

2022 Community Health Needs Assessment



Kaiser Permanente Moanalua Medical Center

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Kaiser Permanente Moanalua Medical Center 2022 Community Health Needs Assessment

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Kaiser Permanente Moanalua Medical Center 2022 Community Health Needs Assessment

Summary

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America's leading health care providers and nonprofit health plans.

Every three years Kaiser Permanente Moanalua Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by a commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level secondary data and input from those who represent the broad interests of the community. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

For the 2022 CHNA, Kaiser Permanente Moanalua Medical Center has identified the following significant health needs, in priority order:

1. Access to care
2. Housing
3. Income & employment
4. Food insecurity

To address those needs, Kaiser Permanente Moanalua Medical Center has developed an implementation strategy (IS) for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources. The CHNA report and three-year IS are publicly available at <https://www.kp.org/chna>.

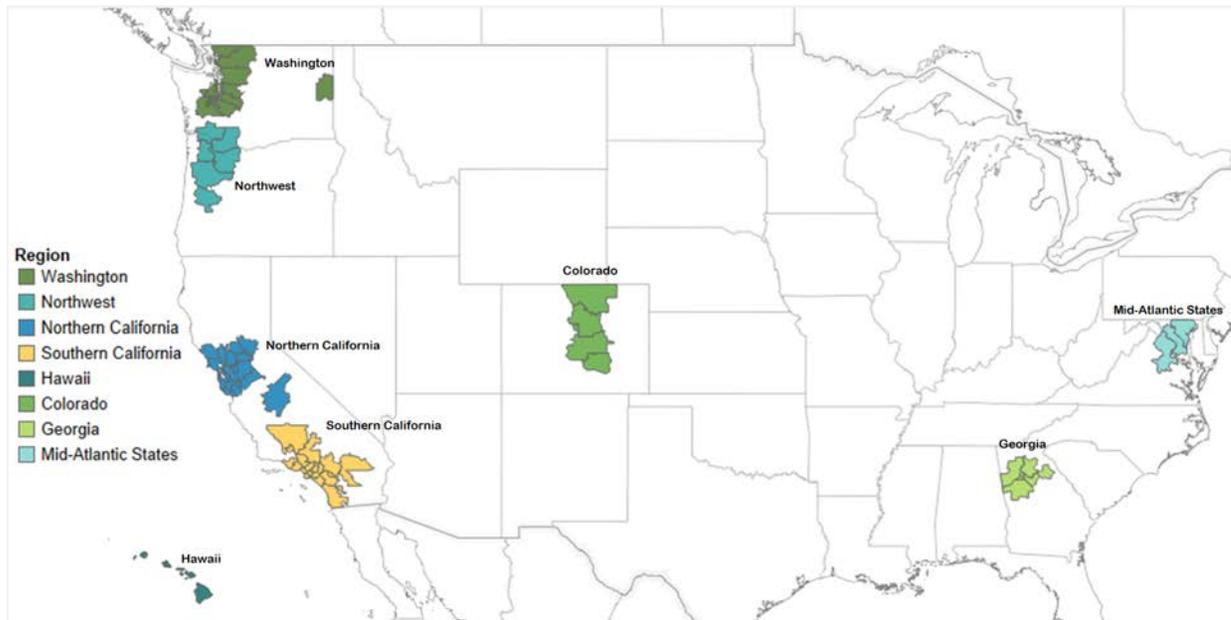
Introduction/background

About Kaiser Permanente

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and physicians in the Permanente Medical Groups. For 75 years, Kaiser Permanente has been committed to shaping the future of health and health care — and helping our members, patients, and communities experience more healthy years. We are recognized as one of America’s leading health care providers and nonprofit health plans.

Kaiser Permanente is committed to helping shape the future of health care. Founded in 1945, Kaiser Permanente has a mission to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 12.4 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

Kaiser Permanente regions and CHNA service areas



About Kaiser Permanente Community Health

At Kaiser Permanente, we recognize that where we live and how we live has a big impact on our health and well-being. Our work is driven by our mission: to provide high-quality, affordable health care services and to improve the health of our members and our communities. It's also driven by our heritage of prevention and health promotion, and by our conviction that good health is a fundamental right.

As the nation's largest nonprofit, integrated health system, Kaiser Permanente is uniquely positioned to improve the health and wellbeing of the communities we serve. We believe that being healthy isn't just a result of high-quality medical care. Through our resources, reach, and partnerships, we are addressing unmet social needs and community factors that impact health. Kaiser Permanente is accelerating efforts to broaden the scope of our care and services to address all factors that affect people's health. Having a safe place to live, enough money in the bank, access to healthy meals and meaningful social connections is essential to total health. Now is a time when our commitment to health and values compel us to do all we can to create more healthy years for everyone. We also share our financial resources, research, nurses and physicians, and our clinical practices and knowledge through a variety of grantmaking and investment efforts.

As we reflect on how 2020 changed the world, we must recognize that communities everywhere are coping with unprecedented challenges magnified by the COVID-19 pandemic and a renewed struggle for racial equity and social justice.

Through our continued focus on expanding our community health approach we laid the foundation for an acceleration of work to meet the challenges posed by the public health crises we now face. We dedicated ourselves to improving the social health of our 12.4 million members and the millions of people who live in the communities we serve.

Learn more about Kaiser Permanente Community Health at <https://about.kaiserpermanente.org/community-health>.

Kaiser Permanente's approach to community health needs assessment

The Affordable Care Act (ACA) was enacted in March 2010 to make health insurance available to more people, expand the Medicaid program, and support innovative medical care delivery to lower health care costs. The ACA also requires that nonprofit hospitals conduct a community health needs assessment (CHNA) every three years and develop an implementation strategy (IS) in response to prioritized needs.

Kaiser Permanente's CHNA process is driven by a commitment to improve health equity. Our assessments place a heavy emphasis on how the social determinants of health — including structural racism, poverty, and lack of access to health-related resources such as affordable housing, healthy food, and transportation — are affecting the health of communities. By analyzing community-level data and consulting individuals with deep and broad knowledge of health disparities, the Community Health team in each Kaiser Permanente service area has identified and prioritized needs unique to the community served. Each service area has developed an IS for the priority needs it will address, considering both Kaiser Permanente's and the community's assets and resources.

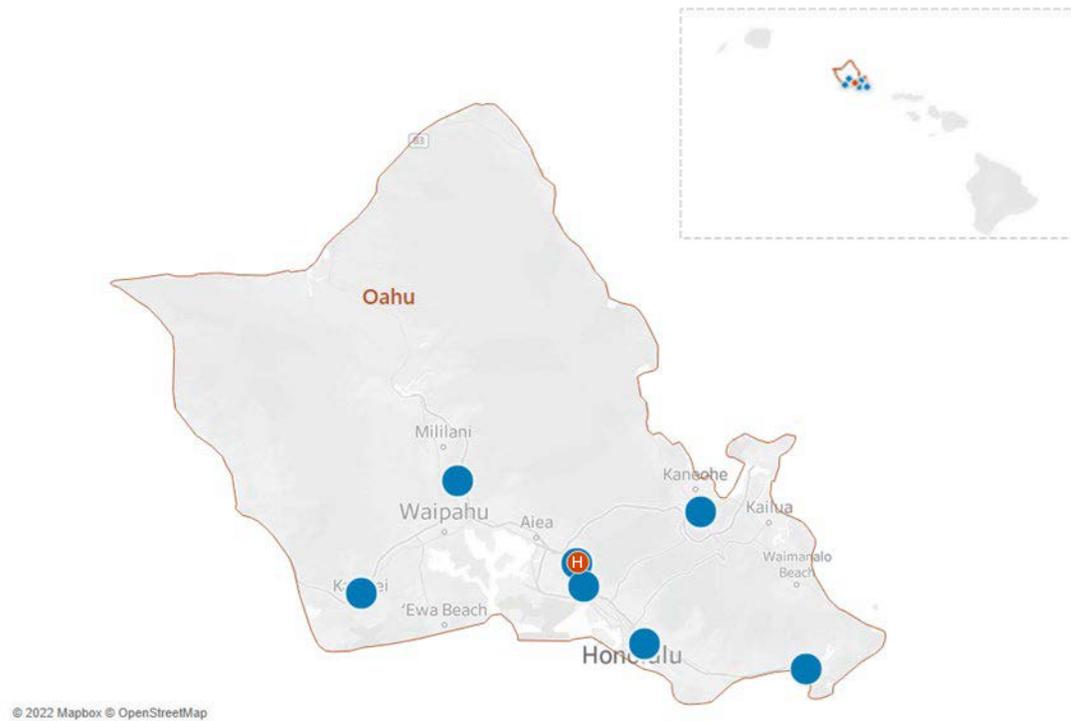
The Kaiser Permanente Moanalua Medical Center 2022 CHNA report and three-year IS are available publicly at <https://www.kp.org/chna>. In addition, the IS will be filed with the Internal Revenue Service using Form 990, Schedule H.

