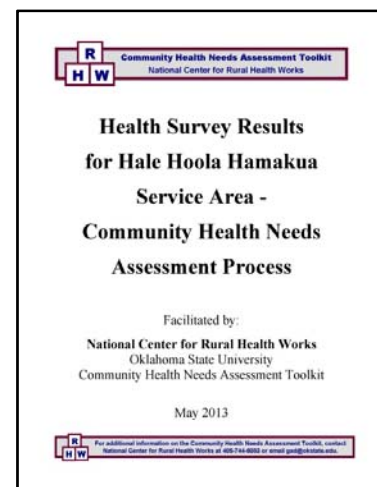
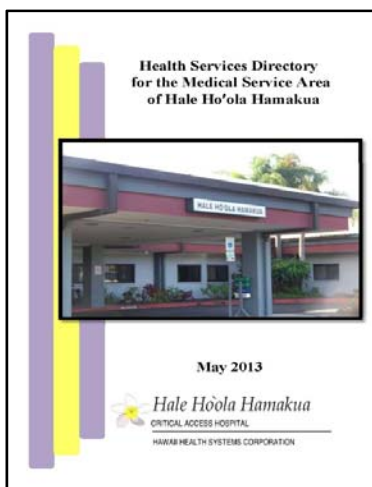
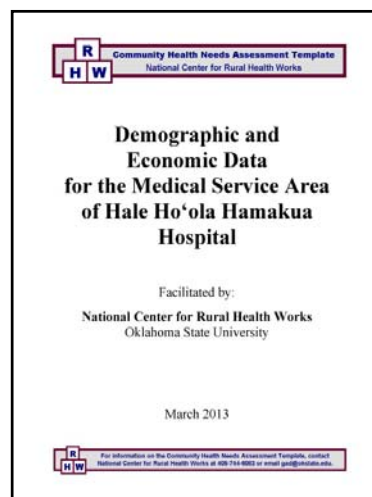
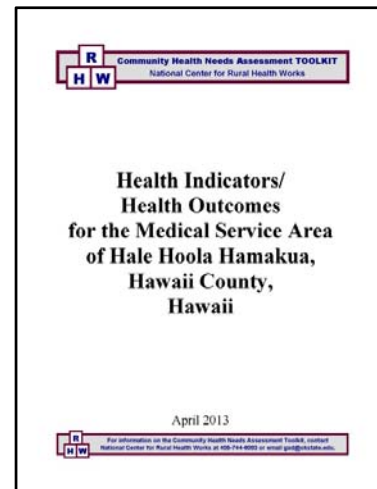
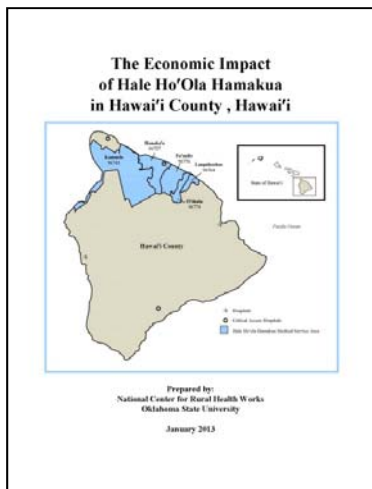


Hale Ho'ola Hamakua Community Health Needs Assessment Summary and Implementation Strategy



Hale Ho'ola Hamakua Community Health Needs Assessment Summary and Implementation Strategy

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June 2013

**Hale Ho’ola Hamakua
Community Health Needs Assessment
Summary and Implementation Strategy**

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Introduction

New requirements for nonprofit, 501 (c)(3), hospitals were enacted under the Patient Protection and Affordable Care Act (ACA), passed on March 23, 2010. One of the most significant of the new requirements is the Community Health Needs Assessment (CHNA) that must be conducted during taxable years after March 23, 2012 and is submitted with IRS form 990. A CHNA must be completed every three years. Hale Ho'ola Hamakua participated in the CHNA process even though CHNA is not a requirement for Hale Ho'ola Hamakua.

While the requirements are fairly new, the IRS has made strides in defining hospitals that must complete the CHNA as well as details of what is expected in the CHNA report to be submitted. At this time the only entities that must complete the CHNA are hospital organizations defined as:

- An organization that operates as a state-licensed hospital facility
- Any other organization that the Secretary determines has the provision of hospital care as its principal function or the purpose constituting the basis for its exemption under section 501 (c)(3).

