a Bachelor's Degree or Higher Am Indian/Alask Nat (21.3) Other (17.1) Black (26) Hawaiian/Pac Islander (11.8) *Source: American Community Survey* 2+ races (18.8) Hispanic (17.5) Male (29) 65+ (22.2)	29.4 (2006-2010)	26.4	0.7% (2005-2009)	3.6	1.0	1.5	*Units: percent*
Student-to-Teacher Ratio *Source: National Center for Education Statistics*	15.8 (2009-2010)	14.6	-0.6% (2008-2009)				*Units: students/teacher*
Environment							**0.33**
Safe Beaches for Swimming *Source: BEACH Program, Environmental Protection Agency*	99.8 (2010)						96.0 *Units: percent*
Beach Water Quality *Source: Natural Resources Defense Council*	4 (2011)	7	30% (2008)				*Units: percent*
Exercise, Nutrition, & Weight							**0.28**
Adults Engaging in Regular Physical Activity Chinese (45.3) Filipino (50.5) Japanese (46.1) Other Asian (40.1) Other P.I.(46.9) *Source: Behavioral Risk Factor Surveillance System*	53.2 (2009) Female (49.7) 75+ (40.7)	51	0.9% (2003)	1.6	1.1	1.5	*Units: percent*
Adults Not Engaging in Physical Activity Filipino (26.4) Japanese (21.1) Native Hawaiian (20.2) Female (23) 75+ (26.1) *Source: Behavioral Risk Factor Surveillance System*	19.2 (2010)	23.9	2% (2007)	1.8	1.5	1.7	*Units: percent*
Teens who Engage in Regular Physical Activity *Source: Youth Risk Behavior Survey*	34.4 (2009)	37	3.8% (2005)				*Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Young Teens who Engage in Regular Physical Activity	44.4 (2011)		8.7% (2005)				
Source: Youth Risk Behavior Survey							*Units: percent*
Adult Fruit and Vegetable Consumption	23.5 (2009)	23.4	-5.7% (2003)	2.4	1.4	1.6	
Chinese (13.9) Filipino (22.9) Japanese (16.5) Black (20.8) Other Asian (19.3) Male (19.7)							
Source: Behavioral Risk Factor Surveillance System	18-24 (17.9)						*Units: percent*
Teen Fruit and Vegetable Consumption	17.5 (2011)	22.3	-1.3% (2005)				
Source: Youth Risk Behavior Survey							*Units: percent*
Teens who Drink Non-Diet Soda or Pop at Least Once Per Day	17.5 (2011)		-3.2% (2005)				
Source: Youth Risk Behavior Survey							*Units: percent*
Food Insecurity Among Children	1.1 (2010)						0.2
Source: Food Security Supplement to the Current Population Survey							*Units: percent*
Food Insecurity Among Households	16.6 (2010)						6.0
Source: Food Security Supplement to the Current Population Survey							*Units: percent*
Adults who are Overweight	34.1 (2010)	36.2	0.7% (2003)	1.6	1.6	1.9	
Caucasian (36.7) Filipino (35) Other (35.6) Black (40.1) Male (41.6) 65-74 (40.1)							
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Adults who are Obese	23.1 (2010)	27.5	4.7% (2003)	5.2	1.2	2.4	30.6
Native Hawaiian (43.7) Other (29.5) Black (31.7) Other Pacific Islander (59.4) Male (25.3)							
Source: Behavioral Risk Factor Surveillance System	25-34 (28.7)						*Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Adults with a Healthy Body Weight Caucasian (39.7) Native Hawaiian (23.1) Other (33.9) Black (28.3) Other Pacific *Source: Behavioral Risk Factor Surveillance System*	40 (2010) Islander (6.5) Male (31.6) 35-44 (32.8)		-0.7% (2007)	9.7	1.5	1.7	33.9 *Units: percent*
Teens who are Overweight *Source: Youth Risk Behavior Survey*	14 (2009)	15.8	-1% (2005)				 *Units: percent*
Teens who are Obese *Source: Youth Risk Behavior Survey*	13.2 (2011)	12	-0.7% (2005)				 *Units: percent*
Teens with a Healthy Body Weight *Source: Youth Risk Behavior Survey*	73.4 (2011)		0.3% (2005)				 *Units: percent*
Economy							**0.25**
Median Household Income Am Indian/Alask Nat (42703) Other (50933) Black (57060) Hawaiian/Pac Islander (57242) *Source: American Community Survey* Two or more races (63426) Hispanic (54050)	66420 (2006-2010)	49424	2.7% (2005-2009)	1.6			 *Units: dollars*
Per Capita Income Other (23240) Hawaiian/Pac Islander (18809) Two or more races (19139) Hispanic (18628) *Source: American Community Survey*	28882 (2006-2010)	25803	0.8% (2005-2009)	2.2			 *Units: dollars*
Income Inequality *Source: U.S. Census*	2.47 (2000)	4.62*					 *Units: N/A*
People Living Below Poverty Level Am Indian/Alask Nat (19.7) Black (9.7) Hawaiian/Pac Islander (18.2) 2+ races (10.7) *Source: American Community Survey* Hispanic (13.7) Female (10.6) 18-24 (16.2)	9.6 (2006-2010)	13.5	2.1% (2005-2009)	3.1	1.2	2.5	 *Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Children Living Below Poverty Level Am Indian/Alask Nat (32.1) Other (19.4) Hawaiian/Pac Islander (24.1) 2+ races (12.7) *Source: American Community Survey* Hispanic (16) Female (12.5) <6 (13.4)	12.3 (2006-2010)	17.3	4.2% (2005-2009)	5.4	1.0	1.2	*Units: percent*
People 65+ Living Below Poverty Level Am Indian/Alask Nat (31.2) Other (19) Asian (7.8) Hawaiian/Pac Islander (8.7) Hispanic (11) *Source: American Community Survey* Female (8.9) 75+ (8.4)	7.5 (2006-2010)	8.6	-3.8% (2005-2009)	5.1	1.6	1.3	*Units: percent*
Families Living Below Poverty Level Am Indian/Alask Nat (9.7) Other (13.9) Hawaiian/Pac Islander (15.1) 2+ races (10.1) *Source: American Community Survey* Hispanic (11.7)	6.7 (2006-2010)	9.2	-1.5% (2005-2009)	3.7			*Units: percent*
Households with Public Assistance *Source: American Community Survey*	3.3 (2006-2010)	2.3	0% (2005-2009)				*Units: percent*
Homeownership *Source: American Community Survey*	51.2 (2006-2010)	59.9	1.6% (2005-2009)				*Units: percent*
Renters Spending 30% or More of Income on Rent 15-24 (72.3) *Source: American Community Survey*	54.6 (2006-2010)	49	1.5% (2005-2009)			1.4	*Units: percent*
Unemployed Workers in Civilian Labor Force *Source: U.S. Bureau of Labor Statistics*	7.1 (June 2012)	7.6	0% (Jan 2012)				*Units: percent*
Firms Owned by Women *Source: U.S. Economic Census*	31 (2007)	28.8*	0.5% (2002)				*Units: percent*

Indicator Sub-populations in greatest need (value) *Source of Data*	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target *Unit of Measure*
Access to Health Services							**0.14**
Adults with a Usual Source of Health Care Caucasian (83.5) Other (65.5) Black (82.3) Other Asian (69.4) Other Pacific Islander (73.1) *Source: Behavioral Risk Factor Surveillance System* Male (82.7) 25-34 (75.2)	86.4 (2010)		0.9% (2003)	1.4	1.1	1.3	83.9 *Units: percent*
Persons with Health Insurance *Source: Hawaii Health Survey*	92.6 (2008)						100.0 *Units: percent*
Adults without Health Insurance Filipino (10.4) Other (11.2) Other Asian (12.6) Other Pacific Islander (16.8) Male (10.1) *Source: Behavioral Risk Factor Surveillance System* 18-24 (14.6)	8.2 (2010)	17.8	-3.4% (2003)	3.2	1.6	3.5	 *Units: percent*
Transportation							**0.13**
Mean Travel Time to Work *Source: American Community Survey*	25.9 (2006-2010)	23.6	1.2% (2005-2009)		1.0		 *Units: minutes*
Workers Commuting by Bicycle *Source: American Community Survey*	0.9 (2010)						0.6 *Units: percent*
Workers Commuting by Public Transportation Caucasian (2.6) Am Indian/Alask Nat (5.1) Other (2.5) 2+ races (4.8) Hispanic (5.2) *Source: American Community Survey* Male (4.5) 25-44 (4.9)	6 (2006-2010)	1.5	7.1% (2005-2009)	3.4	1.7	2.5	5.5 *Units: percent*
Workers who Walk to Work Asian (4.1) Hawaiian/Pac Islander (4.2) Two or more races (3.4) Female (4.6) 45-54 (3.4) *Source: American Community Survey*	4.7 (2006-2010)	2.9	2.2% (2005-2009)	2.6	1.0	3.7	 *Units: percent*

Indicator	Value (Year)	National Value	% Change per Year (baseline year)	Race Disparity Ratio	Gender Disparity Ratio	Age Disparity Ratio	HP2020 Target
Sub-populations in greatest need (value)							
Source of Data							*Unit of Measure*
Oral Health							**0.08**
Adult Preventive Dental Care	69.3 (2010)		-0.7%	1.6	1.1	1.4	
Filipino (66.8) Native Hawaiian (56) Other (51.4) Black (67.3) Other Asian (59.9)			(2004)				
Source: Behavioral Risk Factor Surveillance System	Other P.I. (51.3) Male (66.3) 25-34 (55.4)						*Units: percent*
Adults who Visited a Dentist	70.1 (2010)	69.7	-0.9%	1.7	1.1	1.3	49.0
Filipino (64.7) Native Hawaiian (56.2) Other (53.8) Black (66.8) Other P.I. (49.4)			(2004)				
Source: Behavioral Risk Factor Surveillance System	Male (66.7) 25-34 (59.4)						*Units: percent*
Adults with One or More Tooth Extractions	39.6 (2010)	43.6*	-1.4% (2004)				
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Adults 45-64 with One or More Tooth Extractions	44.4 (2010)						68.8
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Adults with Total Tooth Loss	7.4 (2010)	16.9	-2.7%	4.4	1.2	1.8	21.6
Filipino (11.5) Native Hawaiian (12.7) Female (7.9) 75+ (9.6)			(2004)				
Source: Behavioral Risk Factor Surveillance System							*Units: percent*
Disabilities							
Blindness and Visual Impairment in Children	26 (2009/2010)						25.4
Source: National Survey of Children with Special Health Care Needs							*Units: per 1,000 persons 17 years and under*
Older Adults & Aging							
Hospitalization Rate due to Falls Among Seniors	920.2 (2009)		0.9% (2003)				
Source: Hawaii Health Information Corporation							*Units: hospitalizations/100,000 population 65+*

Appendix B: Hospitalization Data

Hospitalization Rates

Rates were provided by HHIC, and are defined by the Agency for Healthcare Research and Quality (AHRQ) as a set of measures that can be used to identify quality of outpatient care that can potentially prevent the need for hospitalization. Rates are risk-adjusted based on the Healthcare Cost and Utilization Project's State Inpatient Databases. Please see http://qualityindicators.ahrq.gov/Modules/pqi_resources.aspx for a complete definition of indicators. Because the area of mental health was not well represented in the Core Indicator Summary, HHIC also provided unadjusted rates of hospitalization for any mental health-related primary diagnosis.

For all rates, values were suppressed if based on fewer than 10 cases. Population estimates are based on the U.S. Census Bureau, Population Division, Intercensal Estimates of the Resident Population for Counties of Hawaii. Population estimates by race were provided by the Hawaii State Department of Health, Office of Health Status Monitoring, Hawaii Health Survey 2009-2010.

The tables below include risk-adjusted hospitalization rates with 95% confidence intervals for the State of Hawaii and counties for 2009, 2010, and 2011. Unadjusted rates by age, gender, and race are for 2011 only. All mental health hospitalization rates are unadjusted. Use caution when comparing unadjusted rates, as they may represent populations of differing age distribution.

	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Short-Term Complications of Diabetes						
2009	405	38.8 (35-42.6)	35.9 (26-45.9)	40.7 (36.1-45.3)	42 (24-59.9)	28.9 (19.2-38.6)
2010	465	44 (40-48)	37.8 (27.6-47.9)	46.8 (41.9-51.8)	37.5 (20.7-54.4)	36.1 (25.3-46.9)
2011	463	43.1 (39.1-47)	37.5 (27.6-47.4)	43.5 (38.8-48.2)	38.6 (21.7-55.5)	48.8 (36.5-61.2)
18 to 64	405	46.1 (41.6-50.6)	44.2 (32.4-56)	46.2 (40.8-51.6)	39.4 (20.7-58.1)	50.4 (36.7-64.1)
65 plus	58	29.4 (21.9-37)	--	32.9 (23.4-42.4)	--	--
Male	241	45.1 (39.4-50.8)	36.3 (22.6-50)	50 (42.8-57.2)	--	32.7 (18.3-47)
Female	222	41 (35.6-46.4)	37.3 (23.5-51.1)	37.6 (31.4-43.7)	44.7 (19.4-70)	64.8 (44.7-84.8)
Filipino	39	25.1 (17.2-33)	--	29.7 (19.4-39.9)	--	--
Hawaiian	83	44.2 (34.7-53.7)	41.8 (19.9-63.7)	36.2 (25.4-47)	--	91.5 (54.1-128.9)
Japanese	43	18 (12.6-23.4)	--	18.7 (12.6-24.9)	--	--
Other Race	157	88.1 (74.4-101.9)	55.9 (21.2-90.5)	97.9 (81.5-114.3)	--	--
White	141	58.9 (49.2-68.6)	65.4 (42.4-88.5)	58.2 (45.4-70.9)	--	56.6 (33-80.3)
Long-Term Complications of Diabetes						
2009	867	83.6 (78-89.2)	60.1 (47.6-72.6)	85.3 (78.6-92.1)	102.7 (75.8-129.6)	93.9 (76.2-111.5)
2010	925	87.3 (81.7-92.9)	61.9 (49.4-74.4)	89.2 (82.3-96)	117 (88.5-145.4)	94.2 (76.8-111.7)
2011	885	82.8 (77.3-88.2)	57.8 (45.8-69.7)	89.7 (82.8-96.5)	78 (54.9-101)	75.3 (59.8-90.8)
18 to 64	505	57.5 (52.5-62.5)	47.5 (35.3-59.7)	58.8 (52.7-64.9)	57.9 (35.2-80.6)	61 (46-76.1)
65 plus	380	192.9 (173.5-212.3)	116.8 (76.4-157.3)	215.4 (191.1-239.7)	188.2 (103.6-272.8)	141.7 (89.2-194.2)
Male	521	97.6 (89.2-106)	82 (61.5-102.6)	102.7 (92.4-113)	79.4 (45.4-113.3)	93.1 (68.9-117.3)
Female	364	67.2 (60.3-74.1)	38.6 (24.6-52.7)	73.5 (64.9-82.2)	85.7 (50.7-120.8)	55.1 (36.5-73.6)
Filipino	106	68.3 (55.3-81.3)	--	73.2 (57.1-89.4)	117.7 (53.7-181.7)	--
Hawaiian	199	105.9 (91.2-120.6)	110.5 (74.9-146.1)	96 (78.4-113.6)	95 (36.1-154)	151.2 (103.1-199.2)
Japanese	158	66.3 (55.9-76.6)	--	68.7 (57-80.4)	--	59.9 (22.8-97)
Other Race	211	118.5 (102.5-134.4)	83.8 (41.4-126.2)	132.2 (113.1-151.2)	--	--
White	211	88.1 (76.2-100)	54.9 (33.8-76)	109 (91.6-126.5)	--	69.5 (43.3-95.7)
Uncontrolled Diabetes						
2009	46	4.5 (3.2-5.7)	6.9 (2.6-11.2)	3.9 (2.5-5.4)	--	--
2010	45	4.3 (3-5.5)	6.8 (2.6-10.9)	3.8 (2.4-5.3)	--	--
2011	72	6.8 (5.2-8.3)	9.8 (4.8-14.8)	6.8 (4.9-8.7)	--	--
18 to 64	54	6.1 (4.5-7.8)	9 (3.7-14.3)	6.1 (4.1-8)	--	--
65 plus	18	9.1 (4.9-13.4)	--	9.3 (4.2-14.4)	--	--
Male	39	7.3 (5-9.6)	--	6.7 (4.1-9.4)	--	--
Female	33	6.1 (4-8.2)	--	6.6 (4-9.2)	--	--
Filipino	<10	--	--	--	--	--
Hawaiian	18	9.6 (5.2-14)	--	--	--	--
Japanese	11	4.6 (1.9-7.3)	--	5.2 (2-8.4)	--	--
Other Race	21	11.8 (6.7-16.8)	--	12.9 (6.9-18.8)	--	--
White	16	6.7 (3.4-10)	--	7.3 (2.8-11.8)	--	--