Community served

Kaiser Permanente defines the community served by a hospital as those individuals residing within its hospital service area. The Kaiser Permanente Moanalua Medical Center hospital service area includes residents in a defined geographic area surrounding the hospital on the island of Oahu and does not exclude low-income or underserved populations.

Oahu service area

 Kaiser Permanente hospital  Kaiser Permanente medical offices



Oahu service area demographic profile

Total population:	995,251
American Indian/Alaska Native	0.2%
Asian	41.5%
Black	2.5%
Hispanic	10.1%
Multiracial	18.8%
Native Hawaiian/other Pacific Islander	8.9%
Other race/ethnicity	0.1%
White	17.9%
Under age 18	20.9%
Age 65 and over	17.6%

Impact of structural racism in our communities

Hundreds of public health departments and other government agencies across the U.S. have declared racism a public health crisis. By structuring opportunity and assigning value based on how a person looks, racism operates at all levels of society and denies many individuals and communities the opportunity to attain their highest level of health. Racism is a driving force in social determinants of health like housing, education, and employment, and is a barrier to achieving health equity.

The inequality and disparities that have existed for people of historically underrepresented groups, such as communities of color, women, and low-income communities, have been made more visible by the COVID-19 pandemic. Data show that Hispanic, Black, and Indigenous populations are disproportionately affected by the disease and its economic impacts. In addition to the health crisis and amplification of existing health disparities, COVID-19 has also brought troubling reports of bias and discrimination against Asian Americans and others.

Since summer 2020, we've witnessed a raising of the consciousness of Americans and the world to a reality that we can no longer ignore: the treatment of Black Americans in our country is unacceptable. This is a moment in time when we must stand together against the racism and social injustice that remain endemic in our society and create long-term trauma that damages individuals' and communities' physical, mental, and social health. By pairing an acknowledgment of history with community-level data, we can work together to address the impacts of racism and discrimination.

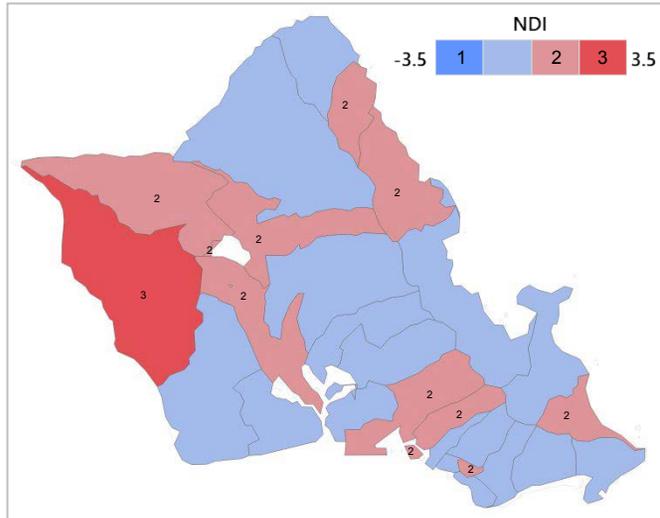
Neighborhood disparities in the Oahu service area

The Neighborhood Deprivation Index (NDI) is a validated scale comprised of several of the social factors associated with lack of opportunity to be as healthy as possible. These measures are proxies for underlying determinants that disproportionately affect communities of color, including lack of employment opportunities, racist policies and practices, and unequal treatment by educational and criminal justice systems.

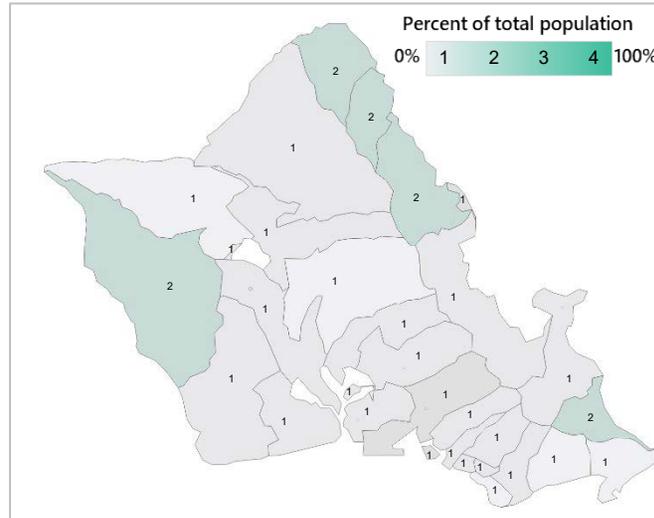
The map on the left shows the NDI for ZIP codes in the Oahu service area. Areas with the highest NDI often are those with the highest proportion of people who are Native Hawaiian or other Pacific Islander, shown in the map on the right.

OAHU SERVICE AREA

Neighborhood Deprivation Index



Native Hawaiian or other Pacific Islander



Kaiser Permanente's CHNA process

The CHNA process allows Kaiser Permanente to better understand the unique needs, stories, and opportunities to advance health and health equity in each of our communities. We are committed to gathering community perspectives on the disproportionate impacts of the COVID-19 pandemic as well as the impact of structural racism. Wherever possible, we have applied a racial equity analysis to data collection and analysis.

Identifying the highest priority needs for CHNA with an equity lens informs our community investments and helps us develop strategies aimed at making long-term, sustainable change, allowing us to deepen the strong relationships we have with other organizations that are working to improve community health. For the purposes of the CHNA, Kaiser Permanente defines a “health need” as a health outcome and/or the related conditions that contribute to a defined health need.

Hospitals and other partners that collaborated on the CHNA

Hospitals

Kahuku Medical Center, Kuakini Medical Center, Wahiawa General Hospital, Kapiolani Medical Center for Women & Children, Pali Momi Medical Center, Straub Medical Center, Wilcox Medical Center, The Queen's Medical Center, Molokai General Hospital, North Hawaii Community Hospital, Rehabilitation Hospital of the Pacific, Adventist Health Castle, Sutter Health Kahi Mohala, Kaiser Permanente Moanalua Medical Center, Shriners Hospitals for Children, Kula Hospital, Lanai Community Hospital, Maui Memorial Medical Center

Other organizations

Aloha United Way, Department of Health for the State of Hawaii, Community First Hawaii, Hawaii Public Health Institute, Kauai District Health Office, Project Vision, County of Hawaii, Hawaii Children's Action Network , Residential Youth Services and Empowerment Hawaii, The Institute for Human Services, Inc., Marshallese Task Force, Hawaii Health and Harm Reduction Center, Hawaii Community Foundation, Papa Ola Lokahi, We Are Oceania, Honolulu County Executive on Aging, Domestic Violence Action Center

Consultants who were involved in completing the CHNA

The Healthcare Association of Hawaii (HAH) is a 170 member organization that includes the hospitals in Hawaii. HAH works with providers across the continuum of care toward a health care system that offers the best possible quality of care to the people of Hawaii. HAH obtained the services of Ward Research to prepare a statewide health needs assessment report. Ward Research, a Hawaii-based market research firm specializing in both qualitative and quantitative research, has worked with Hawaii's health care systems for decades in understanding client health and human service needs. The University of Hawaii Thompson School of Social Work and Public Health hosted panel discussions around the emerging priorities with faculty experts that informed the health needs. Solutions Pacific, a community-based planning company supports the collaboration of community, industry, and government, has a particular focus within Native Hawaiian and other traditionally vulnerable and under-served communities, including Pacific Islander, immigrant communities, and those experiencing homelessness.