The general goal behind the requirement is to gather the community input that leads to recommendations on how the local hospital can better meet and serve residents' needs. The community input is typically derived from a community survey and a series of open meetings. Local health data are presented. Community members then identify and prioritize their top health needs.

After receiving the community's input, the hospital defines an implementation strategy for their specific facility. The implementation strategy is a written plan that addresses each of the health needs identified in the community meetings. To meet Department of Treasury and IRS guidelines, an implementation strategy must:

- Describe how the hospital facility plans to meet the identified health needs, or
- Explain why the hospital cannot meet the health need.¹

After the needs are identified that the hospital can address, the implementation strategy must take into account specific programs, resources, and priorities for that particular facility. This can include existing programs, new programs, or intended collaboration with governmental nonprofit or other health care entities within the community.²

¹Internal Revenue Service. 2011. Notice and Requests for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals. Internal Revenue bulletin: 2011-30.

²Ibid.

Overview of Process

Hale Ho'ola Hamakua undertook a CHNA during the first half of 2013. The process included creating a CHNA advisory committee consisting of community members representing all segments of the community (race, demographics, occupations, etc.). The process was facilitated by personnel from the National Center for Rural Health, the Hawaii State Department of Health, State Office of Primary Care & Rural Health and the Pacific Basin Telehealth Resource Center, John A. Burns School of Medicine at the University of Hawaii at Manoa. The advisory committee met four times to receive input relative to their medical service area. At meetings #1, #2 and #3, the committee received and discussed three reports:

Report #1: The Economic Impact of Hale Ho'ola Hamakua

Report #2: Demographic and Economic Data

Report #3: Health Indicators/Health Outcomes Data

At the 4th meeting, two more studies were presented:

Report #4: Health Services Directory

Report #5: Health Survey Results

At all the meetings, and especially Meetings #3 and #4, the advisory committee discussed the community's health needs. The advisory committee also conducted a survey and received completed surveys from 174 households. At Meeting #4, the advisory committee identified the most critical community health issues and specified actions to address them.

The participants, facilitators, and medical service area will be identified in the next section. A review of each of the four meetings will be presented. Then the community health needs identified by the advisory committee will be presented with their top priorities. Copies of the report are available at Hale Ho'ola Hamakua.

Participants, Facilitators, and Medical Service Areas

Every effort was made to have all segments (race, demographics, occupations, etc.) of the medical service area represented in the CHNA process. Community members that participated in the process, as well as the segment (and sometimes more than one segment) of the community represented, are listed in **Table 1**. For example, a hospital board member may also be a Native Hawaiian. Every effort was made to identify the segments each person represented. The facilitators are presented in **Table 2**.

The Hale Ho'ola Hamakua medical service area (MSA) is depicted in **Figure 1**. The MSA includes the five zip codes of 96727, 96743, 96764, 96774, and 96776. The MSA follows zip code boundaries because of data availability.

Table 1
Hale Ho'ola Hamakua Community Health Needs Assessment Advisory Committee
Representation

Member	Segment(s) Represented
1.	East Hawaii Regional Board Member, Nursing School
2.	East Hawaii Regional Board Member, Retired High School Superintendent
3.	HHH Medical Director, ER Physician, Native Hawaiian
4.	HHH Chief of Staff
5.	Public Health Nurse
6.	Mental Health Counselor
7.	Dentist
8.	Respiratory Therapist
9.	HHH Foundation President
10.	Hamakua Health Center, Retired
11.	North Hawaii Education Research Center, Native Hawaiian
12.	Hamakua Energy Partners
13.	Honokaa High School
14.	Hamakua Health Center CEO
15.	Retired HHH Administrator, Health Center Board Member
16.	HHH Nurse
17.	HHH Administrative Services
18.	HHH Hospital Administrator
19.	HHH Nurse (Quality)
20.	North Hawaii Community Health Center
21.	EMS
22.	Retired Community Resident
23.	Fire Department
24.	Community Resident
25.	Retired Community Resident
26.	Nurse
27.	Laboratory Manager, Native Hawaiian
28.	Businessman
29.	Businessman
30.	North Hawaii Community Health Center
31.	Home Health
32.	Native Hawaiian Clinic, Native Hawaiian
33.	Attorney
34.	Hamakua Health Center