--Rate suppressed due to low case count

	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Rate of Lower-Extremity Amputation						
2009	215	20.6 (17.9-23.4)	11.1 (5.8-16.4)	23.2 (19.6-26.7)	21.5 (9.3-33.7)	17.3 (9.7-24.8)
2010	207	19.4 (16.8-22)	16.5 (10.2-22.9)	22.2 (18.8-25.6)	--	10.9 (5-16.9)
2011	187	17.4 (14.9-19.9)	14.3 (8.5-20.2)	18.7 (15.5-21.8)	--	16.6 (9.3-23.9)
18 to 64	92	10.5 (8.3-12.6)	9.8 (4.3-15.4)	10.8 (8.2-13.4)	--	9.7 (3.7-15.7)
65 plus	95	48.2 (38.5-57.9)	40.2 (16.4-63.9)	50.8 (39-62.6)	--	50.6 (19.2-82)
Male	121	22.7 (18.6-26.7)	17.5 (8-27)	25 (19.9-30.1)	--	16.3 (6.2-26.5)
Female	66	12.2 (9.2-15.1)	13.3 (5.1-21.6)	11.6 (8.2-15.1)	--	16.2 (6.2-26.2)
Filipino	24	15.5 (9.3-21.6)	--	12 (5.5-18.6)	--	--
Hawaiian	46	24.5 (17.4-31.6)	38.8 (17.7-59.9)	21.1 (12.8-29.3)	--	--
Japanese	23	9.6 (5.7-13.6)	--	10.4 (5.8-15)	--	--
Other Race	60	33.7 (25.2-42.2)	--	40 (29.5-50.5)	--	--
White	34	14.2 (9.4-19)	--	16.7 (9.9-23.6)	--	--
Hypertension						
2009	223	21.6 (18.7-24.4)	31.2 (22.1-40.4)	19.4 (16.2-22.6)	24.1 (11-37.2)	21.8 (13.3-30.4)
2010	289	27.4 (24.2-30.5)	35.9 (26.2-45.6)	27.6 (23.8-31.4)	23.6 (10.8-36.5)	17 (9.6-24.5)
2011	285	26.7 (23.6-29.8)	37.6 (27.9-47.4)	25.2 (21.6-28.8)	28.6 (14.6-42.6)	21.8 (13.4-30.1)
18 to 64	152	17.3 (14.5-20)	27 (17.8-36.3)	15.4 (12.3-18.5)	--	15.5 (7.9-23.1)
65 plus	133	67.5 (56-79)	87.6 (52.6-122.7)	65.8 (52.4-79.3)	--	50.6 (19.2-82)
Male	124	23.2 (19.1-27.3)	39 (24.8-53.2)	20.7 (16.1-25.3)	37.8 (14.4-61.2)	--
Female	161	29.7 (25.1-34.3)	37.3 (23.5-51.1)	28.8 (23.4-34.2)	--	29.1 (15.7-42.6)
Filipino	38	24.5 (16.7-32.3)	--	24.1 (14.8-33.4)	--	--
Hawaiian	47	25 (17.9-32.2)	59.7 (33.6-85.9)	14.3 (7.5-21.1)	--	--
Japanese	49	20.6 (14.8-26.3)	--	20.3 (13.9-26.7)	--	--
Other Race	87	48.8 (38.6-59.1)	--	52.1 (40.2-64.1)	--	--
White	64	26.7 (20.2-33.3)	35.9 (18.8-52.9)	22.5 (14.6-30.5)	--	--
Heart Failure						
2009	3027	282.4 (272.4-292.5)	259 (232.9-285.2)	301.8 (289.5-314.2)	232.9 (192.9-272.9)	204.2 (177.4-230.9)
2010	3157	286 (276-296)	247.9 (222.8-273)	308.1 (295.8-320.4)	221.4 (182.9-259.9)	217.4 (190.3-244.5)
2011	2954	267.4 (257.8-277.1)	238.5 (214-263)	285.8 (273.9-297.6)	225.1 (186.4-263.8)	201.9 (175.8-228)
18 to 64	1154	131.3 (123.8-138.9)	90.9 (74-107.9)	150.9 (141.2-160.7)	85.7 (58.1-113.3)	82.3 (64.8-99.8)
65 plus	1800	913.9 (871.6-956.1)	923.8 (810-1037.7)	936.8 (886-987.5)	921.2 (733.9-1108.4)	734 (614.6-853.5)
Male	1703	319 (303.8-334.1)	289.2 (250.5-327.8)	345.5 (326.7-364.4)	253.3 (192.6-314)	222.1 (184.8-259.4)
Female	1251	230.9 (218.1-243.7)	198.4 (166.6-230.3)	250 (234-265.9)	234.9 (176.9-292.9)	152.2 (121.4-183)
Filipino	513	330.5 (301.9-359.1)	230.9 (157.5-304.3)	386.5 (349.4-423.6)	226.4 (137.7-315.2)	166.5 (109.7-223.3)
Hawaiian	549	292.2 (267.7-316.6)	328.6 (267.2-390)	293 (262.3-323.8)	285.1 (183.1-387.2)	242.7 (181.8-303.5)
Japanese	538	225.6 (206.6-244.7)	264.9 (196.7-333.1)	217.5 (196.6-238.3)	340 (209.3-470.8)	215.6 (145.2-286)
Other Race	679	381.2 (352.5-409.9)	184.3 (121.4-247.2)	433.6 (399.1-468.1)	194.6 (79.6-309.6)	192.1 (120.9-263.2)
White	675	282 (260.7-303.2)	263.9 (217.6-310.1)	319.8 (290-349.7)	243.7 (166.2-321.2)	185.3 (142.5-228.1)

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	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Angina without Procedure						
2009	190	18.4 (15.8-21)	15.5 (9.2-21.8)	16.4 (13.4-19.4)	25.4 (12.1-38.7)	30.9 (20.8-41)
2010	230	21.8 (19-24.6)	17.7 (11.1-24.4)	22.8 (19.3-26.3)	21.4 (9.3-33.4)	21 (12.8-29.2)
2011	178	16.7 (14.3-19.2)	12.2 (6.7-17.6)	17.7 (14.6-20.7)	--	18.2 (10.6-25.8)
18 to 64	100	11.4 (9.2-13.6)	11.5 (5.5-17.5)	11.6 (8.9-14.3)	--	11.6 (5-18.2)
65 plus	78	39.6 (30.8-48.4)	--	41.5 (30.8-52.2)	--	50.6 (19.2-82)
Male	88	16.5 (13-19.9)	--	16.1 (12.1-20.2)	--	22.9 (10.9-34.8)
Female	90	16.6 (13.2-20)	13.3 (5.1-21.6)	18.3 (13.9-22.6)	--	--
Filipino	29	18.7 (11.9-25.5)	--	15.8 (8.3-23.2)	--	--
Hawaiian	18	9.6 (5.2-14)	--	--	--	--
Japanese	33	13.8 (9.1-18.6)	--	12 (7.1-16.9)	--	--
Other Race	47	26.4 (18.8-33.9)	--	31.4 (22.1-40.7)	--	--
White	51	21.3 (15.5-27.2)	--	26.2 (17.6-34.7)	--	25.7 (9.8-41.7)
Bacterial Pneumonia						
2009	2578	242 (232.6-251.3)	233.7 (208.8-258.6)	243.2 (232.1-254.4)	301 (255.2-346.8)	215 (187.7-242.2)
2010	2263	206.7 (198.2-215.2)	178.1 (156.8-199.4)	211.8 (201.5-222)	251.1 (209.8-292.4)	188.3 (163.1-213.4)
2011	2252	205.1 (196.6-213.6)	165.5 (145.1-186)	210.7 (200.5-220.9)	247.1 (206.3-287.8)	199.1 (173.4-224.9)
18 to 64	634	72.2 (66.5-77.8)	67.2 (52.6-81.7)	73.7 (66.9-80.6)	92.6 (63.9-121.3)	60.1 (45.1-75)
65 plus	1618	821.5 (781.4-861.5)	620.8 (527.4-714.1)	843.8 (795.6-891.9)	1000.4 (805.3-1195.5)	850.5 (721.9-979.1)
Male	1187	222.3 (209.7-235)	184.3 (153.4-215.1)	231 (215.5-246.4)	260.9 (199.3-322.4)	199.2 (163.9-234.6)
Female	1065	196.6 (184.8-208.4)	153.1 (125.2-181.1)	203.7 (189.3-218.1)	268.4 (206.4-330.4)	174.9 (141.9-207.9)
Filipino	365	235.2 (211-259.3)	133.7 (77.8-189.6)	240.1 (210.8-269.3)	362.3 (250-474.6)	222 (156.4-287.5)
Hawaiian	236	125.6 (109.6-141.6)	143.4 (102.8-183.9)	109.5 (90.7-128.3)	180.6 (99.4-261.8)	155.1 (106.4-203.8)
Japanese	557	233.6 (214.2-253)	201 (141.6-260.3)	228.4 (207.1-249.8)	418.5 (273.5-563.5)	251.5 (175.5-327.6)
Other Race	506	284.1 (259.3-308.8)	128.5 (76-181)	330.8 (300.6-360.9)	176.9 (67.3-286.6)	68.6 (26.1-111.1)
White	588	245.6 (225.8-265.5)	242.7 (198.4-287.1)	245.7 (219.5-271.9)	256.5 (177-336)	244.5 (195.3-293.7)
Low Birth Weight						
2009	1138	6.2 (5.8-6.5)	4.7 (3.8-5.6)	6.5 (6.1-7)	7.9 (6-9.8)	4.8 (3.9-5.8)
2010	1103	6 (5.7-6.4)	4.4 (3.6-5.3)	6.3 (5.9-6.8)	5.1 (3.5-6.6)	6.4 (5.3-7.6)
2011	1072	6 (5.6-6.3)	5.3 (4.4-6.2)	6.2 (5.8-6.6)	5.1 (3.5-6.6)	5.7 (4.6-6.8)
Male	534	5.8 (5.3-6.3)	5.4 (4.1-6.7)	5.9 (5.3-6.4)	5.2 (3-7.4)	5.9 (4.4-7.4)
Female	538	6.2 (5.6-6.7)	5.2 (3.9-6.5)	6.5 (5.9-7.2)	5 (2.9-7.2)	5.5 (4-7)
Filipino	197	8.4 (7.2-9.5)	6.6 (3.4-9.8)	9.4 (7.9-10.9)	--	7.3 (4.6-10)
Hawaiian	142	5.4 (4.6-6.3)	3 (1.8-4.1)	7 (5.6-8.5)	8 (3.3-12.7)	4.9 (2.7-7)
Japanese	62	4.9 (3.7-6.2)	--	5.1 (3.6-6.5)	--	--
Other Race	539	6.4 (5.9-7)	10.7 (7.9-13.5)	6 (5.4-6.6)	6 (3.2-8.7)	9.5 (6.2-12.8)
White	132	3.9 (3.2-4.6)	3.3 (1.8-4.7)	4.2 (3.3-5.1)	--	3.8 (2.3-5.2)