Methods used to identify and prioritize needs

Secondary data

Kaiser Permanente's innovative approach to CHNA includes the development of a free, web-based data platform. The data platform provides access to a core set of approximately 100 publicly available indicators to understand health using the County Health Rankings population health framework, which emphasizes social and environmental determinants of health. The data platform is available to the public at kp.org/chnadata. Specific sources and dates of secondary data are listed in Appendix A.

Community input

In addition to reviewing the secondary data available through the Community Health Data Platform and other local sources, each Kaiser Permanente service area collected primary data through key informant interviews with individuals and groups of individuals. To identify issues that most impact the health of the community, Kaiser Permanente Fresno Medical Center Community Health reached out to local public health experts, community leaders with expertise on local health needs, and individuals with knowledge and/or lived experience of racial health disparities. If available, insights from community partners' data collection were also considered in the assessment of needs. For a complete profile of community input, see Appendix B.

Written comments

Kaiser Permanente provides the public an opportunity to submit written comments on the service area's previous CHNA reports through CHNA-communications@kp.org. This email will continue to allow for written community input on the service areas' most recently conducted CHNA report.

As of the time of this CHNA report development Kaiser Permanente Moanalua Medical Center had not received written comments about the previous CHNA report. Kaiser Permanente will continue to track any submitted written comments and ensure that relevant submissions will be considered and addressed by the appropriate Kaiser Permanente Moanalua Medical Center staff.

Identifying priority health needs

Each Kaiser Permanente service area analyzed and interpreted the primary and secondary data and used a set of criteria to determine what constitutes a health need in the community, including severity and magnitude of the need and evidence of clear disparities or inequities. Once all the community health needs were identified, they were prioritized, based on the criteria, resulting in a list of significant community health needs.

In conjunction with this report, Kaiser Permanente Moanalua Medical Center has developed an implementation strategy (IS) for the priority health needs it will address. These strategies will build on Kaiser Permanente's assets and resources, as well as evidence-based strategies, wherever possible. The IS will be filed with the Internal Revenue Service using Form 990 Schedule H. Both the CHNA and the IS will be posted publicly on our website, <https://www.kp.org/chna>.

Identification and prioritization of the community's health needs

Process for identifying community needs in the Oahu service area

Before beginning the prioritization process, Kaiser Permanente Moanalua Medical Center Community Health chose a set of criteria to use in prioritizing the list of health needs:

- **Severity and magnitude of need:** Includes how measures compare to national or state benchmarks, relative number of people affected, impact of the pandemic on the need.
- **Community priority:** The community prioritizes the issue over other issues
- **Clear disparities or inequities:** Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors

Measures in the Community Health Data Platform were clustered into 16 potential health needs, which formed the backbone of a prioritization tool to identify significant health needs in each service area. The prioritization tool aligned data collection methods with the set of criteria and could be customized to reflect important considerations in each community.

For secondary data, a score was assigned to each need (4: very high, 3: high, 2: medium, 1: lower) based on how many measures were more than 20 percent worse than national and/or state benchmarks. Themes from key informant interviews and other data sources were identified, clustered, and assigned scores on the same scale. Both the data platform and primary data informed scores for geographic, racial/ethnic, and other disparities.

In conversations with Kaiser Permanente Redwood City Medical Center Community Health stakeholders, each data collection method was assigned a weight, based on rigor of the data collection method, relative importance in ranking of needs (such as clearly identified racial disparities), and other considerations. Weighted values for each potential need were summed, converted to a percentile score for easy comparison, and then ranked highest to lowest to determine the four significant health needs.

Description of prioritized significant health needs in the Oahu service area

1: Access to care: Access to comprehensive, quality health care services—including having insurance, local care options, and culturally relevant care—is important for ensuring quality of life for everyone. In the Oahu service area, only 3.3 percent of the population is uninsured. However, in some neighborhoods where the Native Hawaiian/Pacific Islander population is 25 percent or greater, the percent of uninsured children is much higher. For instance, 6.0 percent of children are uninsured in the area near Punaluu, higher than the national average of 4.9 percent uninsured children. Similarly, enrollment in Medicaid/public insurance programs is lower compared to the national enrollment rate (35.0 percent) in the ZIP codes encompassing Kahuku, Laie, and Punaluu (31.1, 16.6, and 34.6 percent, respectively), where the Native Hawaiian/Pacific Islander population is also 25 percent or greater. In the most recent available data on mental health from 2018, 11 percent of adults on Oahu experienced stress, depression, and emotional problems, which lasted more than about half the month—a 29 percent increase since 2016. According to key informants, mental and behavioral health challenges that existed before the COVID-19 pandemic have only been exacerbated. Among infants

throughout the City and County of Honolulu, the low birth weight rate is 5 percent higher, the pre-term birth rate is 4 percent higher, and the infant mortality rate on Oahu is 40 percent higher than the national averages. A lack of trust in health care and a need for more coordination and continuity of services are reported as barriers to accessing care. Strengthening relationships between health care providers and residents through partnerships in communities and incorporating language and culture into care is seen as a way to get connected to health services.

2: Housing: Families' greatest single expenditure is often housing, but the cost of housing has soared in recent years. Having a safe and secure place to call home is strongly associated with health and is essential for the wellbeing of individuals, families, and communities. In the Oahu service area, over 20 percent of residents along the Waianae Coast and the Punaluu area on the Windward side find that they need to pay more than half of their income on housing. Median rental costs near Laie, where over 25 percent of the residents are Native Hawaiian/Pacific Islander, are over \$1700 a month on average, putting stable or uncrowded housing out of reach of many residents. This contributes to an increasing trend in housing instability that is not only observed among residents with lower income levels, but among those with higher income levels as well. During the COVID-19 pandemic, the Accountable Health Communities Project identified a rising concern about homelessness from patient surveys conducted at 18 clinic sites across four major health systems on Oahu. Clinic referrals to homeless outreach agencies more than tripled from October 2018 to October 2021. Making connections to services that prevent homelessness, supporting affordable housing and rental assistance, housing purchase, and utility assistance are ways to address this fundamental need.

3: Income & employment: Economic opportunity provides individuals with jobs, income, and a sense of purpose. People with steady employment are less likely to have an income below the poverty level and are more likely to be healthy. Unemployment among residents in the Oahu service area was especially high during the COVID-19 pandemic with nearly one in five residents experiencing unemployment in 2020. High unemployment continues as impacts from the COVID-19 pandemic linger. Persistent economic disparities are also evident in certain communities and neighborhoods in the Oahu service area. In the Waianae Coast area, where the population is 25 percent or greater Native Hawaiian/Pacific Islander, the unemployment rate is 26 percent. Income levels are also relatively low compared to the high cost of living in this area of Oahu. Median household income along the Waianae Coast is only \$66,766, which is 22 percent below the state median for household income. Several key informants expressed concern that income and employment may not rebound quickly as the pandemic impacts subside. There is a need for job opportunities, job training, and a livable wage.

4: Food insecurity: Having enough nutritious food to eat is essential to leading an active, healthy life. Many chronic health conditions—diabetes, hypertension, heart disease—are linked to poor diet and food insecurity. Food insecurity affects an estimated 10 percent of the residents of Oahu. This need increased during the COVID-19 pandemic. The Accountable Health Communities Project identified a rising concern about food insecurity from patient surveys conducted at 18 clinic sites across four major health systems on Oahu. In some neighborhoods, the number of residents reporting a food need was considerably higher. In the Makaha/Waianae and Wahiawa areas, and some parts of Honolulu, 26-30 percent of those surveyed reported a food need on the patient survey. Clinic referrals to food pantries nearly doubled from October 2018 to October 2021. While temporary, emergency food aid did increase during the height of the COVID-19 pandemic, there were still gaps that people and neighbors often filled. Key informants called for adequate food assistance and more sustainable food systems that can weather future natural disasters.

Health need profiles

Detailed descriptions of the significant health needs in the Oahu service area follow.

Health need profile: Access to care

Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone.

The Affordable Care Act (ACA) helped extend insurance coverage to many previously uninsured individuals and families, especially in Medicaid expansion states. Still, families with low income and people of color are more likely to be uninsured, and even with the ACA, many find insurance to be unaffordable.

Health insurance coverage increases use of preventive services and helps ensure people do not delay seeking medical treatment. Having an adequate number of primary care resources in a community also is important, including federally qualified health centers (FQHCs), which serve patients regardless of ability to pay.

Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources.

Furthermore, the COVID-19 pandemic has disrupted health care for millions of Americans as health care resources were diverted from primary and preventive care, with telehealth becoming an increasingly important source of care. Existing racial and health inequities have been brought to light by the pandemic, with people of color accounting for disproportionate shares of COVID-19 cases, hospitalizations, and deaths.

Hawaii offers some of the broadest health insurance coverage in the country, but enrollment in Medicaid/public insurance among Oahu residents is nearly 9 percent less than the national average. The rates are even lower in some Oahu communities where the Native Hawaiian/Pacific Islander population is greater than 25 percent:

- In the ZIP codes that incorporate the towns of Kahuku, Punaluu, and Kaaawa, the rate of enrollment in Medicaid/public insurance is 11 percent less than the national average.
- In the ZIP code around Laie, the rate of enrollment in Medicaid/public insurance is 53 percent less than the national average.

Key informants noted that enrollment in health insurance, even when available, is less among immigrant, Micronesian, and other populations that are not shown in most data sources that use the broad U.S. census categories for race and ethnicity in their reporting.

There are barriers to accessing provider care even when it is available. Key informants mentioned concerns about a lack of trust in medical systems. This became most evident during the COVID-19 pandemic and the vaccination campaigns. Some said that access to primary and specialty care providers is even less on neighboring islands, causing those residents to travel to Oahu for care, putting even more strain on the system overall.

In the most recent available data on mental health in 2018, 11 percent of adults on Oahu experienced stress, depression, and emotional problems, which lasted more than about half the month—a 29 percent increase since 2016. The problem is growing since the COVID-19 pandemic, according to key informants. They agreed that the mental and behavioral health challenges that existed before the COVID-19 pandemic have only been exacerbated.

There are also higher rates of low birth weights, pre-term births, and infant deaths compared to national averages, indicating a need for a focus on maternal and child health:

- The low birth weight rate is 5 percent higher and pre-term birth rate is 4 percent higher on Oahu compared to national averages. The infant mortality rate on Oahu is 40 percent higher than the national average. Even though rates of uninsured children on Oahu is better than the national average overall, there are communities where the rates are higher.
- In the ZIP code that includes the towns Punaluu and Kaaawa, where the Native Hawaiian/Pacific Islander population is greater than 25 percent, the rate of uninsured children is 22 percent higher than the national average.

The lack of trust in health care and a need for more coordination and continuity of services can limit full access to care. These barriers are particularly apparent among low-income residents and people from Pacific Islander nations and other immigrant groups that are not always recognized. Outreach and specialized services like mental health can be limited and there is a perception that care is disconnected from cultural practices. Rebuilding the mental health care system was identified as critically necessary many key informants.

The COVID-19 pandemic shined a spotlight on the lack of legitimacy some feel about their health care system. Some key informants mentioned that there are historic legacy issues that contribute to this lack of trust in health care providers in some communities. Key informants mentioned the need to strengthen relationships through a deeper engagement in listening, incorporating language and culture into care, and working with community-based organizations that have established relationships with the communities they serve.

The COVID impact on mental and behavioral health will be long lasting. We don't have a mental health hospital, no crisis center, etc. We don't have the safety net to address the issues on hand now, and more will come.

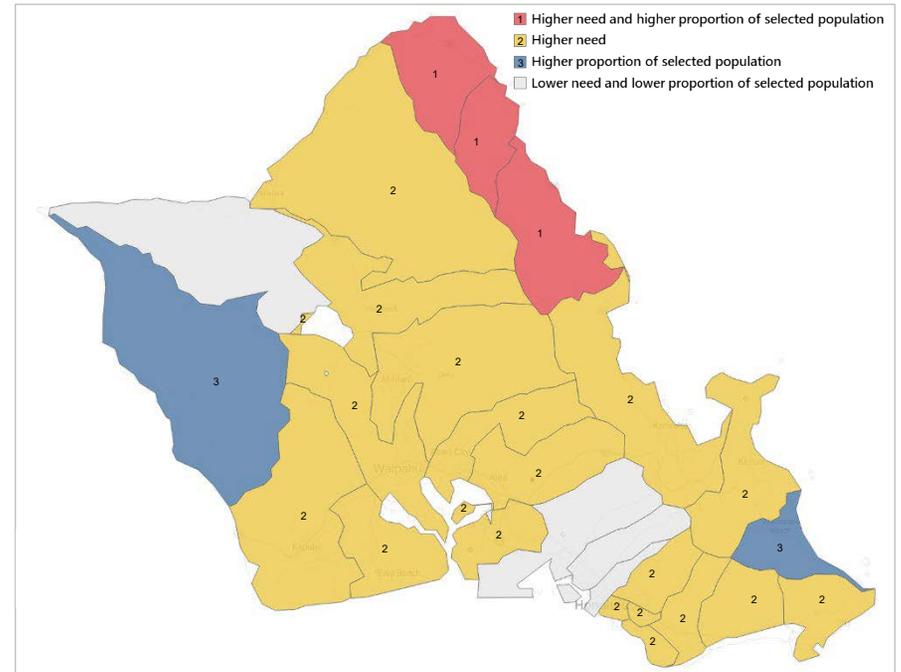
– Mental health service provider

In a real, focused, intentional way, promote equity and also access to supportive services that are secondary to emergency kind of treatment and looking at the whole person and what their social needs are, what their human needs are and be equipped and ready to refer them to those services.

– Community organization leader

MEDICAID/PUBLIC INSURANCE ENROLLMENT, OAHU SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with **Native Hawaiian and Pacific Islander populations over 25%** and have **lower enrollment in health insurance assistance programs**



Source: Kaiser Permanente Community Health Data Platform

[People] need help getting a primary care physician so that they can enroll in insurance. Most don't have one and we have to figure out how to help them get one. We found our own way to deal with this issue but we could have worked better with the hospitals to find that solution.

– Micronesian community leader

Health need profile: Housing



Having a safe place to call home is essential for the health of individuals and families.

American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Because of historic discriminatory lending policies and some current lending practices, people of color have been denied the opportunity to purchase a home, leading to enduring inequities.

Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Renters in particular are more likely to live in cost-burdened households and face housing instability. Job loss associated with the COVID-19 pandemic, coupled with expiration of the federal eviction moratorium, has made many renters' situation even more precarious.

Homelessness across the U.S. was on the rise before the pandemic, including for families with children. In 2020, the number of single adults living outdoors exceeded the number living in shelters for the first time. Even more moved outside because of the pandemic, leading to a crisis in street homelessness in many American cities.

Hawaii's high cost of living is influenced by high prices for food, housing, and fuel that were exacerbated by the economic impacts of the COVID-19 pandemic. The Accountable Health Communities Hawaii Project survey identified increasing trends in housing instability overall from October 2018 to October 2021 for Oahu. Before the pandemic, this was seen in households with lower income levels and more recently seen among those with higher incomes too. Some increases in housing instability were also reported in the survey among those who identify as Native Hawaiian or Other Pacific Islander.

Close to 1 out of 5 households (18 percent) on Oahu spends greater than 50 percent of their income on housing costs, a severe burden for many families. In Oahu neighborhoods where one-quarter to one-third of residents identify as Native Hawaiian/Pacific Islander, the housing concerns are magnified.

For example, compared to national benchmarks:

- Along the Waianae Coast and the Punaluu area on the Windward side of Oahu, 21-23 percent of residents in these neighborhoods have a severe housing cost burden and pay more than half of their income on housing costs.
- The median rental cost is 44 to 54 percent higher than the national average in the neighborhoods near Punaluu and Laie.
- Home ownership along the Waianae Coast and the Kahuku, Punaluu, and Laie areas can be as low as less than one-third of the residents. While the percent of income that goes to pay a mortgage is high in every neighborhood of Oahu, homeowner residents in these neighborhoods pay over a quarter to nearly 40 percent of their income to mortgage costs.

We are trying to work on both ends of the financial spectrum for families, lowering costs of housing, etc., and increasing wages. It is a community responsibility not an individual responsibility.

– Community organization leader

While affordable housing is an important issue throughout Oahu, people experiencing homelessness is a growing problem according to key informants. They described pressing needs to help keep people housed, especially among vulnerable populations who struggle to pay rent or are in transition. They need connections to services to prevent homelessness.