Table 2
Hale Ho'ola Hamakua Community Health Needs Assessment Facilitators

Gerald A. Doeksen, Director
Email: gad@okstate.edu
and
Cheryl St. Clair, Associate Director
Email: cheryl@okstate.edu

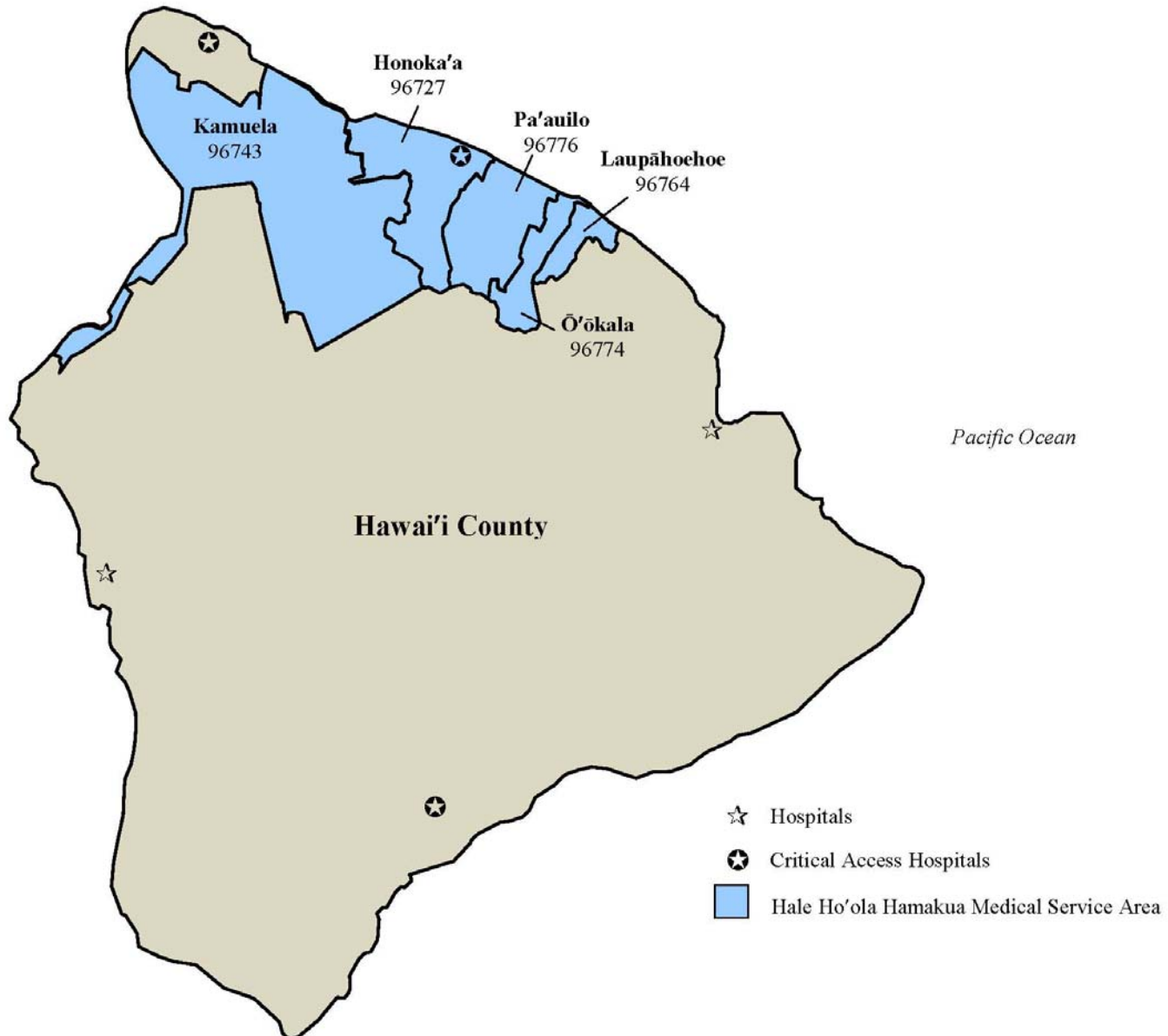
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Figure 1
Hale Ho'ola Hamakua Medical Service Area



About Hale Ho'ola Hamakua

Hale Ho'ola Hamakua is a critical access hospital and serves the communities of Hamakua, North Hilo, and South Kohala. Hale Ho'ola Hamakua is a member of the Hawaii Health Systems Corporation (HHSC). It is the largest healthcare provider in the Islands. HHSC is comprised of 12 public hospitals and two non-profit affiliate providers. HHSC provides services which improve the health of individuals and the economic health of the island communities throughout Hawaii.