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	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
COPD or Asthma in Older Adults (Ages 40+)						
2009	2087	327.1 (313.1-341.1)	352.3 (313.7-390.8)	321.2 (304.5-337.9)	304.6 (245.8-363.5)	342.5 (298.9-386.2)
2010	1849	282.6 (269.7-295.5)	307.2 (271.7-342.6)	276.6 (261.3-291.9)	280.5 (224.7-336.3)	289.3 (249.8-328.8)
2011	1930	293.4 (280.3-306.5)	290.5 (256.4-324.7)	290 (274.3-305.6)	317.2 (258.2-376.2)	307.2 (266.7-347.7)
40 to 64	786	175.6 (163.3-187.9)	155.7 (126-185.3)	186.7 (171.2-202.1)	189.8 (135.6-244.1)	134.3 (103.9-164.7)
65 plus	1144	580.8 (547.1-614.5)	628.1 (534.2-721.9)	545.3 (506.6-584)	633.9 (478.6-789.2)	739.1 (619.2-859)
Male	972	318.3 (298.3-338.3)	267 (220-314)	327 (302.3-351.7)	407.8 (310.8-504.7)	293.9 (238.2-349.5)
Female	958	282.4 (264.5-300.3)	314 (264.4-363.6)	277.9 (256.5-299.3)	236.6 (165.9-307.3)	291 (237.6-344.5)
Filipino	329	399.9 (356.7-443.1)	227.8 (132.6-323)	429.6 (374.3-484.9)	534.2 (351.9-716.4)	338 (235.8-440.2)
Hawaiian	338	369.3 (329.9-408.6)	499.7 (388.8-610.6)	317.5 (272-363)	477.3 (286.4-668.3)	408.5 (294.1-522.8)
Japanese	259	153.4 (134.7-172)	150.3 (91.4-209.2)	150.8 (130-171.7)	231.5 (110.2-352.8)	146.7 (80.7-212.7)
Other Race	400	402.6 (363.1-442)	230.1 (141.7-318.6)	464.4 (416.1-512.7)	301.6 (114.7-488.5)	--
White	604	342.3 (315-369.6)	350.4 (289.5-411.3)	353.9 (316.5-391.2)	242.3 (155.6-329)	336.1 (270.8-401.3)
Asthma in Younger Adults (Ages 18-39)						
2009	150	36.7 (30.8-42.5)	47.7 (28.6-66.8)	30.4 (24.1-36.7)	68 (29.5-106.5)	52.8 (31.7-73.9)
2010	118	28.5 (23.4-33.7)	33.7 (17.7-49.8)	27.4 (21.5-33.3)	--	28.3 (12.9-43.8)
2011	109	25.9 (21-30.7)	33.9 (18.2-49.6)	23.5 (18-28.9)	--	31.6 (15.6-47.6)
Male	50	21.9 (15.8-27.9)	--	18.7 (12.1-25.2)	--	--
Female	59	29.1 (21.7-36.6)	--	27.5 (19-36.1)	--	--
Filipino	21	28.8 (16.5-41.1)	--	31.5 (16.6-46.5)	--	--
Hawaiian	28	29.1 (18.3-39.8)	--	21.7 (9.9-33.5)	--	--
Japanese	<10	--	--	--	--	--
Other Race	32	40.6 (26.6-54.7)	--	42.5 (26.5-58.5)	--	--
White	26	41.3 (25.4-57.2)	--	32.4 (14.8-50.1)	--	--
Dehydration						
2009	807	76.2 (70.9-81.4)	53.7 (41.7-65.6)	82.9 (76.4-89.4)	91.8 (66.3-117.2)	52.2 (38.8-65.6)
2010	775	71.3 (66.3-76.3)	55.9 (43.9-68)	78.8 (72.5-85)	59.1 (39-79.3)	47.2 (34.6-59.8)
2011	720	65.9 (61.1-70.7)	49.8 (38.5-61.1)	74.2 (68.1-80.3)	49.6 (31.2-68)	39.8 (28.3-51.3)
18 to 64	288	32.8 (29-36.6)	22.9 (14.4-31.4)	37.4 (32.5-42.2)	25.5 (10.4-40.5)	20.3 (11.6-29)
65 plus	432	219.3 (198.6-240)	171.6 (122.6-220.7)	245.5 (219.5-271.4)	168.4 (88.3-248.4)	126.6 (76.9-176.2)
Male	366	68.6 (61.5-75.6)	53.8 (37.1-70.5)	75.6 (66.7-84.4)	60.5 (30.8-90.1)	47.4 (30.1-64.6)
Female	354	65.3 (58.5-72.2)	46.6 (31.2-62.1)	76.7 (67.9-85.5)	44.7 (19.4-70)	27.5 (14.4-40.6)
Filipino	77	49.6 (38.5-60.7)	60.8 (23.1-98.4)	51 (37.5-64.5)	--	--
Hawaiian	65	34.6 (26.2-43)	35.8 (15.6-56.1)	39.6 (28.3-50.9)	--	--
Japanese	190	79.7 (68.4-91)	73.1 (37.3-108.9)	85.3 (72.3-98.4)	--	--
Other Race	177	99.4 (84.7-114)	--	117.9 (99.9-135.9)	--	--
White	211	88.1 (76.2-100)	65.4 (42.4-88.5)	101.8 (84.9-118.6)	102.6 (52.3-152.9)	61.8 (37.1-86.5)

--Rate suppressed due to low case count

	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
Urinary Tract Infection						
2009	1063	99.9 (93.9-105.9)	133.4 (114.2-152.6)	92.5 (85.6-99.3)	135.8 (104.7-167)	91.6 (73.6-109.7)
2010	1098	100.5 (94.6-106.4)	104.4 (87.8-121.1)	95.6 (88.8-102.5)	117.9 (89.3-146.6)	121 (100.6-141.4)
2011	1126	102.7 (96.7-108.7)	121.1 (103.3-138.9)	98.3 (91.3-105.2)	118.5 (89.9-147.1)	101.5 (82.8-120.1)
18 to 64	411	46.8 (42.3-51.3)	46.7 (34.6-58.8)	45.9 (40.5-51.3)	67.2 (42.7-91.6)	43.6 (30.9-56.3)
65 plus	715	363 (336.4-389.6)	438.2 (359.8-516.6)	350 (318.9-381)	366.5 (248.4-484.6)	349.3 (266.9-431.7)
Male	297	55.6 (49.3-62)	61.9 (44-79.7)	54.9 (47.3-62.4)	37.8 (14.4-61.2)	60.4 (41-79.9)
Female	829	153 (142.6-163.4)	174.5 (144.6-204.3)	149.4 (137.1-161.8)	208.8 (154.1-263.4)	124.7 (96.8-152.5)
Filipino	145	93.4 (78.2-108.6)	72.9 (31.7-114.2)	96.4 (77.9-114.9)	--	100.9 (56.7-145.1)
Hawaiian	139	74 (61.7-86.3)	101.6 (67.4-135.7)	65.7 (51.1-80.3)	95 (36.1-154)	67.6 (35.5-99.8)
Japanese	276	115.8 (102.1-129.4)	201 (141.6-260.3)	105.6 (91.1-120.2)	209.3 (106.7-311.8)	77.9 (35.5-120.2)
Other Race	254	142.6 (125.1-160.1)	72.6 (33.1-112.1)	165.7 (144.4-187.1)	--	--
White	312	130.3 (115.9-144.8)	156.2 (120.6-191.8)	110.5 (92.9-128.1)	160.3 (97.5-223.2)	157 (117.6-196.4)
Perforated Appendix						
2009	291	21.1 (18.7-23.5)	19.9 (13-26.8)	21.7 (18.8-24.5)	27.6 (14.9-40.4)	15.9 (9.6-22.3)
2010	279	23.1 (20.4-25.8)	19.7 (12.9-26.5)	23.7 (20.3-27)	26.8 (14-39.5)	22.4 (15.4-29.3)
2011	295	23.7 (21-26.4)	24.6 (16.6-32.6)	24.2 (20.9-27.4)	23.2 (13-33.3)	20.4 (12.9-27.8)
18 to 64	208	21.3 (18.4-24.2)	24.3 (15.1-33.5)	21.1 (17.7-24.6)	21.7 (10.7-32.7)	19.2 (11.3-27)
65 plus	87	47 (37.1-56.9)	--	48.6 (36.9-60.2)	--	--
Male	138	23.4 (19.5-27.3)	29.9 (17.7-42.1)	22.7 (18-27.4)	--	23.3 (12.2-34.4)
Female	157	27.4 (23.2-31.7)	23.2 (10.6-35.8)	28.7 (23.6-33.9)	31.7 (14.5-48.9)	19.7 (8.5-30.8)
Filipino	45	23.1 (16.3-29.8)	--	26.4 (17.4-35.4)	--	--
Hawaiian	28	19.2 (12.1-26.3)	--	16.9 (8-25.7)	--	--
Japanese	55	34 (25-42.9)	--	38.3 (27.6-49)	--	--
Other Race	83	23.4 (18.4-28.4)	--	22.4 (17.1-27.7)	--	--
White	84	27.6 (21.7-33.5)	36.5 (20.1-53)	26.3 (18.6-34)	37.9 (15.5-60.3)	--
Mental Health						
2009	4906	470.1 (456.9-483.2)	624.1 (583-665.2)	425.7 (410.8-440.6)	490 (429.5-550.5)	551.7 (509.4-594.1)
2010	5074	478.8 (465.6-492)	689.8 (646.8-732.7)	436.4 (421.4-451.4)	443.2 (386.1-500.4)	504.4 (464.1-544.6)
2011	5180	481.6 (468.5-494.7)	693.2 (651-735.4)	440.8 (425.8-455.9)	413 (358.4-467.5)	502.5 (462.9-542.1)
18 to 64	4769	542.7 (527.3-558.2)	793.9 (743.9-843.9)	494.8 (477.1-512.4)	458.6 (394.7-522.4)	564.7 (518.9-610.6)
65 plus	411	208.7 (188.5-228.8)	244.7 (186.1-303.2)	205.4 (181.6-229.2)	217.9 (126.9-309)	177.2 (118.5-235.9)
Male	3088	578.4 (558-598.8)	831.1 (765.6-896.7)	534.9 (511.4-558.4)	483.9 (400.1-567.7)	576.5 (516.3-636.6)
Female	2092	386.2 (369.6-402.7)	556.7 (503.3-610)	348.4 (329.5-367.2)	343 (272.9-413.1)	429.1 (377.4-480.8)
Filipino	314	202.3 (179.9-224.7)	170.2 (107.1-233.2)	209.5 (182.2-236.8)	163 (87.7-238.3)	211.9 (147.8-275.9)
Hawaiian	728	387.5 (359.3-415.6)	669.1 (581.4-756.7)	327.6 (295-360.1)	199.6 (114.2-285)	373.9 (298.3-449.5)
Japanese	340	142.6 (127.4-157.8)	205.5 (145.5-265.6)	131.6 (115.4-147.9)	170 (77.6-262.4)	173.7 (110.5-236.9)
Other Race	1739	976.3 (930.4-1022.2)	888.2 (750.2-1026.3)	1040.1 (986.7-1093.5)	955.4 (700.6-1210.2)	480.1 (367.7-592.6)
White	2059	860.1 (823-897.3)	1224.3 (1124.7-1323.9)	713.8 (669.2-758.5)	731.1 (596.9-865.2)	985.7 (887-1084.4)

--Rate suppressed due to low case count

	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
PQI Composite – Acute Conditions						
2009	4448	418.2 (406-430.5)	420.5 (386.9-454.1)	418.4 (403.9-433)	529.2 (468.2-590.2)	359 (323.7-394.4)
2010	4136	378.7 (367.1-390.2)	338.3 (308.7-367.9)	386.1 (372.3-400)	428.7 (374.5-482.9)	355.9 (321.2-390.5)
2011	4098	373.8 (362.4-385.3)	335.6 (306.3-364.9)	383.2 (369.4-396.9)	415.6 (362.5-468.7)	340.2 (306.4-374)
18 to 64	1333	151.7 (143.6-159.8)	136.8 (116.1-157.6)	157 (147.1-166.9)	185.3 (144.7-225.9)	124 (102.5-145.5)
65 plus	2765	1403.8 (1351.5-1456.1)	1230.6 (1099.2-1361.9)	1439.2 (1376.3-1502.1)	1535.3 (1293.6-1777)	1326.3 (1165.7-1486.9)
Male	1850	346.5 (330.7-362.3)	299.9 (260.5-339.3)	361.4 (342.1-380.7)	359.2 (286.9-431.4)	307 (263.1-350.9)
Female	2248	415 (397.8-432.1)	374.2 (330.5-418)	429.8 (408.9-450.7)	521.9 (435.5-608.4)	327.1 (282-372.2)
Filipino	587	378.2 (347.6-408.8)	267.4 (188.4-346.4)	387.4 (350.3-424.6)	471 (343-599)	368.2 (283.8-452.7)
Hawaiian	440	234.2 (212.3-256.1)	280.8 (224-337.5)	214.7 (188.4-241.1)	304.2 (198.8-409.5)	234.7 (174.8-294.6)
Japanese	1023	429.1 (402.8-455.3)	475 (383.7-566.3)	419.4 (390.4-448.3)	667 (483.9-850.1)	371.3 (278.9-463.8)
Other Race	937	526.1 (492.4-559.7)	234.6 (163.7-305.6)	614.4 (573.3-655.4)	336.2 (185-487.3)	109.7 (56-163.5)
White	1111	464.1 (436.8-491.4)	464.4 (403-525.8)	458 (422.2-493.7)	519.4 (406.3-632.6)	463.2 (395.6-530.9)
PQI Composite – Chronic Conditions						
2009	7138	679.5 (663.7-695.2)	651.3 (609.9-692.7)	695 (675.9-714)	658.6 (590.5-726.6)	624.9 (578.7-671)
2010	7206	669.1 (653.6-684.5)	620.9 (581.1-660.7)	695.6 (676.8-714.4)	613.4 (548.5-678.3)	586 (541.9-630.1)
2011	6996	646.1 (630.9-661.2)	596.7 (558-635.3)	670.3 (651.8-688.8)	604.4 (540.3-668.4)	574.5 (531.1-618)
18 to 64	3323	378.2 (365.3-391)	340 (307.3-372.7)	399.5 (383.7-415.4)	342.8 (287.5-398)	311.9 (277.8-346)
65 plus	3673	1864.8 (1804.5-1925.1)	1825.8 (1665.7-1985.8)	1880.7 (1808.8-1952.7)	1921.6 (1651.2-2192)	1776.9 (1591-1962.7)
Male	3809	713.4 (690.8-736.1)	663 (604.5-721.6)	746.8 (719-774.5)	710.7 (609.1-812.3)	573.2 (513.2-633.2)
Female	3187	588.3 (567.9-608.7)	562 (508.4-615.6)	605.4 (580.6-630.3)	574.1 (483.4-664.8)	521.4 (464.5-578.4)
Filipino	1098	707.4 (665.6-749.3)	467.9 (363.4-572.4)	772.1 (719.7-824.5)	788 (622.4-953.6)	509.5 (410.1-608.8)
Hawaiian	1307	695.6 (657.9-733.3)	854.2 (755.2-953.2)	635.8 (590.4-681.1)	731.9 (568.4-895.3)	751.8 (644.6-859)
Japanese	1105	463.4 (436.1-490.8)	479.5 (387.8-571.3)	452.7 (422.6-482.8)	680.1 (495.2-864.9)	467.1 (363.5-570.8)
Other Race	1680	943.2 (898.1-988.3)	581 (469.3-692.6)	1063 (1009-1117)	583.9 (384.7-783.1)	377.3 (277.6-477)
White	1806	754.4 (719.6-789.2)	724 (647.4-800.6)	814.2 (766.5-861.8)	596.4 (475.2-717.6)	643.4 (563.6-723.2)

--Rate suppressed due to low case count

Acute Composite Rate includes Dehydration, Bacterial Pneumonia, and Urinary Tract Infection

Chronic Composite Rate includes Short-Term Complications of Diabetes, Long-Term Complications of Diabetes, Uncontrolled Diabetes, Rate of Lower-Extremity Amputation, Hypertension, Heart Failure, Angina without Procedure, COPD or Asthma in Older Adults (Ages 40+), and Asthma in Younger Adults (Ages 18-39)