Key informants said people need help stabilizing their housing situation. They mentioned that the overall cost of housing will need to be addressed through more affordable housing, purchasing, rental and utility assistance, as well as addressing related issues such as wages and sufficient access to transportation services.

People experiencing homelessness, primarily chronic homelessness coming out of prisons, [the] foster care system and hospitals. There are some missed opportunities there in connecting people with services that would stop the revolving door.

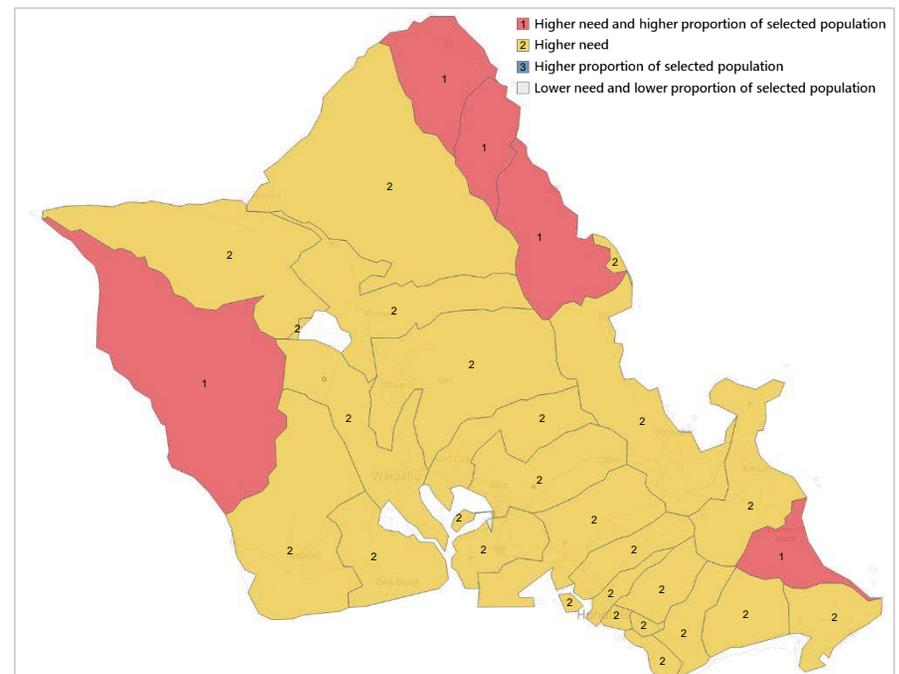
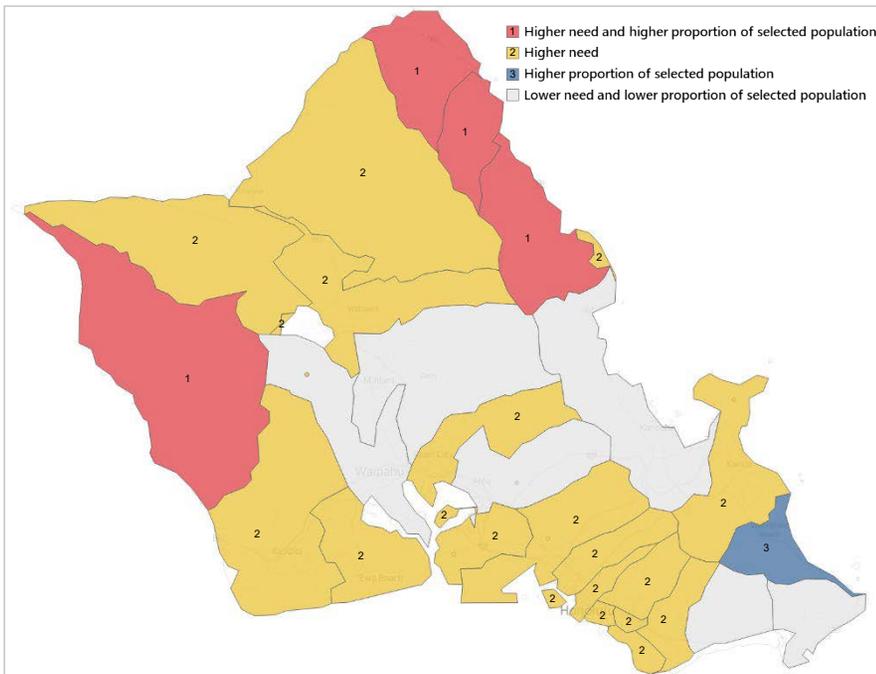
– Public health organization leader

SEVERE HOUSING COSTS, OAHU SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with Native Hawaiian and Pacific Islander populations over 25% and have nearly a quarter of residents who spend more than 50% of their income on housing costs compared to the national average.

RENTAL COSTS, OAHU SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with Native Hawaiian and Pacific Islander populations over 25% and have a higher median rental cost than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Income & employment



Economic opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances over time.

People with steady employment are less likely to have an income below poverty level and more likely to be healthy.

Currently around 11 percent of people living in Kaiser Permanente communities — and 14 percent of children — live in poverty. Those not having enough resources to meet daily needs such as safe housing and enough food to eat are more likely to experience health-harming stress and die at a younger age.

Americans with lower incomes are more likely to live in neighborhoods lacking access to healthy food and safe physical activity and have higher exposure to environmental pollutants. Compared to white Americans, people of color are more likely to have lower incomes, fewer educational opportunities, and shorter life expectancies.

Income inequality has been increasing over recent decades. During the first year of the COVID-19 pandemic, higher levels of economic inequality were associated with higher levels of COVID incidence and deaths.

Many residents of Oahu have experienced considerable uncertainty or a decrease in their income during the COVID-19 pandemic. This has created instability for households that continues as the pandemic impacts linger. The unemployment rate for Oahu was especially high during the COVID-19 pandemic—nearly 19 percent in 2020—over 40 percent higher than the national average.

There are areas of Oahu where unemployment and income are disproportionately worse than in other areas. This is particularly true in neighborhoods where the Native Hawaiian/Pacific Islander population is 25 percent or greater:

- In the Waianae Coast ZIP code area stretching from Nanakuli up to Makaha, the unemployment rate among those 16 years and above in the most recent data from Esri Demographics in 2020 is very high—26 percent—this is over one-third higher than the state average.
- In this same ZIP code area of the Waianae coast, the median household income is only \$66,766, nearly 5 percent lower than the national median and 27 percent below the state median for household income.
- In two ZIP codes on the northern windward side of Oahu that includes the towns of Punaluu and Kahuku, the median household income is 6 and 9 percent lower than the state median for household income.

Key informants commented on several issues that have contributed to employment concerns that may not rebound quickly as the pandemic subsides. They mentioned the need for job opportunities, job training, livable wages, and financial literacy. These are vulnerabilities, not only among the unemployed, but also the underemployed as well as those working three or more jobs just to make ends meet. One key informant said we have a weak economic safety net and a sustainable solution is needed in Hawaii.

Need to address financial security. We didn't realize how bad our unemployment system was, the infrastructure of our system, until it crashed.

– Community organization leader

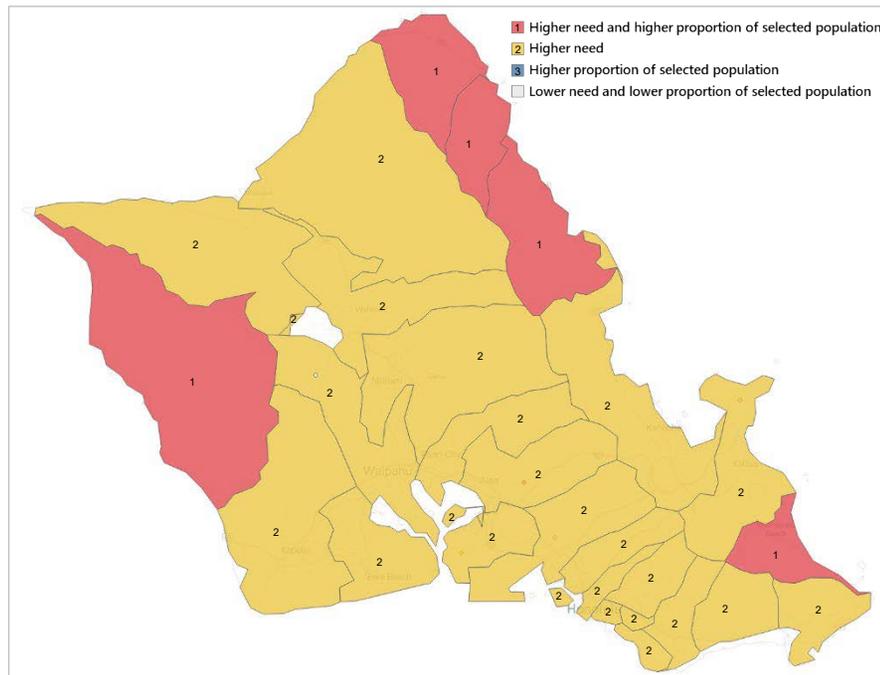
Some key informants called upon employers to create job opportunities and increase wages. Others suggested earned income tax credits or a minimum wage should be considered to support income stability. Others mentioned addressing low wage jobs and the lack of sick leave or family leave. One key informant noted that health care is a large industry in Hawaii and could be part of economic initiatives that create jobs that could be filled with one or two years of training out of high school versus a four-year degree as a way to accelerate opportunities and fill workforce needs.