Hale Ho'ola Hamakua, Critical Access Hospital, is a Medicare and Medicaid Certified Provider licensed by the State of Hawaii, Department of Health. Emergency Room services are available 24 hours a day, 7 days a week with a physician, RN, laboratory and x-ray services.

Services at Hale Ho'ola Hamakua include:

- 11 Acute/Skilled Nursing Beds
- 66 Long-Term Care Beds provide Intermediate of Skilled Nursing Care
- Restorative Nursing and Rehabilitative Services including:
 - Physical Therapy, Occupational Therapy and Speech Therapy
 - Respiratory Therapy
 - Laboratory Services
 - X-Ray Services
 - Pharmacy Services
 - Social Services
 - Infusion Services
 - Holter Monitoring

Community Input Summary

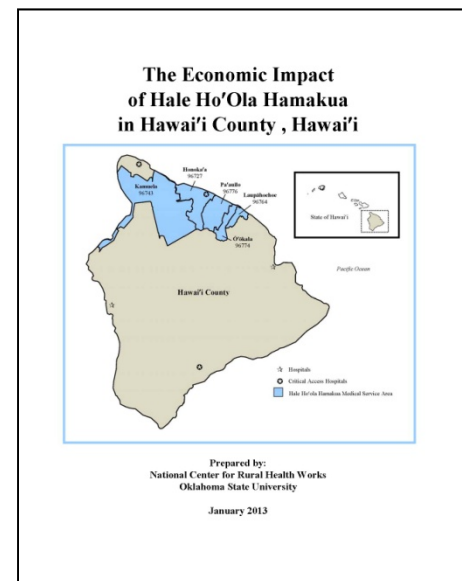
The CHNA advisory committee met four times. At each meeting the committee was given data and discussed the presented data. The reported data and discussion highlights will be presented by meeting.

Community Input Meeting #1

The agenda for Meeting #1 is presented in **Table 3**. Since it was the first meeting of the advisory committee, a presentation of the complete CHNA was presented and discussed. The responsibilities of the advisory committee were clearly identified. In addition to this discussion, **Report #1**, the economic impact of Hale Ho'ola Hamakua, was presented.

The economic impact of Hale Ho'ola Hamakua on the MSA economy is measured by employment, payroll, and construction activities. Hale Ho'ola Hamakua provided the direct economic activity data presented in **Table 4**. For 2012, the total full-time, part-time, and contract employment was 146 with wages, salaries, and benefits and contract labor costs of \$8.7 million. Wages, salaries, and benefits and contract labor costs (and/or proprietor income, when applicable) will be referred to as "income" throughout the rest of the study.

Hale Ho'ola Hamakua had construction activities of \$9.4 million in 2011 and \$0.5 million in 2012. Based on the 2012 construction activity of \$0.5 million, IMPLAN data were utilized to estimate the construction employment and construction income. Employment was estimated to be five construction employees with construction income of \$293,409. The average annual salary from construction activities is estimated at \$58,681. These data reflect the direct economic activities of Hale Ho'ola Hamakua.



Many rural communities have a large number of elderly, and the ranchers and farmers often retire in the towns. Thus, hospital facilities are an important component of the health sector. In summary, Hale Ho'ola Hamakua is vitally important as a community employer and important to the community's economy. The hospital employs a large number of residents. The hospital and the employees in the hospital purchase a large amount of goods and services from businesses in the MSA. These impacts are referred to as secondary impacts or benefits to the economy. Employment and income multipliers for the area have been calculated using the IMPLAN model. The model was developed by the U.S. Forest Service and allows for development of zip code area multipliers. Multipliers generated from the IMPLAN software and data will be utilized to illustrate the secondary impacts.