	Hawaii State		Counties			
			Hawaii	Honolulu	Kauai	Maui
	Cases	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)	Rate (95% CI)
PQI Composite						
2009	11586	1097.5 (1077.5-1117.5)	1072 (1018.7-1125.4)	1112.7 (1088.8-1136.7)	1187.8 (1096.4-1279.1)	984.7 (926.5-1042.9)
2010	11341	1047.1 (1027.8-1066.4)	960 (910.4-1009.6)	1080.5 (1057.2-1103.9)	1042.1 (957.5-1126.7)	941.4 (885.4-997.5)
2011	11093	1019.4 (1000.4-1038.4)	932.4 (883.9-980.9)	1052.5 (1029.5-1075.5)	1020 (936.8-1103.2)	915.3 (860.3-970.4)
18 to 64	4655	529.8 (514.6-545)	476 (437.3-514.7)	556.5 (537.8-575.3)	528 (459.5-596.6)	435.9 (395.6-476.2)
65 plus	6438	3268.6 (3188.7-3348.4)	3056.3 (2849.2-3263.4)	3319.9 (3224.4-3415.5)	3456.8 (3094.1-3819.5)	3103.2 (2857.5-3348.8)
Male	5658	1059.7 (1032.1-1087.3)	961.6 (891.1-1032.1)	1108.2 (1074.3-1142)	1069.9 (945.2-1194.6)	880.2 (805.9-954.5)
Female	5435	1003.3 (976.6-1029.9)	936.2 (867-1005.4)	1035.3 (1002.8-1067.7)	1096 (970.7-1221.3)	848.5 (775.9-921.2)
Filipino	1685	1085.6 (1033.8-1137.5)	735.3 (604.3-866.3)	1159.6 (1095.3-1223.8)	1258.9 (1049.7-1468.2)	877.7 (747.3-1008.1)
Hawaiian	1747	929.8 (886.2-973.4)	1135 (1020.9-1249.1)	850.5 (798-903)	1036 (841.5-1230.5)	986.5 (863.7-1109.3)
Japanese	2128	892.5 (854.6-930.4)	954.5 (825.1-1083.9)	872 (830.3-913.8)	1347.1 (1087-1607.3)	838.5 (699.6-977.4)
Other Race	2616	1468.7 (1412.4-1525)	810 (678.2-941.9)	1677.3 (1609.5-1745.2)	920 (670-1170.1)	487 (373.7-600.3)
White	2917	1218.5 (1174.3-1262.7)	1188.4 (1090.2-1286.6)	1272.1 (1212.5-1331.7)	1115.8 (950-1281.6)	1106.7 (1002.1-1211.3)

--Rate suppressed due to low case count

Appendix C: Key Informant Interview Guide and Participants

Completed Interviews

Key Informant Title, Organization	Expertise	Date of Interview
Jennifer Dang State Director, Hawaii Nutrition and Physical Activity Coalition, Department of Education	Exercise, Nutrition & Weight	12/20/2012
Lynn Fallin Deputy Director, Behavioral Health Services Administration, Hawaii Department of Health	Mental Health & Mental Disorders	12/12/2012
Dr. Kenny Fink Administrator, Department of Human Services, Med-QUEST Division	Access to Health Services	12/10/2012
Loretta Fuddy Director, Hawaii State Department of Health	Mental Health & Mental Disorders Substance Abuse	12/12/2012
Beth Giesting Healthcare Transformation Officer, Office of the Governor	Access to Health Services Oral Health	12/20/2012
Dr. Josh Green State Senator Executive Medical Director, Hawaii Independent Physicians Association Emergency Room Physician	Diabetes Substance Abuse	11/28/2012
Robert Hirokawa CEO, Hawaii Primary Care Association	Respiratory Disease Social Environment	12/19/2012
Lola Irvin Healthy Hawaii Initiative, Tobacco Settlement Project Manager, Hawaii State Department of Health	Cancer Exercise, Nutrition & Weight Respiratory Disease	12/17/2012
Dr. Bliss Kaneshiro Professor of Obstetrics/Gynecology, Director of Family Planning, John A. Burns School of Medicine, University of Hawaii	Family Planning	12/17/2012
Leslie Lam Executive Director, American Diabetes Association Hawaii	Diabetes	12/28/2012
Dee Jay Mailer CEO, Kamehameha Schools	Education	12/17/2012
Kathy Matayoshi Superintendent of Education, Hawaii State Department of Education	Mental Health & Mental Disorders	12/26/2012
Dee Dee Nelson Director, Mountain-Pacific Quality Health	Heart Disease Older Adults & Aging	12/3/2012
May Okihiro Director, Hawaii Initiative for Childhood Obesity Research and Education, John A. Burns School of Medicine Department of Pediatrics, University of Hawaii	Exercise, Nutrition & Weight	12/10/2012
Dr. Bill Osheroff Chief Medical Officer, Hawaii Medical Service Association	Maternal, Fetal & Infant Health	12/20/2012

Dr. Neal Palafox Professor, John A. Burns School of Medicine, University of Hawaii	Access to Health Services Cancer	12/26/2012
Dr. Sarah Park Chief, Disease Outbreak Control Division, Department of Health	Immunizations & Infectious Disease	12/4/2012
Dr. Linda Rosen Chief, Emergency Medical Services and Injury Prevention Systems Branch, Hawaii State Department of Health	Injury Prevention & Safety	12/20/2012
David Sakamoto Deputy Director, Health Services, Hawaii State Department of Health	Mental Health & Mental Disorders	12/12/2012
Emilie Smith Administrator, CareResource Hawaii	Older Adults & Aging Transportation	12/6/2012
Hardy Spoehr Executive Director, Papa Ola Lokahi	Access to Health Services Social Environment	12/19/2012
Lori Suan Executive Director, American Heart Association, Hawaii Chapter	Heart Disease	12/10/2012
Dr. Jackie Young Chief Staff Officer, High Plains Division, American Cancer Society Hawaii Site	Cancer	12/26/2012
Ken Zeri President & CEO, Hospice Hawaii	Older Adults & Aging	12/6/2012

Attempted Interviews

Following the nomination and voting process, individuals from the following organizations were attempted to be reached but were unavailable for interview.

Organization	Expertise
Aloha United Way	Social Environment

Appendix D: Identified Community Resources

Statewide Health-Related Resources Identified from Aloha United Way[14]

The following list includes selected resources available to residents of the State of Hawaii, as identified from Aloha United Way. However, it is not an exhaustive directory of all statewide programs. To find more resources, please visit http://www.auw211.org/.

Topic Area(s)	Organization/Program	URL	Phone
Access to Health Services	DISABILITY & COMMUNICATION ACCESS BOARD	http://www.state.hi.us/health/dcab/home/index.htm	(808)586-8121
Access to Health Services	DISABLED RIGHTS LEGAL PROJECT		(808)585-0920
Access to Health Services; Transportation	EYE OF THE PACIFIC GUIDE DOGS FOUNDATION	www.eyeofthepacific.org	(808)941-1088
Access to Health Services; Substance Abuse	HAWAII TOBACCO QUITLINE	www.callitquitshawaii.org	
Cancer	AMERICAN CANCER SOCIETY	www.cancer.org	(808)595-7544
Cancer	BCCCP - BREAST AND CERVICAL CANCER CONTROL PROGRAM	www.queens.org	
Cancer	THE LEUKEMIA & LYMPHOMA SOCIETY	www.lls.org/aboutlls/chapters/sd/	(808)534-1222
Cancer	US TOO INTERNATIONAL AND NATIONAL ALLIANCE OF STATE PROSTATE CANCER COALITIONS	www.naspcc.org/hawaii	(808)521-2630
Cancer; Access to Health Services	CANCER INFORMATION SERVICE	www.cancer.gov	1-800-4-CANCER (1-800-422-6237)
Children's Health	CHILD & FAMILY SERVICES	www.childandfamilyservice.org	
Children's Health	HAWAII KIDS COUNT	http://uhfamily.hawaii.edu/projects/kidscount/home.aspx	
Children's Health	PREVENT CHILD ABUSE HAWAII	www.preventchildabusehawaii.org	(808)951-0200
Diabetes	AMERICAN DIABETES ASSOCIATION - HI	www.diabetes.org	
Diabetes	NATIONAL KIDNEY FOUNDATION OF HAWAII - OAHU	www.kidneyhi.org	(808)593-1515
Diabetes; Children's Health	JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - HAWAII CHAPTER	www.jdrfhawaii.org	(808)988-1000
Education	OUTREACH COLLEGE	www.outreach.hawaii.edu	(808)956-7221
Exercise, Nutrition, & Weight	EXPANDED FOOD & NUTRITION EDUC-OAHU	www.ctahr.hawaii.edu/site/Extprograms.aspx	(808)956-7138
Exercise, Nutrition, & Weight	OVEREATERS ANONYMOUS - HAWAII	www.oa.org	(808)737-3469
Heart Disease & Stroke	REHABILITATION HOSPITAL OF THE PACIFIC - STROKE PROGRAM	www.rehabhospital.org	(808)531-3511

[14] Data was accessed February 2013

Topic Area(s)	Organization/Program	URL	Phone
Heart Disease & Stroke; Education	LAST MINUTE CPR & FIRST AID	www.lastminutecpr.com	(808)671-4100
Immunizations & Infectious Diseases	HIV EARLY INTERVENTION SERVICES	www.waikikihc.org	(808)926-0742 (808)791-9387
Injury Prevention & Safety	BRAIN INJURY ASSOCIATION OF HAWAII	http://www.biausa.org/hawaii	(808)791-6942
Injury Prevention & Safety; Social Environment	HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE	www.hscadv.org	
Injury Prevention & Safety; Substance Abuse	MADD HAWAII	http://www.madd.org/local-offices/hi/	(808)532-6232
Injury Prevention & Safety; Social Environment	OHIA DOMESTIC VIOLENCE SHELTER	http://www.pacthawaii.org/ohia.html	(808)526-2200
Maternal, Fetal & Infant Health	H-KISS	http://hawaii.gov/health/family-child-health/eis	(808)594-0066
Maternal, Fetal & Infant Health	LA LECHE LEAGUE	www.lllnorcal.org/groups/Hawaii.html	(808)325-3055
Maternal, Fetal & Infant Health	PARENT LINE	www.theparentline.org	(808)526-1222
Mental Health	NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) - HAWAII	www.namihawaii.org	(808)591-1297
Mental Health	WARM LINES	www.unitedselfhelp.org	(808)931-6444
Older Adults & Aging	AGING, EXECUTIVE OFFICE ON	www.hawaii.gov/health/eoa/index.html	(808)586-0100
Older Adults & Aging	ALZHEIMER'S ASSOCIATION - ALOHA CHAPTER	http://www.alz.org/hawaii/	(808)591-2771
Older Adults & Aging	CTR ON AGING, OFFICE OF PUBLIC HEALTH STUDIES	www.hawaii.edu/aging	(808)956-5001
Older Adults & Aging	LEJ DISABILITY VETERANS PROJECT	www.lejdisability.org	(888) 557-9789
Oral Health	HAWAII DENTAL ASSOCIATION	www.hawaiidentalassociation.net/	(808)593-7956
Organ Donation	LEGACY OF LIFE HAWAII	www.legacyoflifehawaii.org	(808)599-7630
Other Chronic Conditions	ARTHRITIS FOUNDATION, HAWAII BRANCH	www.arthritis.org	(808)596-2900
Other Chronic Conditions	AUTISM SOCIETY OF HAWAII	www.autismhi.org/	(808)228-0122
Other Chronic Conditions	EPILEPSY FOUNDATION OF HAWAII	www.hawaiiepilepsy.com	(808)528-3058
Other Chronic Conditions	LUPUS FOUNDATION, HAWAII	www.lupushawaii.org	
Social Environment	OFFICE OF HAWAIIAN AFFAIRS - OAHU	www.oha.org	(808)594-1888
Social Environment; Economy	HAWAI`I HOTEL & LODGING ASSOCIATION	www.hawaiihotels.org	(808)923-0407
Substance Abuse	COALITION FOR A DRUG-FREE HAWAII	www.drugfreehawaii.org	

Topic Area(s)	Organization/Program	URL	Phone
Substance Abuse; Teen & Adolescent Health	COALITION FOR A TOBACCO-FREE HAWAII	www.tobaccofreehawaii.org	

Health-Related Resources Identified by Hawaii Department of Health

The following list includes organizations that have active contracts with the Hawaii Department of Health in 2013.

Geography	Topic Area(s)	Organization/Program
Hawaii County	Access to Health Services; Family Planning	HAWAII ISLAND HIV/AIDS FOUNDATION
Hawaii County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HILO/PUNA
Hawaii County	Children's Health; Access to Health Services	FAMILY SUPPORT SERVICES OF WEST HAWAII - KAU
Hawaii County	Children's Health; Access to Health Services	FAMILY SUPPORT SERVICES OF WEST HAWAII - KOHALA/HAMAKUA
Hawaii County	Environment	COUNTY OF HAWAII
Hawaii County	Environment	COUNTY OF HAWAII DEPARTMENT OF FINANCE
Hawaii County	Environment	COUNTY OF HAWAII DEPARTMENT OF WATER SUPPLY
Hawaii County	Environment	HAWAI'I RURAL WATER ASSOCIATION
Hawaii County	Environment	HAWAIIAN BEACHES
Hawaii County	Environment	HAWAIIAN SHORES
Hawaii County	Environment	KAWELA PLANTATION
Hawaii County	Environment	RURAL COMMUNITY ASSISTANCE CORPORATION
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	BAY CLINIC, INC.
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	FAMILY PLANNING EDUCATION SERVICES
Hawaii County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	HAMAKUA HEALTH CENTER
Hawaii County	Maternal, Fetal & Infant Health; Children's Health	FAMILY SUPPORT SERVICES OF WEST HAWAII
Hawaii County	Mental Health	ALAKAI NA KEIKI, INC (EAST HAWAII)
Hawaii County	Mental Health	ALAKAI NA KEIKI, INC (WEST HAWAII)
Hawaii County	Mental Health	TIFFE (EASTT HAWAII)
Hawaii County	Mental Health	TIFFE (WEST HAWAII)
Hawaii County	Substance Abuse	BISAC
Hawaii County	Substance Abuse	HAWAII COUNTY POLICE DEPT.
Hawaii County	Substance Abuse	HAWAII SPEED AND QUICKNESS
Hawaii County	Substance Abuse; Family Planning	BISAC
Hawaii State	Access to Health Services	HAWAII ISLAND HIV/AIDS FOUNDATION