I do think that job training is going to be something. That's big. Not all jobs are going to come back and jobs continue to evolve. Downtown is never going to look the same. What are the health care jobs that you can do with one or two years of training out of high school versus needing any kind of degree.

– Public health organization leader

UNEMPLOYMENT, OAHU SERVICE AREA, 2020

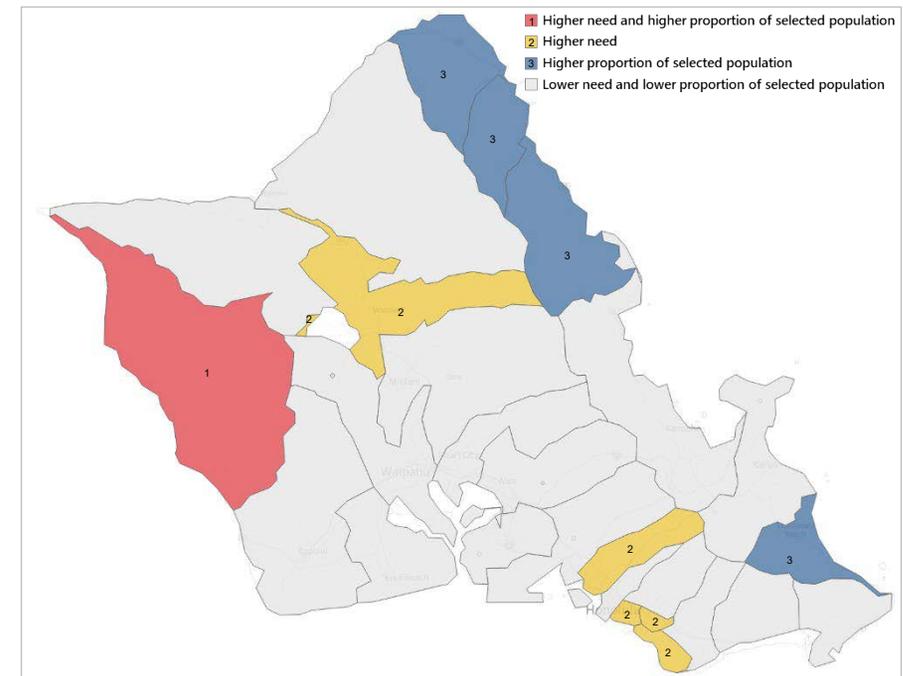
Areas shaded red (1) are ZIP codes with **Native Hawaiian and Pacific Islander populations over 25%** and **higher unemployment rates** than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

MEDIAN HOUSEHOLD INCOME, OAHU SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with **Native Hawaiian and Pacific Islander populations over 25%** and **lower household incomes** than the national average.



Source: [Kaiser Permanente Community Health Data Platform](#)

Health need profile: Food insecurity



Many people do not have enough resources to meet their basic needs, including having enough food to eat to lead an active, healthy life.

Many households have higher than average rates of food insecurity; disabled adults may also be at higher risk because of limited employment opportunities and high health care expenses.

Many diet-related conditions, including diabetes, hypertension, heart disease, and obesity, have been linked to food insecurity. Having both Supplemental Nutrition Assistance Program benefits and convenient access to a supermarket can improve diet quality as well as food security.

Rates of food insecurity increased among families experiencing job loss because of the COVID-19 pandemic — as a result of the pandemic, there has been an estimated 60 percent increase in U.S. food insecurity. As the pandemic worsened, many who qualified for food assistance did not sign up for benefits, in part because of fear related to enrolling in government programs, uncertainty about eligibility, and worry about health risks of in-person appointments.

Having the financial resources and access to high-quality, nourishing food on a regular basis is a key part of living a productive and healthy life. It’s estimated that a little over 10 percent of the residents of Oahu needed food support as indicated by enrollment in the Supplemental Food Assistance Program in 2018, slightly less than the national average. However, more recent estimates of food insecurity show that the problem has become worse.

The COVID-19 pandemic put Oahu residents at risk in multiple ways, affecting their livelihoods, living conditions, and access to food as they protected their physical health by isolating at home to avoid exposure to the virus. Working with health care providers and social service organizations on Oahu, the Accountable Health Communities (AHC) Hawaii project team surveyed over 62,000 residents before and during the pandemic (2018-2021) and found that food insecurity was the most reported health-related social need.

For example, in the most recent AHC survey conducted in October 2021:

- 13 percent of the residents of Oahu who took the survey reported a food need. This is down only 1 percent since the last AHC survey conducted in April 2021.

In some neighborhoods, many more reported a food need. In the Mākaha/Waianae and Wahiawa areas, and some parts of Honolulu, 26-30 percent of those surveyed reported a food need.

OVER 90% INCREASE IN OAHU CLINIC REFERRALS TO FOOD PANTRIES DURING THE COVID-19 PANDEMIC

	Before* COVID-19	During** COVID-19
Referrals to Food Pantries	942	1,820

*Oct 2018 to Mar 2020
**Mar 2020 to Oct 2021

Source: Accountable Health Communities Hawaii COVID-19 Special Report October 2021 for Oahu.

One of the main support systems for food assistance is the federal Supplemental Nutrition Assistance Program (SNAP). Overall, SNAP enrollment for Oahu has been better than the national average, meaning more people in need are getting support to obtain food. But there are some areas of Oahu where SNAP enrollment is low, particularly those ZIP codes with higher populations of those who identify as Native Hawaiian/Pacific Islander or multi-racial.

According to key informants, meeting basic needs like getting food on the table became a critical issue at the start of the COVID-19 pandemic. Temporary emergency aid and community efforts to help deliver food to those in isolation did ramp up to help some during the pandemic. People and neighbors often were the ones who filled these gaps. However, the ongoing pandemic continues to impact the food security of Oahu families. Key informants called on addressing this immediate need and working on sustainable food system policies to be better prepared to provide food assistance as part of future disaster preparedness.

We are the only organization providing food for people in isolation today. We need to implement lessons learned. We learned so many things the hard way and we need to know those points where we can adjust the sail. Emergency and natural disasters happen yearly, we need to remain prepared for it. This month we maxed out our credit cards for food on the 14th of the month.