Table 3
Hale Ho'ola Hamakua Agenda for Community Meeting #1
Monday, January 14, 2013 at 6 pm

- I. Introductions – Cathy Meyer-Uyehara, Administrator, Hale Ho'ola Hamakua, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II. Overview of Community Health Needs Assessment Process – Gregg Kishaba
 - III. Hale Ho'ola Hamakua Services/Community Benefits – Cathy Meyer-Uyehara
 - IV. Economic Impact of Hale Ho'ola Hamakua – Scott Daniels
 - V. Review Community Health Survey Questionnaire – Catherine Sorensen
 - VI. Next Steps
 - Meeting #2, Noon, March 6
 - Meeting #3, Noon, April 10
 - Meeting #4, Noon, May 22
-

Table 4
Direct Economic Activities
of Hale Ho'ola Hamakua, Hawaii County, Hawaii

Operations	
2012 Operations Employment (Full- and part-time & Contract)	146
2012 Income (Wages, Salaries, & Benefits/Contract Labor)	\$8,676,559
Construction	
2011	\$9,448,026
2012	\$545,322
2013	\$0
Estimated 2012 Construction Employment	5
Estimate 2012 Construction Income	\$293,409

SOURCE: Local operations employment and income data and construction data provided by Hale Ho'ola Hamakua; Construction employment and income derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Hale Ho'ola Hamakua creates employment through operations and construction activities. The employment multiplier for the hospital operations component is 1.29 (**Table 5**). This indicates that for each job created in that sector, a 0.29 job is created throughout the area due to business (indirect) and household (induced) spending. Applying the employment multiplier to the hospital employment of 146 yields an estimate of the hospital's employment impact on the MSA (**Table 5**). *Hale Ho'ola Hamakua has a total employment impact of 188 employees from operations in 2012.* The secondary impact of Hale Ho'ola Hamakua is 42 employees; these are the jobs created in other industry sectors in the economy of the MSA as a result of the spending of Hale Ho'ola Hamakua and the spending of the hospital employees.

The 2012 construction activities resulted in an estimated five jobs. These construction jobs worked directly on hospital construction activities. These construction companies and construction workers also have secondary impacts that are measured by multipliers. The construction employment multiplier for the MSA is 1.24. Thus, one secondary job is created in other businesses due to construction activities of Hale Ho'ola Hamakua. *Total jobs created by hospital construction activities are six. In 2012, combined operations and construction activities of Hale Ho'ola Hamakua generated 194 jobs in the MSA economy.*

Data on the income impact of Hale Ho'ola Hamakua are presented in **Table 6**. Hale Ho'ola Hamakua reported income from operations of nearly \$8.7 million in 2012. Using the hospital income multiplier of 1.16, Hale Ho'ola Hamakua generated secondary income in other businesses of \$1.4 million. *In 2012, the total income impact of Hale Ho'ola Hamakua from operations was \$10.1 million on the economy of the medical service area.*

Income generated directly by construction workers engaged in hospital construction activities is estimated at \$293,409. Applying the construction income multiplier of 1.14, hospital construction activities were estimated to generate \$41,077 in income in other businesses. *In 2012, Hale Ho'ola Hamakua had total income impact from hospital construction activities of \$334,486 in the MSA economy. In 2012, combined operations and construction activities of Hale Ho'ola Hamakua generated nearly \$10.4 million in income impact on the MSA economy.*

Community Input Meeting #2

The agenda for Meeting #2 is presented in **Table 7. Report #2**, the demographic and economic data report, was presented and discussed. The data of most interest was demographics by race and ethnic groups and by age. The past and future trends were discussed.

The complete data and information report consisted of thirteen tables of economic and demographic data. The tables most discussed are presented in this report. Data on **Table 8** reflect population by age for 2000 and 2010 (U.S. Census data). The MSA population increased 28.1%. The number of elderly 65+ grew 31.2%.