Geography	Topic Area(s)	Organization/Program
Hawaii State	Access to Health Services	LIFE FOUNDATION
Hawaii State	Access to Health Services; Family Planning	AIDS COMMUNITY CARE TEAM
Hawaii State	Children's Health; Access to Health Services	EASTER SEALS HAWAII
Hawaii State	Children's Health; Access to Health Services	UNITED CEREBRAL PALSY ASSOCIATION OF HAWAII
Hawaii State	Environment	HAWAII ASSOCIATION OF CONSERVATION DISTRICTS
Hawaii State	Environment	HEALTHY HAWAII COALITION
Hawaii State	Environment	SURFRIDER FOUNDATION
Hawaii State	Immunizations & Infectious Diseases; Social Environment	PCF VIRTUAL
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	HEALTHY MOTHERS, HEALTHY BABIES COALITION OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	PLANNED PARENTHOOD OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	UNIVERSITY OF HAWAII AT MANOA/LEEWARD COMMUNITY COLLEGE
Hawaii State	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	UNIVERSITY OF HAWAII HILO
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	BOYS AND GIRLS CLUB OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CATHOLIC CHARITIES OF HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE KAUAI
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	FAMILY SUPPORT SERVICES OF WEST HAWAII
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	THE INSTITUTE FOR FAMILY ENRICHMENT
Hawaii State	Maternal, Fetal & Infant Health; Children's Health	YWCA OF HAWAII ISLAND
Hawaii State	Mental Health	CATHOLIC CHARITIES HAWAII
Hawaii State	Mental Health	CHILD AND FAMILY SERVICE
Hawaii State	Substance Abuse	ALCOHOLIC REHABILITATION SERVICES OF HI
Hawaii State	Substance Abuse	BOYS AND GIRLS CLUB OF THE BIG ISLAND
Hawaii State	Substance Abuse	COALITION FOR A DRUG-FREE HWAII
Hawaii State	Substance Abuse	COMMUNITY HEALTH OUTREACH WORK PROJECT
Hawaii State	Substance Abuse	SALVATION ARMY ATS
Hawaii State	Substance Abuse	SALVATION ARMY FIS
Hawaii State	Substance Abuse	THE INSTITUTE FOR FAMILY ENRICHMENT
Hawaii State	Substance Abuse	UH CANCER CENTER
Hawaii State	Substance Abuse	UNIVERSITY OF HAWAII
Hawaii State	Substance Abuse	UNIVERSITY OF HAWAII-HILO
Hawaii State	Substance Abuse; Family Planning	CHILD & FAMILY SVCS

Geography	Topic Area(s)	Organization/Program
Hawaii State	Substance Abuse; Mental Health	SALVATION ARMY FTS
Hawaii State	Substance Abuse; Older Adults & Aging	CATHOLIC CHARITIES HAWAII
Hawaii State	Substance Abuse; Teen & Adolescent Health	BOYS AND GIRLS CLUB OF HAWAII
Honolulu County	Access to Health Services	ALOHA HOUSE, INC.
Honolulu County	Access to Health Services	LIFE FOUNDATION
Honolulu County	Children's Health; Access to Health Services	ACES
Honolulu County	Children's Health; Access to Health Services	ALAKAI NA KEIKI, INC.
Honolulu County	Children's Health; Access to Health Services	B.C.P., INC. DBA BAYADA HOME HEALTH CARE
Honolulu County	Children's Health; Access to Health Services	CARE HAWAII, INC.
Honolulu County	Children's Health; Access to Health Services	COMPREHENSIVE AUTISM SERVICES & EDUCATION, INC. DBA C.A.S.E., INC.
Honolulu County	Children's Health; Access to Health Services	DEBORAH T. TOM DBA DEBORAH T. TOM, MS, PT
Honolulu County	Children's Health; Access to Health Services	DR. BRENDA LOVETTE DBA LOKAHI CONSULTING GROUP, INC.
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HONOLULU CENTRAL
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - HONOLULU EAST
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAILUA
Honolulu County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAPOLEI
Honolulu County	Children's Health; Access to Health Services	HAWAII BEHAVIORAL HEALTH, LLC
Honolulu County	Children's Health; Access to Health Services	HELPING HANDS HAWAII
Honolulu County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES
Honolulu County	Children's Health; Access to Health Services	JIHEE KIM NGUYEN
Honolulu County	Children's Health; Access to Health Services	JUNE UYEHARA ISONO, INC. DBA AUDIOLOGY CONSULTANT AND SERVICES
Honolulu County	Children's Health; Access to Health Services	KAPIOLANI MEDICAL SPECIALISTS
Honolulu County	Children's Health; Access to Health Services	MARY MARASOVICH DBA OAHU SPEECH LANGUAGE PATHOLOGY CONSULTANTS
Honolulu County	Children's Health; Access to Health Services	PACIFIC GATEWAY CENTER
Honolulu County	Children's Health; Access to Health Services	QUALITY BEHAVIORAL OUTCOMES, LLC
Honolulu County	Children's Health; Access to Health Services	SAYURI'S NUTRITIONAL CONSULTATION, LLC
Honolulu County	Children's Health; Access to Health Services	THE INSTITUTE FOR FAMILY ENRICHMENT, LLC
Honolulu County	Children's Health; Access to Health Services	WAIANAE COAST EARLY CHILDHOOD SERVICES, INC. - WAIANAE
Honolulu County	Environment	CITY & COUNTY OF HONOLULU
Honolulu County	Environment	HUI O KO'OLAUPOKO
Honolulu County	Environment	OAHU RESOURCE CONSERVATION & DEVELOPMENT COUNCIL
Honolulu County	Environment	SUSTAINABLE RESOURCES GROUP INTERNATIONAL, INC.
Honolulu County	Environment	TOWNSCAPE, INC.
Honolulu County	Immunizations & Infectious Diseases; Children's Health	NA KAHU MALAMA NURSES, INC.

Geography	Topic Area(s)	Organization/Program
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	CHILD AND FAMILY SERVICE
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	COMMUNITY CLINIC OF MAUI
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KALIHI PALAMA HEALTH CENTER
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KOKUA KALIHI VALLEY
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KOOLAULOA HEALTH AND WELLNESS CENTER
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MOLOKAI GENERAL HOSPITAL
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	WAIANAE COAST DISTRICT COMPREHENSIVE
Honolulu County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	WAIKIKI HEALTH CENTER
Honolulu County	Maternal, Fetal & Infant Health; Children's Health	CHILD AND FAMILY SERVICE
Honolulu County	Maternal, Fetal & Infant Health; Children's Health	THE INSTITUTE FOR FAMILY ENRICHMENT
Honolulu County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	WAIANAE COAST COMPREHENSIVE HEALTH SERVICES
Honolulu County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	WAIMANALO HEALTH CENTER
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (CENTRAL OAHU)
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (HONOLULU)
Honolulu County	Mental Health	ALAKAI NA KEIKI, INC (LEEWARD OAHU)
Honolulu County	Mental Health	ALOHA HOUSE, INC
Honolulu County	Mental Health	ALOHA HOUSE, INC (CR - CRISIS MOBILE)
Honolulu County	Mental Health	BENCHMARK BEHAVIORAL HEALTH, INC. (ANCILLARY)
Honolulu County	Mental Health	BOBBY BENSON CENTER
Honolulu County	Mental Health	BREAKING BOUNDARIES
Honolulu County	Mental Health	CARE HAWAII, INC.
Honolulu County	Mental Health	CARE HAWAII, INC. (CR - CRISIS MOBILE)
Honolulu County	Mental Health	CASTLE MEDICAL CENTER
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE (CR - CRISIS MOBILE)
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE
Honolulu County	Mental Health	CHILD AND FAMILY SERVICE (CR - CRISIS MOBILE)
Honolulu County	Mental Health	COMMUNITY EMPOWERMENT RESOURCES

Geography	Topic Area(s)	Organization/Program
Honolulu County	Mental Health	HALE KIPA, INC.
Honolulu County	Mental Health	HAWAII BEHAVIORAL HEALTH, LLC
Honolulu County	Mental Health	HAWAII BEHAVIORAL HEALTH, LLC (CR - MTFC)
Honolulu County	Mental Health	HAWAII FAMILIES AS ALLIES (BG30&31)
Honolulu County	Mental Health	HAWAII FAMILIES AS ALLIES(PK)
Honolulu County	Mental Health	HELPING HANDS HAWAII
Honolulu County	Mental Health	HOPE SERVICES OF HAWAII, INC.
Honolulu County	Mental Health	MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING
Honolulu County	Mental Health	MENTAL HEALTH KOKUA
Honolulu County	Mental Health	NORTH SHORE MENTAL HEALTH, INC.
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (CR - FFT)
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (EAST OAHU)
Honolulu County	Mental Health	PARENTS AND CHILDREN TOGETHER (WEST OAHU
Honolulu County	Mental Health	PO'AILANI, INC.
Honolulu County	Mental Health	SPECIAL EDUCATION CENTER OF HAWAII
Honolulu County	Mental Health	STEADFAST HOUSING DEVELOPMENT CORP.
Honolulu County	Mental Health	SUSANNAH WESLEY COMMUNITY CENTER
Honolulu County	Mental Health	TALAVERA, ELSA
Honolulu County	Mental Health	THE INSTITUTE FOR FAMILY ENRICHMENT (TIFFE)
Honolulu County	Mental Health	TIFFE
Honolulu County	Mental Health	TIFFE- COST REIMB (FFT)
Honolulu County	Mental Health	WAIANAE COAST COMMUNTY MENTAL HEALTH CENTER, INC.
Honolulu County	Substance Abuse	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse	BRIDGE HOUSE
Honolulu County	Substance Abuse	C&C OF HONOLULU POLICE DEPT.
Honolulu County	Substance Abuse	CARE HAWAII
Honolulu County	Substance Abuse	CITY AND COUNTY OF HONOLULU
Honolulu County	Substance Abuse	HINA MAUKA
Honolulu County	Substance Abuse	HO'OMAU KE OLA
Honolulu County	Substance Abuse	HOA AINA O MAKAHA
Honolulu County	Substance Abuse	KA HALE POMAIKAI
Honolulu County	Substance Abuse	KLINE WELSH
Honolulu County	Substance Abuse	KU ALOHA OLA MAU
Honolulu County	Substance Abuse	OXFORD HOUSE
Honolulu County	Substance Abuse	PARENTS AND CHILDREN TOGETHER
Honolulu County	Substance Abuse	SALVATION ARMY ATS
Honolulu County	Substance Abuse	WAIKIKI HEALTH CENTER

Geography	Topic Area(s)	Organization/Program
Honolulu County	Substance Abuse	WAIMANALO HEALTH CENTER
Honolulu County	Substance Abuse; Family Planning	MALAMA NA MAKUA
Honolulu County	Substance Abuse; Mental Health	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse; Mental Health	HINA MAUKA
Honolulu County	Substance Abuse; Mental Health	KLINE WELSH
Honolulu County	Substance Abuse; Mental Health	OHANA MAKAMAE
Honolulu County	Substance Abuse; Mental Health	QUEENS MEDICAL CTR
Honolulu County	Substance Abuse; Teen & Adolescent Health	ALOHA HOUSE, INC.
Honolulu County	Substance Abuse; Teen & Adolescent Health	ALU LIKE, INC.
Honolulu County	Substance Abuse; Teen & Adolescent Health	BISAC
Honolulu County	Substance Abuse; Teen & Adolescent Health	CARE HAWAII
Honolulu County	Substance Abuse; Teen & Adolescent Health	FAMILY EDUCATION CENTER OF HAWAII
Honolulu County	Substance Abuse; Teen & Adolescent Health	HALE HO'OKUPA'A
Honolulu County	Substance Abuse; Teen & Adolescent Health	HINA MAUKA
Honolulu County	Substance Abuse; Teen & Adolescent Health	MYFS
Honolulu County	Substance Abuse; Teen & Adolescent Health	OHANA MAKAMAE
Honolulu County	Substance Abuse; Teen & Adolescent Health	PO'AILANI
Honolulu County	Substance Abuse; Teen & Adolescent Health	TIFFE
Honolulu County	Substance Abuse; Teen & Adolescent Health	YMCA
Kauai County	Access to Health Services	MALAMA PONO HEALTH SERVICES
Kauai County	Access to Health Services; Family Planning	LIFE FOUNDATION
Kauai County	Access to Health Services; Family Planning	MALAMA PONO HEALTH SERVICES
Kauai County	Children's Health; Access to Health Services	EASTER SEALS OF HAWAII - KAUAI
Kauai County	Environment	COUNTY OF KAUAI
Kauai County	Environment	COUNTY OF KAUAI DEPARTMENT OF WATER
Kauai County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KAUAI COMMUNITY COLLEGE
Kauai County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	KAUAI RURAL HEALTH
Kauai County	Mental Health	HALE OPIO KAUAI, INC.
Kauai County	Mental Health	PARENTS AND CHILDREN TOGETHER (KAUAI)
Kauai County	Substance Abuse	KAUAI COUNTY POLICE DEPT.
Maui County	Access to Health Services	PHARMACY CORPORATION OF AMERICA DBA PHARMERICA
Maui County	Access to Health Services	UNIVERSITY, CLINICAL, EDUCATION AND RESEARCH ASSOCIATES
Maui County	Access to Health Services; Family Planning	MAUI AIDS FOUNDATION
Maui County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES - LANAI
Maui County	Children's Health; Access to Health Services	IMUA FAMILY SERVICES - MAUI

Geography	Topic Area(s)	Organization/Program
Maui County	Environment	CENTRAL MAUI SOIL & WATER CONSERVATION DISTRICT
Maui County	Environment	COUNTY OF MAUI
Maui County	Environment	KAHOOLAWE ISLAND RESERVE COMMISSION
Maui County	Environment	LANAI INSTITUTE FOR THE ENVIRONMENT
Maui County	Environment	MAUI DEPARTMENT OF WATER SUPPLY
Maui County	Environment	RRR RECYCLING SERVICES HAWAII
Maui County	Environment	WEST MAUI LAND COMPANY, INC.
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	LANAI WOMEN'S HEALTH CENTER
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MAUI COMMUNITY COLLEGE
Maui County	Maternal, Fetal & Infant Health; Access to Health Services; Family Planning	MOLOKAI GENERAL HOSPITAL
Maui County	Maternal, Fetal & Infant Health; Children's Health	MAUI FAMILY SUPPORT SERVICES
Maui County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	MAUI FAMILY SUPPORT SERVICES, INC.
Maui County	Maternal, Fetal & Infant Health; Exercise, Nutrition, & Weight	MOLOKAI OHANA HEALTH CARE, INC.
Maui County	Mental Health	ALAKAI NA KEIKI, INC (MAUI)
Maui County	Mental Health	MAUI YOUTH AND FAMILY SERVICES, INC.
Maui County	Mental Health	PARENTS AND CHILDREN TOGETHER (MAUI)
Maui County	Substance Abuse	MAUI COUNTY POLICE DEPT.
Maui County	Substance Abuse	MAUI ECONOMIC OPPORTUNITY, INC.
Maui County	Substance Abuse; Teen & Adolescent Health	MAUI YOUTH AND FAMILY SERVICES
unknown	*unknown*	ALAKAI NA KEIKI, INC (EAST HAWAII)
unknown	*unknown*	ALCOHOLIC REHABILITATION SERVICES OF HI
unknown	*unknown*	ALOHA HOUSE, INC.
unknown	*unknown*	BAY CLINIC, INC.
unknown	*unknown*	BISAC
unknown	*unknown*	BOBBY BENSON CENTER
unknown	*unknown*	BRIDGE HOUSE
unknown	*unknown*	C&C OF HONOLULU
unknown	*unknown*	CATHOLIC CHARITIES HAWAII
unknown	*unknown*	CATHOLIC CHARITIES OF HAWAII
unknown	*unknown*	CHILD & FAMILY SVCS
unknown	*unknown*	CHILD AND FAMILY SERVICE
unknown	*unknown*	CHILD AND FAMILY SERVICE KAUAI