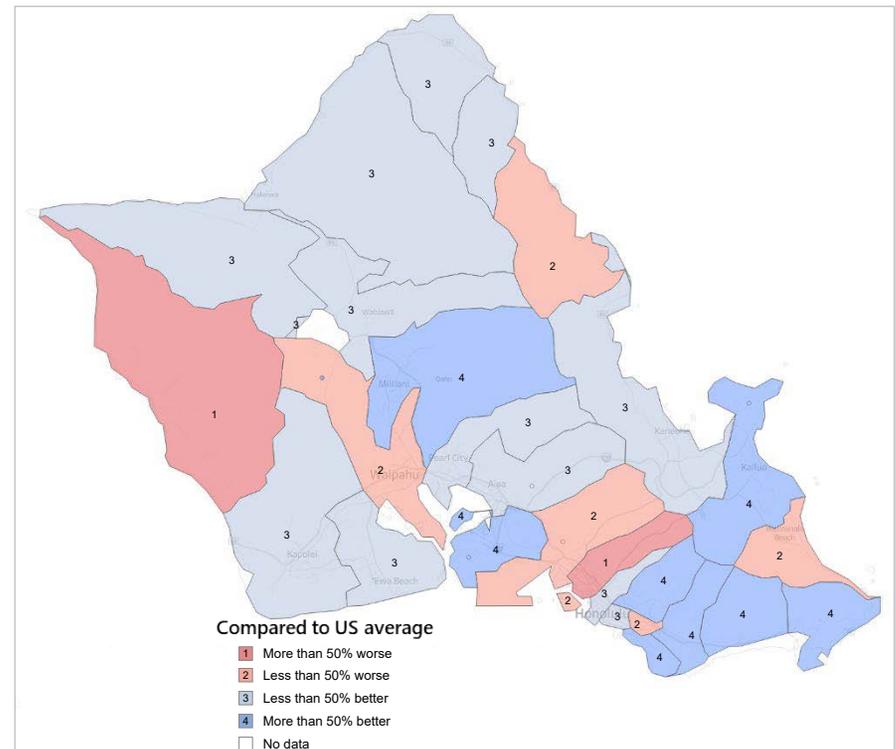
– Community organization leader

Still seeing basic needs, like getting food on the table.

– Community organization leader

SNAP ENROLLMENT, OAHU SERVICE AREA, 2015-2019

Areas shaded red (1) are ZIP codes with enrollment in the Supplemental Nutrition Assistance Program (SNAP) that are worse than the national average



Source: [Kaiser Permanente Community Health Data Platform](#)

Community resources potentially available to respond to health needs

The CHNA process included an identification of existing community assets and resources to address health needs. The Oahu service area includes community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations that address many community health needs.

Key resources available to respond to the identified health needs of the community are listed in Appendix C.

Kaiser Permanente Moanalua Medical Center 2019 Implementation Strategy evaluation of impact

In the 2019 IS process, all Kaiser Permanente service areas planned for and drew on a broad array of resources and strategies to improve the health of our communities, such as grantmaking, in-kind resources, and partnerships, as well as several internal Kaiser Permanente programs including Medicaid, the Children’s Health Insurance Program (CHIP) and other government-sponsored programs, charitable health coverage, medical financial assistance, health professional training, and research. In addition to our direct spend, we also leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This comprehensive approach includes activities around supplier diversity, socially responsible investing, and environmental stewardship.

Kaiser Permanente Moanalua Medical Center’s 2019 Implementation Strategy (IS) report identified activities to address significant health needs prioritized in the 2019 CHNA report. The impact of those activities is described in this section; the complete 2019 IS report is available at <https://www.kp.org/chna>.

Kaiser Permanente Moanalua Medical Center 2019 Implementation Strategy priority health needs

1. Economic security
2. Obesity/HEAL/Diabetes
3. Access to care

2019 Implementation Strategy evaluation of impact by health need

Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. Kaiser Permanente also serves the community through programs to improve access to care, including Medicaid, charitable health coverage, and medical financial assistance. At the time this CHNA report was completed, Kaiser Permanente Moanalua Medical Center Community Health had information on the impact of these activities from 2020 and 2021 and will continue to monitor strategies implemented in 2022.

Kaiser Permanente Moanalua Medical Center addresses community health needs in multiple ways, including grantmaking, access to care programs, and socially responsible investing. Several of those activities during 2020-2021 are highlighted in the table below.

One example of a key accomplishment in response to our 2019 IS includes the Mana’ai program through a partnership between Lanakila Pacific and the Healthy Mothers Healthy Babies program to support low-income pregnant and new moms from underserved communities to address the Obesity/HEAL/Diabetes need. The program provided reliable access to local, nutritious food—fulfilling a basic need that proved to be an effective incentive to engage, build trust, and then provide additional social services and health supports to these women. They distributed 460 meals and provided additional social service and other health supports such as new parent programs, lactation services, baby supplies, vaccinations, and

quarantine help if they tested positive for COVID. For example, they referred all of the participating mothers who were eligible, but not receiving Supplemental Nutrition Assistance Program (SNAP) benefits, to SNAP outreach staff to ensure they will continue to receive nutrition support for their family.

As the health and economic toll of COVID-19 continued to mount, Kaiser Permanente accelerated efforts to broaden the scope of our care and services to address all factors that affect people's health. For example, in 2020 Kaiser Permanente provided grants totaling \$6.3 million to strengthen COVID-19 prevention and response for people experiencing homelessness across our regions and service areas. Project Vision Hawaii administered more than 13,000 COVID-19 tests and more than 60,000 vaccinations with a focus on people experiencing homelessness, other vulnerable populations, and service providers to reduce the spread of COVID-19 in low-income and homeless communities on Oahu. Through mobile outreach, they approached vulnerable residents and those living in remote or rural areas with compassion in familiar settings like community gatherings with trusted partners like church pastors and cultural leaders. They ensured that those who tested positive received treatment, support for isolation, and repeat testing by providing mobile phones so they could continue to connect with them.

Kaiser Permanente Moanalua Medical Center 2019 IS priority health needs and strategies

Economic security

During 2020-2021, 10 grants were awarded to community organizations, for a total investment of \$570,000 to address economic security in the Oahu service area.

Examples and outcomes of most impactful strategies

Save for Opportunity

Hawaiian Community Assets' Save for Opportunity program promoted "empowerment economics" to clients through education (financial counseling, employment/entrepreneur coaching, income supports screening) and the opportunity to act (access to public benefits, matching grants, loans), especially clients from native communities and communities of color. The program is expected to reach 35 clients aimed at increasing their income and assets.

Young Women's Christian Association (YWCA) of Oahu, Mink Center for Business and Leadership and Mana Up Economic and Leadership Development Program

The YWCA Oahu's Patsy T. Mink Center for Business & Leadership (MCBL) and the Mana Up Economic & Leadership Development Program collaborated to create more equity in economic opportunity within Hawaii. Together they supported a diverse group of leaders and increased middle class economic opportunities with equitable access across a diversity of people. The partnership plans to add \$1 billion to the local economy. They fostered home grown economic opportunities that are regenerative, incorporate appropriate cultural awareness, and have business practices that benefit the local community. One Mana Up alumni was nominated for the Goldman Sachs 10,000 businesses program.

What's Next Initiative

The Boys & Girls Club of Hawaii "What's Next Initiative" is a youth development program designed to directly support youth members from grade 8 through graduation including mental and physical health, post-secondary education, workforce development, career exploration and cultural learning. The program is expected to reach over 20 teens to improve their grade point average in school, develop confidence in their ability to excel academically, and develop a plan after graduating high school.

Obesity/HEAL/Diabetes

During 2020-2021, 6 grants were awarded to community organizations, for a total investment of \$394,600 to address obesity and diabetes through healthy eating and active living in the Oahu service area.

Examples and outcomes of most impactful strategies

Imagine Project Power, Hawaii

American Diabetes Association's Imagine Project Power Hawaii is an innovative program connecting youth at-risk for developing type 2 diabetes. The program empowers youth to make healthy lifestyle choices and develop lifelong and sustainable habits that will improve the health and wellness of the participants and their families. The program is expected to reach 100 youth ages 7-13 to prevent the development of type 2 diabetes.

Māna 'ai Program

Lanakila Pacific and Healthy Mothers Healthy Babies program partnered to deliver the Māna 'ai program to support vulnerable mothers and their children. Lanakila Kitchen, which offers sustainable jobs and job training for people with significant disabilities, produced meals for at-risk mothers to build trust and encourage their active engagement in services while addressing food insecurity and quality nutrition. The program is expected to reach 430 women to promote healthy pregnancies and ensure safe, early childhood development.

Kupuna Pantry

The Waianae Coast Comprehensive Health Center's developed Kupuna Pantry, to provide locally made meals for distribution to senior citizens ("kupuna") at four community sites along the Waianae Coast. The Kupuna Pantry not only provided access to fresh, local meals and produce but also reinvests in the Waianae community by generating jobs and income for meal and local food producers. Over 14,000 meals are planned to reach over 2400 seniors along the Waianae Coast.

Access to care

Care and coverage: Kaiser Permanente Moanalua Medical Center ensures health access by serving those most in need of health care through Medicaid, the Children's Health Insurance Program (CHIP) and other government-sponsored programs, and medical financial assistance.