Geography	Topic Area(s)	Organization/Program
unknown	*unknown*	COALITION FOR A DRUG-FREE HWAII
unknown	*unknown*	COMMUNITY CLINIC OF MAUI
unknown	*unknown*	FAMILY PLANNING EDUCATION SERVICES
unknown	*unknown*	FAMILY SUPPORT SERVICES OF WEST HAWAII
unknown	*unknown*	HALE KIPA, INC.
unknown	*unknown*	HAMAKUA HEALTH CENTER
unknown	*unknown*	HAWAII ASSOCIATION OF CONSERVATION DISTRICTS
unknown	*unknown*	HAWAII BEHAVIORAL HEALTH, LLC
unknown	*unknown*	HAWAII STATE COALITION AGAINST DOMESTIC VIOLENCE
unknown	*unknown*	HEALTHY MOTHERS, HEALTHY BABIES COALITION OF HAWAII
unknown	*unknown*	HINA MAUKA
unknown	*unknown*	HO'OMAU KE OLA
unknown	*unknown*	J. WALTER CAMERON CENTER
unknown	*unknown*	JACKSON & COKER LOCUM TENENS, LLC
unknown	*unknown*	KA HALE POMAIKAI
unknown	*unknown*	KALIHI PALAMA HEALTH CENTER
unknown	*unknown*	KAUAI COMMUNITY COLLEGE
unknown	*unknown*	KAUAI RURAL HEALTH
unknown	*unknown*	KLINE WELSH
unknown	*unknown*	KOKUA KALIHI VALLEY
unknown	*unknown*	KOOLAULOA HEALTH AND WELLNESS CENTER
unknown	*unknown*	KU ALOHA OLA MAU
unknown	*unknown*	LANAI WOMEN'S HEALTH CENTER
unknown	*unknown*	MALAMA NA MAKUA
unknown	*unknown*	MARIMED FOUNDATION FOR ISLAND HEALTH CARE TRAINING
unknown	*unknown*	MAUI COMMUNITY COLLEGE
unknown	*unknown*	MAUI FAMILY SUPPORT SERVICES
unknown	*unknown*	MOLOKAI GENERAL HOSPITAL
unknown	*unknown*	OHANA MAKAMAE
unknown	*unknown*	OXFORD HOUSE
unknown	*unknown*	PARENTS AND CHILDREN TOGETHER (CR - FFT)
unknown	*unknown*	PLANNED PARENTHOOD OF HAWAII
unknown	*unknown*	QUEENS MEDICAL CTR
unknown	*unknown*	SALVATION ARMY ATS
unknown	*unknown*	SALVATION ARMY FIS
unknown	*unknown*	SALVATION ARMY FTS
unknown	*unknown*	STEADFAST HOUSING DEVELOPMENT CORP.

Geography	Topic Area(s)	Organization/Program
unknown	*unknown*	THE QUEEN'S MEDICAL CENTER
unknown	*unknown*	TIFFE
unknown	*unknown*	UNIVERSITY OF HAWAII
unknown	*unknown*	UNIVERSITY OF HAWAII HILO
unknown	*unknown*	WAIANAE COAST DISTRICT COMPREHENSIVE
unknown	*unknown*	WAIKIKI HEALTH CENTER
unknown	*unknown*	WAIMANALO HEALTH CENTER
unknown	*unknown*	WEST HAWAII COMMUNITY HEALTH CENTER

State of Hawaii Licensed Health Care Facilities Reported by the Centers for Medicare & Medicaid Services[15]

The following list includes the places of service reported by the Centers for Medicare & Medicaid Services for the State of Hawaii. However, it is not an exhaustive directory of all facilities in the county.

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	BIG ISLAND ENDOSCOPY CENTER, LLC	64-5188 KINOHOU STREET KAMUELA HI 96743
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HILO COMMUNITY SURGERY CENTER	82 PU'UHONU PLACE, SUITE 100 HILO HI 96720
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KONA AMBULATORY SURGERY CENTER, LLC	75-5905 WALUA ROAD, UNIT 4 KAILUA KONA HI 96740
Hawaii County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	THE ENDOSCOPY CENTER, LLC	134 PUUHONU WAY HILO HI 96720
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-KONA DIALYSIS	78-6831 ALII DRIVE, SUITE 336 KAILUA KONA HI 96740
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC HILO DIALYSIS FACILITY	140 RAINBOW DRIVE HILO HI 96720
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-NORTH HAWAII, LLC	67-1123 MAMALAHOA HIGHWAY, SUITE 112 KAMUELA HI 96743
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	NORTH HAWAII DIALYSIS CENTER	67-1123 MAMALOHOA HIGHWAY KAMUELA HI 96743
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ST FRANCIS MEDICAL CENTER - KONA DIALYSIS FACILITY	79-1020 HAUKAPILA STREET, #213 KEALAKEKUA HI 96750

[15] The Centers for Medicare & Medicaid Services published this list in the 4th Quarter of 2012.

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ST FRANCIS MEDICAL CENTER-HILO DIALYSIS FACILITY	140 RAINBOW DRIVE HILO HI 96720
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC	68-1845 WAIKOLOA ROAD, SUITE 211 WAIKOLOA HI 96738
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC.	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Extension or Branch	OPT EXTENSION	HAWAIIAN REHABILITATION SERVICES, INC.	65-1230 MAMALAHOA HIGHWAY, SUITE E-11 KAMUELA HI 96743
Hawaii County	Extension or Branch	OPT EXTENSION	REHAB AT KAILUA - KONA	74-5620 A PALANI ROAD SUITE 101 KAILUA KONA HI 96740
Hawaii County	Extension or Branch	OPT EXTENSION	REHAB AT KONA	79-7430 MAMALAHOA HIGHWAY KEALAKEKUA HI 96750
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC	311 KALANIA NAOLE HILO HI 96720
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC FAMILY HEALTH CENTER	73 PU'UHONU PLAZA, ROOM 204 HILO HI 96720
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	BAY CLINIC MOBILE HEALTH	95-5583 MAMALAHOA HIGHWAY NAALEHU HI 96772
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HAMAKUA HEALTH CENTER	45-549 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KA U FAMILY HEALTH CTR	95-5583 MAMALALOA HWY NAALEHU HI 96772
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KEAAU FAMILY HEALTH CENTER	16-192 PILIMUA STREET KEAAU HI 96749
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOHALA FAMILY HEALTH CENTER	53-3925 AKONI PULE HIGHWAY KAPAAU HI 96755
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	PAHOA FAMILY HEALTH	3 GOVERNMENT ROAD PAHOA HI 96778
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	PAHOA WOMEN'S HEALTH CENTER	15-2866 PAHOA VILLAGE ROAD, BUILDING F PAHOA HI 96778
Hawaii County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WEST HAWAII COMMUNITY HEALTH CENTER, INC	75-5751 KUAKINI HIGHWAY, SUITE 101A KAILUA KONA HI 96740
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	HILO HOSP HHS-KONA SUB-UNIT	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	HILO MEDICAL CENTER HOME CARE	45 MOHOULI STREET, SUITE 201 HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE HILO	519 MANONO STREET HILO HI 96720
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE KONA	75 5995 KUAKINI HIGHWAY SUITE KAILUA KONA HI 96740
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	KOHALA HOME HEALTH CARE OF NORTH HI COMM HOSP	67-1125 MAMALAHOA HIGHWAY KAMUELA HI 96743
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	WEST HAWAII HOME HEALTH SERVICES	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Home Health Agency	HOME HEALTH AGENCY	WEST HAWAII HOME HEALTH SVCS	82-5899 OLD GOVERNMENT ROAD CAPTAIN COOK HI 96704
Hawaii County	Hospice	HOSPICE	HOSPICE OF HILO	1011 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Hospice	HOSPICE	HOSPICE OF KONA	75-5925 WALUA ROAD, SUITE 101 KAILUA KONA HI 96740
Hawaii County	Hospice	HOSPICE	NORTH HAWAII HOSPICE, INC	65-1328 KAUAIHAE ROAD KAMUELA HI 96743
Hawaii County	Hospital	Short Term	HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Hospital	Short Term	HILO MEDICAL CENTER	1190 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Hospital	Short Term	KAU HOSPITAL	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Hospital	Short Term	KOHALA HOSPITAL	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Hospital	Short Term	KONA COMMUNITY HOSPITAL	79-1019 HAUKAPILA STREET KEALAKEKUA HI 96750
Hawaii County	Hospital	Short Term	NORTH HAWAII COMMUNITY HOSPITAL	67 1125 MAMALAHOA HIGHWAY KAMUELA HI 96743
Hawaii County	Nursing Facility	TITLE 19 ONLY	HILO HOSPITAL - ICF/DP	1190 WAIANUENUE AVE HILO HI 96720
Hawaii County	Nursing Facility	TITLE 19 ONLY	KOHALA HOSPITAL ICF/DP	P O BOX 10 KAPAAU HI 96755
Hawaii County	Nursing Facility	TITLE 19 ONLY	KONA HOSPITAL SNF/ICF	P O BOX 69 KEALAKEKUA HI 96750
Hawaii County	Nursing Facility	TITLE 19 ONLY	LIFE CARE CENTER OF HILO	944 W KAWAILANI ST HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	EASTER SEAL SOCIETY - HILO SVC CTR	49 KAIULANI ST HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HAWAII PHYSICAL THERAPY AND CHIROPRACTIC CLINIC	261 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HAWAIIAN REHABILITATION SERVICES, INC	75-165 HUALALAI ROAD KAILUA KONA HI 96740
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF HILO	116 HUALALAI STREET, SUITE 100 HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT HILO	76 PUUHONU PLACE HILO HI 96720
Hawaii County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT KAILUA - KONA	75-1029 HENRY STREET SUITE 101 KAILUA KONA HI 96740
Hawaii County	Rural Health Clinic	RURAL HEALTH CLINICS	HAMAKUA HEALTH CENTER INC	45-549 PLUMERIA ROAD HONOKAA HI 96727
Hawaii County	Rural Health Clinic	RURAL HEALTH CLINICS	KAU HOSPITAL RURAL HEALTH CLIN	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HILO MEDICAL CENTER	1190 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	KEAUHOU REHABILITATION AND HEALTHCARE	78-6957 KAMEHAMEHA III RD KAILUA KONA HI 96740
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE ANUENUE RESTORATIVE CARE	1333 WAIANUENUE AVENUE HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE HO'OLA HAMAKUA	45-547 PLUMERIA STREET HONOKAA HI 96727
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAU HOSPITAL	1 KAMANI STREET PAHALA HI 96777
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KOHALA HOSPITAL	54-383 HOSPITAL ROAD KAPAAU HI 96755
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KONA COMMUNITY HOSPITAL	79-1019 HAUKAPILA STREET KEALAKEKUA HI 96750
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LIFE CARE CENTER OF HILO	944 WEST KAWAILANI STREET HILO HI 96720
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LIFE CARE CENTER OF KONA	78-6957 KAMEHAMEHA III ROAD KAILUA KONA HI 96740
Hawaii County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	YUKIO OKUTSU STATE VETERANS HOME	1180 WAIANUENUE AVENUE HILO HI 96720

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	CATARACT & VISION CENTER OF HAWAII	1712 LILIHA STREET, SUITE 400 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HAWAII ENDOSCOPY CENTERS LLC	2226 LILIHA STREET #307 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HAWAIIAN EYE CENTER	606 KILANI AVENUE WAHIAWA HI 96786
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HONOLULU MEDICAL GROUP,THE	550 S BERETANIA ST HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	HONOLULU SPINE CENTER	500 ALA MOANA BOULEVARD, BUILDING 1, SUITE 301 HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KAISER PERMANENTE HONOLULU CLINIC - ASC	1010 PENSACOLA STREET HONOLULU HI 96814
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	PACIFIC ASC LLC DBA EYE SURGERY CTR OF HAWAII	650 IWILEI RD, SUITE 225 HON HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	PROFESSIONAL PLAZA ASC	1520 LILIHA STREET SUITE 302 HONOLULU HI 96817
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	SURGICARE OF HAWAII	500 ALA MOANA BOULEVARD, TOWER 1 SUITE 1B HONOLULU HI 96813
Honolulu County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	THE SURGICAL SUITES, LLC	1100 WARD AVENUE, SUITE 1001 HONOLULU HI 96814
Honolulu County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	CORF OF HAWAII INC	226 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	HONOLULU MEDICAL GROUP CORF	550 S BERETANIA ST HONOLULU HI 96813
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	ALOHA DIALYSIS CENTER	1520 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC DIALYSIS SERVICES OF KAPOL	555 FARRINGTON HIGHWAY KAPOLEI HI 96707
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC-DIALYSIS SERVICES OF PEARLRIDGE	98-1005 MOANALUA ROAD SUITE 420 AIEA HI 96701
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FMC-WINDWARD DIALYSIS CENTER	45-480 KANEOHE BAY DRIVE KANEOHE HI 96744
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FRESENIUS MEDICAL CARE - KAPAHULU	750 PALANI AVENUE HONOLULU HI 96816

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	FRESENIUS MEDICAL CARE KO'OLAU	47-388 HUI IWA STREET KANEOHE HI 96744
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	HONOLULU DIALYSIS CENTER	226 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAIMUKI DIALYSIS FACILITY	3625 HARDING AVENUE HONOLULU HI 96816
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KUAKINI DIDNEY DISEASE CENTER	347 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LEEWARD DIALYSIS FACILITY	91-2137 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-SIEMSEN DIALYSIS	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC-WAIANAE DIALYSIS	86-080 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII - KAILUA DIALYSIS FACILITY	25 KANEOHE BAY DRIVE, SUITE 230 KAILUA HI 96734
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC-LEEWARD DIALYSIS	91-2137 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII, WAIPAHU DIALYSIS FACILITY	94-450 MOKUOLA STREET, SUITE 109 WAIPAHU HI 96797
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	SIEMSEN DIALYSIS CENTER	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WAHIAWA DIALYSIS CENTER	850 KILANI AVENUE WAHIAWA HI 96786
Honolulu County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WAIANAE DIALYSIS SATELLITE FAC	86-080 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	1221 KAPIOLANI BOULEVARD, SUITE 730 HONOLULU HI 96814
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	ISLAND WEST CLINIC	607 N KING STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KALIHI PALAMA HEALTH CENTER	89 SOUTH KING STREET HONOLULU HI 96813
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KALIHI-PALAMA HEALTH CENTER	766 N KING ST HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KAPOLEI HEALTH CARE CENTER	525 FARRINGTON HIGHWAY, SUITE 102 KAPOLEI HI 96707

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER, INC	54-316 KAMEHAMEHA HIGHWAY, SUITE 6 & 7 HAUULA HI 96717
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER, INC	56-119 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTERS	56-565 KAMEHAMEHA HIGHWAY KAHUKU HI 96731
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY	1846 GULICK AVE HON HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES	1475 LINAPUNI STREET, BLDG A, #105 HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES	1846 GULICK AVENUE HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC BEHAVORAL HEALTH DEPT	952 NORTH KING STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC ICM KOHOU CLINIC	904 KOHOU STREET SUITES 306 & 307 HONOLULU HI 96819
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KPHC WOMEN & FAMILY SHELTER KAAAHI ST CLINIC	546 KAAAHI STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	LEEWARD PEDIATRICS	87-2070 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	RIVER OF LIFE MISSION SITE	101 NORTH PAUAHI STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	SAFE HAVEN SITE	41 SOUTH BERENTANIA STREET HONOLULU HI 96813
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	SUMNER STREET CLINIC	350 SUMNER STREET HONOLULU HI 96817
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIANAE COAST COMPREHENSIVE HLTH CTR	86-260 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	277 OHUA AVENUE HONOLULU HI 96815
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	415 KEONIANA STREET HONOLULU HI 96815

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER	407 KAIOLU STREET HONOLULU HI 96815
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER - HO'OLA LIKE PROJECT	KEY PROJECT, 47-200 WAIHE ROAD KANEOHE HI 96744
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIMANALO HEALTH CENTER	41-1347 KALANIANAOLE HIGHWAY WAIMANALO HI 96795
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIOLA CLINIC	86-120 FARRINGTON HIGHWAY, SUITE 350-B WAIANAE HI 96792
Honolulu County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIPAHU FAMILY HEALTH CENTER	94-428 MOKUOLA STREET, SUITE 108-B WAIPAHU HI 96797
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CARERESOURCE HAWAII	680 IWILEI ROAD, SUITE 660 HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CARERESOURCE HAWAII	702 SOUTH BERETANIA ST, SUITE 3-A HONOLULU HI 96813
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	CASTLE HOME CARE	46 001 KAMEHAMEHA HIGHWAY, SUITE 212 KANEOHE HI 96744
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	HOSPICE HAWAII INC	860 IWILEI ROAD HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE HONOLULU	1441 KAPIOLANI BLVD SUITE 1320 HONOLULU HI 96814
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAHUKU HOSPITAL HHA	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAISER HOME HEALTH AGENCY - OAHU	2828 PA'A STREET #2048 HONOLULU HI 96819
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KAPIOLANI HOME HEALTH SERVICES	94-479 UKE'E STREET, SUITE 201 WAIPAHU HI 96797
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	KOKUA NURSES INC	1210 ARTESIAN STREET, SUITE 201 HONOLULU HI 96826
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	MALUHIA HOME HEALTH CARE	1027 HALA DRIVE HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	PRIME CARE SERVICES HAWAII INC	3375 KOAPAKA STREET, SUITE I-570 HONOLULU HI 96819
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	ST FRANCIS HOME CARE SERVICES	2226 LILIHA STREET, SUITE 505 HONOLULU HI 96817
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	STRAUB HOME HEALTH AGENCY	641 KAILUA ROAD KAILUA HI 96734

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	UPJOHN HOME HEALTH AGENCY	210 WARD AVE HONOLULU HI 96814
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAHIAWA GENERAL HOSP HHA	128 LEHUA ST WAHIAWA HI 96786
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAHIAWA GENERAL HOSPITAL HHA	1008 CALIFORNIA AVENUE, UNIT A101 WAHIAWA HI 96786
Honolulu County	Home Health Agency	HOME HEALTH AGENCY	WAIANAE COAST COMPREHENSIVE HEALTH CTR	86-260 FARRINGTON HIGHWAY WAIANAE HI 96792
Honolulu County	Hospice	HOSPICE	BRISTOL HOSPICE - HAWAII, LLC	500 ALA MOANA BOULEVARD, SUITE 4-545 AND 547 HONOLULU HI 96813
Honolulu County	Hospice	HOSPICE	HOSPICE HAWAII	860 IWILEI RD HONOLULU HI 96817
Honolulu County	Hospice	HOSPICE	ISLANDS HOSPICE	560 NORTH NIMITZ HIGHWAY, SUITE 204 HONOLULU HI 96817
Honolulu County	Hospice	HOSPICE	ST FRANCIS HOSPICE	24 PUIWA ROAD HONOLULU HI 96817
Honolulu County	Hospital		HALE MOHALU HOSP	PEARL CITY HI 96782
Honolulu County	Hospital		SHRINERS HOSPITALS FOR CHILDREN	1310 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital		VA PACIFIC ISLANDS HCS	459 PATTERSON ROAD HONOLULU HI 96819
Honolulu County	Hospital		WAIMANO TRAINING SCHOOL & HOSP	PEARL CITY HI 96782
Honolulu County	Hospital	Childrens	KAPIOLANI MEDICAL CENTER FOR WOMEN & CHILDREN	1319 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital	Childrens	SHRINERS HOSPITAL FOR CHILDREN	1310 PUNAHOU STREET HONOLULU HI 96826
Honolulu County	Hospital	Critical Access Hospitals	KAHUKU MEDICAL CENTER	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Hospital	Long Term	LEAHI HOSPITAL	3675 KILAUEA AVENUE HONOLULU HI 96816
Honolulu County	Hospital	Psychiatric	HAWAII STATE HOSP	47-710 KEAAHALA ROAD KANEOHE HI 96744
Honolulu County	Hospital	Psychiatric	KAHI MOHALA	91-2301 FORT WEAVER ROAD EWA BEACH HI 96706

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Hospital	Rehabilitation	REHABILITATION HOSPITAL OF THE PACIFIC	226 N KUAKINI STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	CASTLE MEDICAL CENTER	640 ULUKAHIKI ST KAILUA HI 96734
Honolulu County	Hospital	Short Term	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	HAWAII MEDICAL CENTER WEST	91-2141 FORT WEAVER ROAD EWA BEACH HI 96706
Honolulu County	Hospital	Short Term	KAHUKU HOSPITAL	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Hospital	Short Term	KAISER FOUNDATION HOSPITAL	3288 MOANALUA RD HONOLULU HI 96819
Honolulu County	Hospital	Short Term	KUAKINI MEDICAL CENTER	347 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Hospital	Short Term	PALI MOMI MEDICAL CENTER	98-1079 MOANALUA ROAD AIEA HI 96701
Honolulu County	Hospital	Short Term	SELECT SPECIALTY HOSPITAL	1301 PUNCHBOWL ST, KAMAHEMAHA, 3RD FLOOR HONOLULU HI 96813
Honolulu County	Hospital	Short Term	STRAUB CLINIC AND HOSPITAL	888 SO KING STREET HONOLULU HI 96813
Honolulu County	Hospital	Short Term	THE QUEENS MEDICAL CENTER	1301 PUNCHBOWL ST HONOLULU HI 96813
Honolulu County	Hospital	Short Term	WAHIAWA GENERAL HOSPITAL	128 LEHUA STREET WAHIAWA HI 96786
Honolulu County	Hospital	Transplant Hospitals	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET, HONOLULU HI 96817
Honolulu County	Hospital	Transplant Hospitals	THE QUEEN'S MEDICAL CENTER	1301 PUNCHBOWL STREET HON HI 96813
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - DOMINIS	1316 DOMINIS ST HONOLULU HI 96822
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - EWA A	91-824 A HANAKAHI ST EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - HALAWA	99-545 HALAWA HEIGHTS RD AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-B)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 1-C)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 2-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-A)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-B)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	OPPORTUNITIES AND RESOURCES, INC (HOUSE 3-C)	64-1510 KAMEHAMEHA HIGHWAY WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	2240 WILSON ST HONOLULU HI 96819
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	911 LALASWAI ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	268 KILEA ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	91-1020 KEKAIHILI PLACE EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-547 ANA AINA PLACE WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	91-838 KEHUE ST EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-1032 LUMIKULA ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	2467 N. SCHOOL ST HONOLULU HI 96819
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-1149 HOOMAKOA ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-943 HIAPO ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	94-511 APII STREET WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CENTER OF HAWAII	1018 MCCANDLESS LANE HONOLULU HI 96817

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CTR OF HI - WAIPAHU III	94-912 KUMUAO ST WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESEARCH CTR OF HI - WHITMORE	911-A LALAWAI ST WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	99-112 PUAKALA STREET AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	94-1054 LUMIKULA STREET WAIPAHU HI 96797
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	RESPONSIVE CAREGIVERS OF HAWAII	99-226 OHENANA PLACE AIEA HI 96701
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - 6 A	852 PAAHANA STREET HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - 6 B	852-A PAAHANA STREET HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - EWA B	91-824 B HANAKAHI STREET EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - EWA C	91-824 C HANAKAHI STREET EWA BEACH HI 96706
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - KAIMUKI A	3705 MAHINA AVENUE HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - KAIMUKI B	811 19TH AVENUE HONOLULU HI 96816
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC IN HAWAII - WAHIAWA A	140-A KUAHIWI AVENUE WAHIAWA HI 96786
Honolulu County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL AND HOSPITAL	2201 WAIMANO HOME ROAD PEARL CITY HI 96782
Honolulu County	Nursing Facility	TITLE 19 ONLY	ALOHA HEALTH CARE CENTER	45-545 KAMEHAMEHA HWY KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	ANN PEARL INTERMEDIATE CARE FACILITY	45-181 WAIKALUA RD KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	BEVERLY MANOR CONV CTR	1930 KAM IV ROAD HONOLULU HI 96819
Honolulu County	Nursing Facility	TITLE 19 ONLY	CRAWFORD`S CONVALESCENT HOME	58-130 KAMEHAMEHA HIGHWAY HALEIWA HI 96712
Honolulu County	Nursing Facility	TITLE 19 ONLY	HALE MALAMALAMA	6163 SUMMER ST HONOLULU HI 96821

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Nursing Facility	TITLE 19 ONLY	HALE NANI HEALTH CENTER	1677 PENSACOLA ST HONOLULU HI 96822
Honolulu County	Nursing Facility	TITLE 19 ONLY	KAHANAOLA CONV HOSP	45-090 NAMOKU ST KANEOHE HI 96744
Honolulu County	Nursing Facility	TITLE 19 ONLY	KUAKINI MEDICAL CTR ICF	347 N KUAKINI ST HONOLULU HI 96817
Honolulu County	Nursing Facility	TITLE 19 ONLY	LEAHI HOSPITAL ICF/DP	3675 KILAUEA AVE HONOLULU HI 96816
Honolulu County	Nursing Facility	TITLE 19 ONLY	LEEWARD NURSING HOME	84-390 JADE ST WAIANAE HI 96792
Honolulu County	Nursing Facility	TITLE 19 ONLY	LILIHA HEALTHCARE CENTER	1814 LILIHA ST HONOLULU HI 96817
Honolulu County	Nursing Facility	TITLE 19 ONLY	OAHU CARE FACILITY	1808 S BERETANIA ST HON HI 96822
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAHIAWA GEN HOSP ICF	128 LEHUA ST WHIAWA HI 96786
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL & HOSPITAL	2201 WAIMANO HOME ROAD PEARL CITY HI 96782
Honolulu County	Nursing Facility	TITLE 19 ONLY	WAIMANO TRAINING SCHOOL AND HOSPITAL	WAIMANO HOME RD PEARL CITY HI 96782
Honolulu County	Organ Procurement Organization	ORGAN PROCUREMENT	LEGACY OF LIFE HAWAII	405 NORTH KUAKINI STREET, SUIT 810 HONOLULU HI 96817
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	ACTION REHAB	863 HALEKAUWILA STREET, SUITE A HONOLULU HI 96813
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HALE NANI REHABILITATION & NURSING CTR	1677 PENSACOLA STREET HONOLULU HI 96822
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF KAIMUKI	3221 WAIALAE AVENUE, SUITE 360 HONOLULU HI 96816
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CTR WAIPAHU	94 307 FARRINGTON HWY A 11 WAIPAHU HI 96797
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT AIEA	98-1005 MOANALUA ROAD, STE 425 AIEA HI 96701
Honolulu County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	SUNDANCE REHABILITATION THERAPY	406 ULUNIU STREET KAILUA HI 96734
Honolulu County	Portable X-Ray Supplier	X-RAY	ALOHA MOBILE IMAGING	1502 PENSACOLA STREET, SUITE B-1 HONOLULU HI 96822

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Portable X-Ray Supplier	X-RAY	PACIFIC MOBILE IMAGING, LLC	1010 S KING STREET, SUITE B6 HONOLULU HI 96814
Honolulu County	Portable X-Ray Supplier	X-RAY	PORTA-MED OF HAWAII	1380 LUSITANA ST, #215 HONOLULU HI 96813
Honolulu County	Skilled Nursing Facility	TITLE 18 ONLY	ARCADIA RETIREMENT RESIDENCE	1434 PUNAHOU STREET HONOLULU HI 96822
Honolulu County	Skilled Nursing Facility	TITLE 18 ONLY	REHABILITATION HOSPITAL OF THE PACIFIC	226 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HALE OLA KINO	1314 KALAKAUA AVENUE, 2ND FLOOR HONOLULU HI 96826
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	HI'OLANI CARE CENTER AT KAHALA NUI	4389 MALIA STREET HONOLULU HI 96821
Honolulu County	Skilled Nursing Facility/Nursing Facility (Distinct Part)	TITLE 18/19	MAUNALANI NURSING AND REHABILITATION CENTER	5113 MAUNALANI CIRCLE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	15 CRAIGSIDE	15 CRAIGSIDE PLACE HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ALOHA NURSING & REHAB CENTRE	45-545 KAMEHAMEHA HIGHWAY KANEOHE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ANN PEARL NURSING FACILITY	45-181 WAIKALUA ROAD KANEOHE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	AVALON CARE CENTER - HONOLULU, LLC	1930 KAMEHAMEHA IV RD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	CASTLE MEDICAL CENTER	640 ULUKAHIKI STREET KAILUA HI 96734
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	CONVALESCENT CENTER OF HONOLULU	1900 BACHELOT STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MALAMALAMA	6163 SUMMER STREET HONOLULU HI 96821
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE NANI REHABILITATION AND NURSING CENTER	1677 PENSACOLA STREET HONOLULU HI 96822
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HARRY AND JEANETTE WEINBERG CARE CENTER	45-090 NAMOKU ST KANEOHE HI 96744
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HAWAII MEDICAL CENTER EAST	2230 LILIHA STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	ISLAND NURSING HOME	1205 ALEXANDER STREET HONOLULU HI 96826