	Individuals served		Amount	
	2020	2021	2020	2021
Medicaid, CHIP and other government-sponsored programs	44,832	47,993	\$16,085,677	\$24,969,744
Medical Financial Assistance	10,186	7,583	\$4,775,809	\$4,055,935
Total care & coverage	55,018	55,576	\$20,861,486	\$29,025,679

Other access to care strategies: During 2020-2021, 6 grants were awarded to community organizations, for a total investment of \$349,537 to address access to care in the Oahu service area.

Examples and outcomes of most impactful other strategies

Kupuna Community Care Network

Kula No Na Poe Hawaii's Kupuna Community Care Network II program is for Native Hawaiian beneficiaries of Papakōlea, Kewalo, and Kalawahine Hawaii Homesteads to improve comprehensive, coordinated care for seniors (kupuna) by increasing their use of technology and health apps, providing education and training to increase home and community safety for the safe "aging in place" of kupuna (age 55+) and their caregivers. This project also provided "on the job training" for at least 5 Community Health Workers. This program is expected to reach 250 seniors.

COVID-19 Response and Outreach Project

Project Vision Hawaii led the COVID-19 Response and Outreach Project, a collaborative effort to limit the spread of COVID-19 in low-income and houseless communities through mobile testing, contact tracing, and follow-up services. The project is expected to reach 3,600 vulnerable people to identify those infected with the coronavirus, help them recover and limit the spread of disease.

Medical Respite Service for Homeless Patients Service

The Hawaii Homeless Healthcare Hui operated the Medical Respite Service for Homeless Patients, an inpatient service that provided a safe and clean environment and medical care for wounds, medication management, respiratory problems, and other care for a few days to a few weeks while these patients recover from an acute episode of illness or injury. The medical respite services provided access to care that is all too often unavailable to homeless individuals. The service is expected to reach 1,400 vulnerable people that do not have a clean or safe home environment to recover in, preventing conditions from getting worse that can lead to long hospital stays and emergency room visits if not treated.

Appendix

- A. Secondary data sources
- B. Community input
- C. Community resources

Appendix A: Secondary data sources

Kaiser Permanente Community Health Data Platform

Source	Dates
1. American Community Survey	2015 - 2019
2. Behavioral Risk Factor Surveillance System	2020
3. CDC, Interactive Atlas of Heart Disease and Stroke	2016 - 2018
4. Center for Medicare & Medicaid Services	2018
5. CMS National Provider Identification	2019
6. Dept of Education ED Facts & state data sources	Varies
7. EPA National Air Toxics Assessment	2014
8. EPA Smart Location Mapping	2013
9. Esri Business Analyst	2020
10. Esri Demographics	2020
11. FBI Uniform Crime Reports	2014 - 2018
12. Feeding America	2018
13. FEMA National Risk Index	2020
14. Harvard University Project (UCDA)	2018
15. HRSA Area Resource File	2019
16. HUD Policy Development and Research	2020
17. National Center for Chronic Disease Prevention and Health Promotion	2018
18. National Center for Education Statistics	2017 - 2018
19. National Center for Health Statistics	2018
20. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018
21. NCHS National Vital Statistics System	2015 - 2019
22. NCHS US Small-area Life Expectancy Estimates Project	2010 - 2015
23. NCI State Cancer Profiles	2013 - 2017
24. NCI United States Cancer Statistics	2013 - 2017
25. NHTSA Fatality Analysis Reporting System	2014 - 2018
26. US Geological Survey; National Land Cover Database	2016
27. USDA Food Environment Atlas	2016

Additional secondary data source

	Source	Dates
1.	Accountable Health Communities Hawaii Project COVID-19 special report	2021
2.	Community Health Needs Assessment, Addendum of Secondary Data, Healthcare Association of Hawaii	2021

Appendix B. Community input

	Data collection method	Affiliation	Number	Perspectives represented	Role	Date
1	Key informant interview	Hawaii Public Health Institute	1	Public health	Leader	08/25/2021
2	Key informant interview	Hawaii Appleseed Center for Law and Economic Justice	1	Low-income and underserved communities	Representative	08/31/2021
3	Key informant interview	Aloha United Way	1	Asset limited and income constrained families and individuals	Leader	09/02/2021
4	Key informant interview	Domestic Violence Action Center	1	Women, families, and children experiencing domestic violence and homelessness	Representative	08/18/2021
5	Key informant interview	Hawaii Children's Action Network	1	Low-income families and children	Representative	08/19/2021
6	Key informant interview	We Are Oceania	1	Micronesian and Pacific Island communities	Member	08/19/2021
7	Key informant interview	Pacific Gateway Center	1	Immigrants, refugees, and low-income residents	Representative	08/20/2021
8	Key informant interview	Child and Family Service (CFS)	1	Adults, families and children vulnerable to trauma and abuse	Leader	08/24/2021
9	Key informant interview	COVID-19 Marshallese Task Force	1	Marshallese communities	Member	09/02/2021
10	Key informant interview	Alcohol and Drug Abuse Division, Hawaii Department of Health	1	Medically underserved, people experiencing substance abuse, homelessness	Leader	09/08/2021
11	Key informant interview	Chronic Disease Division, Hawaii Department of Health	1	Public health	Leader	08/17/2021

Appendix C. Community resources

Identified need	Resource provider name	Summary description
Access to care	Hawaii Primary Care Association/ Community Health Centers	The Hawaii Primary Care Association improves the health of communities in need by advocating for, expanding access to, and sustaining high quality health care through our statewide network of Community Health Centers. https://www.hawaiiipca.net
	Hawaii Health and Harm Reduction Center	The Hawaii Health and Harm Reduction Center focuses efforts to provide health services to people living with and/or affected by HIV, hepatitis, substance use, mental illness, and the transgender, LGBTQ and the Native Hawaiian communities. https://www.hhhrc.org
	Project Vision Hawaii	Project Vision brings health services directly to access-challenged communities via mobile service units; services are always 100 percent free of charge to participants. https://www.projectvisionhawaii.org
Housing	Institute for Human Services	The Institute for Human Services operates a ten-shelter system, homeless outreach and drop-in centers, street medicine, health services, family programs, housing placement, employment services, veteran programs and more, creating and offering tailored solutions for those in crisis, and nurturing homeless people toward greater self-direction and responsibility. https://www.ihshawaii.org
	U.S. VETS	U.S. VETS is a provider of comprehensive services to homeless and at-risk veterans and facilitates the successful transition of military veterans and their families through the provision of housing, counseling, career development, and comprehensive support. https://usvets.org
	Partners in Care	Partners In Care operates a Landlord Engagement Program, which focuses on assisting individuals and families to move in to appropriate affordable housing on Oahu. They are a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu's Continuum of Care for homeless persons. https://www.partnersincare.org
Income & employment	Aloha United Way	Aloha United Way supports financial health of individuals and families who have jobs but cannot afford housing, health care, food, or other basic needs through cross-sector coordination and collaboration with strategic partners. https://auw.org
	YWCA of Oahu	YWCA Oahu provides valuable programs and services that develop women and girls' social, economic, leadership, and community building skills while eliminating racism, and promoting peace, justice, freedom, and dignity for all. https://www.ywcaoahu.org
	Hawaiian Community Assets	Hawaiian Community Assets supports capacity building of low- and moderate-income communities to achieve and sustain economic self-sufficiency, including free financial education, assistance reaching economic opportunity goals, and access to capital to support economic self-sufficiency. https://www.HawaiianCommunity.net

Identified need	Resource provider name	Summary description
Food insecurity	Lanakila Pacific	Lanakila Pacific provides home delivered meals to food insecure older adults and individuals with disabilities through their Lanakila Meals on Wheels program. https://www.lanakilapacific.org
	Hawaii Foodbank	Hawaii Foodbank provides food via partnerships with food pantries, shelters, and other community-based feeding programs so that no one in Hawaii goes hungry. https://hawaiifoodbank.org
	Helping Hands Hawaii	Helping Hands Hawaii's Supplemental Nutrition Assistance Program (SNAP) Outreach helps at-risk, vulnerable, and low-income individuals and households to access SNAP benefits by providing interpretive assistance, support filling out applications, and support to manage proper use and maintenance of SNAP benefits. https://www.helpinghandshawaii.org