County	Facility Type	Facility Sub-Type	Facility Name	Address
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KA PUNAWAI OLA	91-575 FARRINGTON HIGHWAY KAPOLEI HI 96707
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAHUKU MEDICAL CENTER	56-117 PUALALEA STREET KAHUKU HI 96731
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KFH - MALAMA 'OHANA NURSING AND REHAB CENTER	3288 MOANALUA ROAD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KUAKINI GERIATRIC CARE	347 NORTH KUAKINI STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KULANA MALAMA	91-1360 KARAYAN STREET EWA BEACH HI 96706
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LEAHI HOSPITAL	3675 KILAUEA AVENUE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LEEWARD INTEGRATED HEALTH SERVICES	84-390 JADE STREET WAIANAE HI 96792
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LILIHA HEALTHCARE CENTER	1814 LILIHA STREET HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MALAMA OHANA SCF	3288 MOANALUA ROAD HONOLULU HI 96819
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MALUHIA	1027 HALA DRIVE HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	NUUANU HALE	2900 PALI HIGHWAY HONOLULU HI 96817
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	OAHU CARE FACILITY	1808 SOUTH BERETANIA STREET HONOLULU HI 96826
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	PALOLO CHINESE HOME	2459 10TH AVENUE HONOLULU HI 96816
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	PEARL CITY NURSING HOME	919 LEHUA AVENUE PEARL CITY HI 96782
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	THE QUEEN`S MEDICAL CENTER	1301 PUNCHBOWL STREET HONOLULU HI 96813
Honolulu County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	WAHIAWA GENERAL HOSPITAL	128 LEHUA STREET WAHIAWA HI 96786
Kalawao County	Hospital		KALAUPAPA SETTLEMENT HOSP	MOLOKAI HI 96742
Kauai County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ASC OF KAUAI MED GROUP, INC	4366 KUKUI GROVE ST LIHUE HI 96766

County	Facility Type	Facility Sub-Type	Facility Name	Address
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAUAI DIALYSIS SATELLITE FACIL	3224 ELUA STREET LIHUE HI 96766
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII, LLC WEST KAUAI DIALYSIS	4643-A WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-HAWAII LLC-KAUAI DIALYSIS	3224 ELUA STREET LIHUE HI 96766
Kauai County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	WEST KAUAI DIALYSIS FACILITY	4643-A WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF ELEELE	4485 WAIALO ROAD, SUITE 15B ELEELE HI 96705
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HLH KAUA'I COMMUNITY HEALTH CENTER	4643 B WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	KAUA'I COMMUNITY HEALTH CENTER	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	WAIKIKI HEALTH CENTER - HO'OLA LIKE PROJECT	QUEEN LILIU'OKALANI PROTESTANT CHURCH HANALEI HI 96714
Kauai County	Home Health Agency	HOME HEALTH AGENCY	HAWAII PROFESSIONALS HOMECARE SERVICES, INC	2970 KELE STREET, SUITE 213 LIHUE HI 96766
Kauai County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE LIHUE	4370 KUKUI GROVE STREET SUITE LIHUE HI 96766
Kauai County	Home Health Agency	HOME HEALTH AGENCY	ST.FRANCIS HOME CARE SERVICES - KAUAI	4473 PAHE'E STREET, SUITE N LIHUE HI 96766
Kauai County	Hospice	HOSPICE	KAUAI HOSPICE	4457 PAHE'E STREET LIHUE HI 96766
Kauai County	Hospice	HOSPICE	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Hospital	Critical Access Hospitals	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON DRIVE WAIMEA HI 96796
Kauai County	Hospital	Critical Access Hospitals	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Kauai County	Hospital	Short Term	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON ROAD WAIMEA HI 96796
Kauai County	Hospital	Short Term	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU RD KAPAA HI 96746
Kauai County	Hospital	Short Term	WILCOX MEMORIAL HOSPITAL	3-3420 KUHIO HIGHWAY LIHUE HI 96766

County	Facility Type	Facility Sub-Type	Facility Name	Address
Kauai County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	ARC IN HAWAII - WAILUA	6342 KOUKALAKA PLACE KAPAA HI 96746
Kauai County	Nursing Facility	TITLE 19 ONLY	G N WILCOX MEM HOSP - SNF/ICF	3420 KUHIO HWY LIHUE HI 96766
Kauai County	Nursing Facility	TITLE 19 ONLY	HALE KUPUNA HERITAGE HOME, LLC	4297A OMAO ROAD KOLOA HI 96756
Kauai County	Nursing Facility	TITLE 19 ONLY	KAUAI CARE CENTER	9611 WAENA ROAD WAIMEA HI 96796
Kauai County	Nursing Facility	TITLE 19 ONLY	SAMUEL MAHELONA MEMORIAL HOSPITAL ICF	4800 KAWAIHAU RD KAPAA HI 96746
Kauai County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF KAUAI	3170-A JERVES STREET LIHUE HI 96766
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	GARDEN ISLE HEALTHCARE	3-3420 KUHIO HIGHWAY, SUITE 300 LIHUE HI 96766
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE KUPUNA HERITAGE HOME, LLC	4297A OMAO ROAD KOLOA HI 96756
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAUAI CARE CENTER	9611 WAENA ROAD WAIMEA HI 96796
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KAUAI VETERANS MEMORIAL HOSPITAL	4643 WAIMEA CANYON RD WAIMEA HI 96796
Kauai County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	SAMUEL MAHELONA MEMORIAL HOSPITAL	4800 KAWAIHAU ROAD KAPAA HI 96746
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ALOHA EYE CLINIC LTD	239 EAST WAKEA AVENUE KAHULUI HI 96732
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	ALOHA SURGICAL CENTER, LP	239 HO'OHANA STREET KAHULUI HI 96732
Maui County	Ambulatory Surgical Center	AMBULATORY SURGICAL CENTER	KAISER WAILUKU CLINIC - ASC	80 MAHALANI STREET WAILUKU HI 96793
Maui County	Comprehensive Outpatient Rehab Facility	COMPREHENSIVE OUTPATIENT	MAUI COMPREHENSIVE REHABILITATION CTR	140 HOOHANA ST, STE 201 KAHULUI HI 96732
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	KAHANA DIALYSIS SATELLITE FACI	10 HOOHUI STREET, SUITE 100 LAHAINA HI 96761
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LANAI COMMUNITY DIALYSIS CENTE	628 7TH STREET LANAI CITY HI 96763
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS - HAWAII LLC, WAILUKU DIALYSIS	1831 WILI PA LOOP WAILUKU HI 96793

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS -HAWAII LLC-MOLOKAI DIALYSIS	28 KAMOI STREET SUITE 400 KAUNAKAKAI HI 96748
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS HAWAII LLC - KAHANA DIALYSIS FACI	10 HOOHUI STREET, SUITE 100 LAHAINA HI 96761
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	LIBERTY DIALYSIS-MAUI DIALYSIS FACILITY	105 MAUI LANI PARKWAY, SUITE 105 WAILUKU HI 96793
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	MAUI HEMODIALYSIS SATELLITE FA	255 MAHALANI STREET WAILUKU HI 96793
Maui County	End Stage Renal Disease Facility	END STAGE RENAL DISEASE	MOLOKAI DIALYSIS FACILITY	28 KAMOI STREET SUITE 400 KAUNAKAKAI HI 96748
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	180 DICKENSON SQUARE, SUITE 119 LAHAINA HI 96761
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	1325 SOUTH KIHEI ROAD, SUITE 108 WAILUKU HI 96793
Maui County	Extension or Branch	OPT EXTENSION	HEALTHSOUTH REHABILITATION CENTER OF MAKAWAO	1043 MAKAWAO AVENUE, SUITE 107 MAKAWAO HI 96768
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	COMMUNITY CLINIC OF MAUI	670 WAIALE DRIVE WAILUKU HI 96793
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	HANA COMMUNITY HEALTH CENTER	4590 HANA HIGHWAY HANA HI 96713
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	LANAI COMMUNITY HEALTH CENTER	478 LAUHALA STREET LANAI CITY HI 96763
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MALAMA I KE OLA HEALTH CENTER	1881 NANI STREET WAILUKU HI 96793
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MALAMA I KE OLA HEALTH CENTER	15 IPU AUMAKUA LANE LAHAINA HI 96761
Maui County	Federally Qualified Health Center	FEDERALLY QUALIFIED HEALTH CENTER	MOLOKAI COMMUNITY HEALTH CENTER	28 KAMOI STREET, SUITE 600 KAUNAKAKAI HI 96748
Maui County	Home Health Agency	HOME HEALTH AGENCY	HALE MAKUA HOME HEALTH SERVICE	1520 EAST MAIN STREET WAILUKU HI 96793
Maui County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE KAHULUI	360 PAPA PLACE SUITE 205 KAHULUI HI 96732
Maui County	Home Health Agency	HOME HEALTH AGENCY	INTERIM HEALTHCARE MOLOKAI	40 ALA MALAMA STREET KAUNAKAKAI HI 96748
Maui County	Home Health Agency	HOME HEALTH AGENCY	KAISER PERMANENTE HOME HEALTH AGENCY MAUI	55 MAUI LANI PARKWAY WAILUKU HI 96793

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	Home Health Agency	HOME HEALTH AGENCY	LANAI HOME HEALTH AGENCY	P O BOX 763 LANAI CITY HI 96763
Maui County	Home Health Agency	HOME HEALTH AGENCY	MOLOKAI HOME HEALTH AGENCY	65 MAKAENA STREET KAUNAKAKAI HI 96748
Maui County	Hospice	HOSPICE	HOSPICE MAUI	400 MAHALANI STREET WAILUKU HI 96793
Maui County	Hospital	Critical Access Hospitals	KULA HOSPITAL	100 KOKEA PLACE KULA HI 96790
Maui County	Hospital	Critical Access Hospitals	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Maui County	Hospital	Short Term	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Hospital	Short Term	LANAI COMMUNITY HOSPITAL	628 7TH STREET LANAI CITY HI 96763
Maui County	Hospital	Short Term	MAUI MEMORIAL MEDICAL CENTER	221 MAHALANI STREET WAILUKU HI 96793
Maui County	Hospital	Short Term	MOLOKAI GENERAL HOSPITAL	280 PUALI STREET KAUNAKAKAI HI 96748
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	HALE KIHEI HOUSING INC	95 MAHALANI STREET WAILUKU HI 96793
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - HALE KANALOA	450-B KANALOA AVENUE KAHULUI HI 96732
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - HALE KIHEI	179 HALE KAI STREET KIHEI HI 96753
Maui County	Intermediate Care Facility-Mentally Retarded	TITLE 19 ONLY	THE ARC OF MAUI - MANA OLA	450 KANALOA AVENUE KAHULUI HI 96732
Maui County	Nursing Facility	TITLE 19 ONLY	HALE MAKUA - WAILUKU	1540 LOWER MAIN STREET WAILUKU HI 96793
Maui County	Nursing Facility	TITLE 19 ONLY	KULA HOSP ICF	KULA HI 96790
Maui County	Nursing Facility	TITLE 19 ONLY	LANI COMMUNITY HOSP - SNF/ICF	729 7TH ST LANAI CITY HI 96763
Maui County	Nursing Facility	TITLE 19 ONLY	MOLOKAI GENERAL HOSPITAL ICF/DP	P O BOX 408 KAUNAKAKAI HI 96748

County	Facility Type	Facility Sub-Type	Facility Name	Address
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	HEALTHSOUTH REHABILITATION CENTER OF HAWAII	450 HOOKAHI STREET WAILUKU HI 96793
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT MAUI-KIHEI	221 PIIKEA AVENUE, SUITE D KIHEI HI 96753
Maui County	Outpatient Physical Therapy/Speech Pathology	OPT OR SPEECH PATHOLOGY	REHAB AT MAUI-LAHAINA	180 DICKENSON ST, STE 210 LAHAINA HI 96761
Maui County	Rural Health Clinic	RURAL HEALTH CLINICS	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Maui County	Rural Health Clinic	RURAL HEALTH CLINICS	MOLOKAI RURAL HEALTH CLINIC	PO BOX 408 KAUNAKAKAI HI 96748
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA	1540 EAST MAIN STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA - KAHULUI	472 KAULANA STREET KAHULUI HI 96732
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	HALE MAKUA - WAILUKU	1540 LOWER MAIN STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	KULA HOSPITAL	100 KEOKEA PLACE KULA HI 96790
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	LANAI COMMUNITY HOSPITAL	628 7TH STREET LANAI CITY HI 96763
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MAUI MEMORIAL MEDICAL CENTER	221 MAHALANI STREET WAILUKU HI 96793
Maui County	Skilled Nursing Facility/Nursing Facility (Dually Certified)	TITLE 18/19	MOLOKAI GENERAL HOSPITAL	280 HOME OLU PLACE KAUNAKAKAI HI 96748
Honolulu County	Hospital		US ARMY TRIPLER GEN HOSP	1 JARRETT WHITE ROAD HONOLULU HI 96859

Appendix E: Referenced Reports

While only some of the following reports are referenced throughout the report, the list below includes all previously published reports that contributed to the authors' understanding of the health needs of Hawaii. These reports may be useful for further assessment and planning.

Chronic Disease Disparities Report 2011: Social Determinants
Chronic Disease Management and Control Branch, Hawaii State Department of Health
http://hawaii.gov/health/family-child-health/chronic-disease/reports/CD_BurdenReport_FINAL.pdf

The Burden of Cardiovascular Disease in Hawaii 2007
Hawaii State Department of Health, Community Health Division
http://hawaii.gov/health/family-child-health/chronic-disease/cvd/CVD2007.pdf

State of Hawaii Maternal & Child Health Needs Assessment Summary 2010
Family Health Services Division, Department of Health, State of Hawaii
http://hawaii.gov/health/doc/MCH-NASummary2010

State of Hawaii Primary Care Needs Assessment Data Book 2012
Family Health Services Division, Hawaii Department of Health
http://hawaii.gov/health/doc/pcna2012databook.pdf

Hawaii Community Health Needs Assessment
Kaiser Foundation Health Plan of Hawaii
https://healthy.kaiserpermanente.org/static/health/pdfs/how_to_get_care/hi_community_voices_on_health.pdf

Special Action Team Report to the Governor on Revitalization of the Adult Mental Health System and Effective Management of the Hawaii State Hospital Census October 2012
Hawaii Department of Health
http://www.amhd.org/SAT%20Report.pdf

A Costly Dental Destination
The Pew Center on the States, Pew Research Center
http://www.pewstates.org/uploadedFiles/PCS_Assets/2012/A%20Costly%20Dental%20Destination(1).pdf

Falling Short: Most States Lag on Dental Sealants
The Pew Center on the States, Pew Research Center
http://www.pewstates.org/uploadedFiles/PCS_Assets/2013/Pew_dental_sealants_report.pdf

The State of Children's Dental Health: Making Coverage Matter
The Pew Center on the States, Pew Research Center
http://www.pewtrusts.org/uploadedFiles/wwwpewtrustsorg/Reports/State_policy/Childrens_Dental_50_State_Report_2011.pdf

Appendix F: Road map to IRS Requirements in Schedule H Form

All IRS 990 requirements are met by this CHNA in the referenced sections:

Community Health Needs Assessment Requirements - SCHEDULE H (Form 990) http://www.irs.gov/pub/irs-pdf/f990sh.pdf	**Reference**
The definition of the community served by the hospital facility	Section 1.2.1
Demographics of the community	Section 3.1
Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix D
How data was obtained	Section 2.1 - 2.4
The health needs of the community, including the primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Section 3.2
The process for identifying and prioritizing community health needs and services to meet the community health needs	Section 5
The process for consulting with persons representing the community's interests	Section 2.3
Information gaps that limit the hospital facility's ability to assess all of the community's health needs	Section 4.1.2
Make CHNA widely available to the public	URL

Appendix G: Authors

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