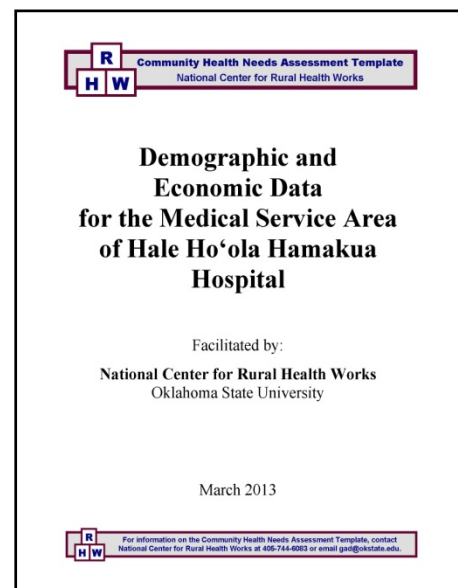


Table 5
Total Employment Impact
of Hale Ho'ola Hamakua, Hawaii County, Hawaii

Health Care Component	Number of Employees	Employment Multiplier	Secondary Employment Impact	Total Employment Impact
From Operations	146	1.29	42	188
From Construction	<u>5</u>	1.24	<u>1</u>	<u>6</u>
Totals	<u>151</u>		<u>43</u>	<u>194</u>

SOURCE: Local employment data and construction data provided by Hale Ho'ola Hamakua; employment multipliers from IMPLAN and construction employment derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Table 6
Total Income Impact
of Hale Ho'ola Hamakua in Hawaii County, Hawaii

Health Care Component	Direct Income	Income Multiplier	Secondary Income Impact	Total Income Impact
From Operations	\$8,676,559	1.16	\$1,388,249	\$10,064,808
From Construction	<u>\$293,409</u>	1.14	<u>\$41,077</u>	<u>\$334,486</u>
Totals	<u>\$8,969,968</u>		<u>\$1,429,326</u>	<u>\$10,399,294</u>

SOURCE: Local income data and construction data from Hale Ho'ola Hamakua; income multipliers from IMPLAN and construction income derived from IMPLAN data, Minnesota IMPLAN Group, Inc.

Table 7
Hale Ho'ola Hamakua Agenda for Community Meeting #2
Wednesday, March 6, 2013 at Noon

- I.** Introductions – Cathy Meyer-Uyehara, Administrator, Hale Ho'ola Hamakua, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II.** Review of Community Meeting #1 – Gerald A. Doeksen, National Center for Rural Health Works
 - III.** Demographic and Economic Data Study – Gregg Kishaba, Hawaii State Office of Primary care and Rural Health
 - IV.** Review Draft #1 of Health Services Directory – Scott Daniels
 - V.** Hale Ho'ola Hamakua Community Health Survey Questionnaire – Deborah Birkmire-Peters, Pacific Basic Telehealth Resource Center, John A. Burns School of medicine, University of Hawaii
 - a. Community Advisory Committee completes questionnaire and turns in at end of meeting
 - b. Community Advisory Committee takes 5 to 6 surveys for local residents to complete
 - c. Completed survey questionnaires must be returned at Meeting #3 on April 10
 - VI.** Next Steps
 - Meeting #3, Noon, April 10
 - Meeting #4, Noon, May 22
-

Table 8
U.S Census Bureau Population by Zip Code Tabulation Areas by Age Groups and Gender
for the Medical Service Area (MSA) of Hale Ho'ola Hamakua

Zip Code	Zip Code Area	Age Groups						Totals	Gender	
		0-14	15-19	20-24	25-44	45-64	65+		Male	Female
2000 Census										
96727	Honokaa	905	334	210	1,138	1,045	803	4,435	2,205	2,230
96743	Kamuela	1,919	649	374	2,416	2,257	931	8,546	4,237	4,309
96764	Laupāhoehoe	172	46	36	189	194	158	795	405	390
96774	Ōōkala	38	18	14	54	43	20	187	99	88
96776	Paauilo	<u>306</u>	<u>109</u>	<u>67</u>	<u>339</u>	<u>356</u>	<u>219</u>	<u>1,396</u>	<u>714</u>	<u>682</u>
2000 Census Totals		<u>3,340</u>	<u>1,156</u>	<u>701</u>	<u>4,136</u>	<u>3,895</u>	<u>2,131</u>	<u>15,359</u>	<u>7,660</u>	<u>7,699</u>
2000 % of Total		<u>21.7%</u>	<u>7.5%</u>	<u>4.6%</u>	<u>26.9%</u>	<u>25.4%</u>	<u>13.9%</u>	<u>100.0%</u>	<u>49.9%</u>	<u>50.1%</u>
2010 Census										
96727	Honokaa	917	335	247	1,199	1,389	791	4,878	2,427	2,451
96743	Kamuela	2,512	872	570	2,876	3,743	1,587	12,160	5,922	6,238
96764	Laupāhoehoe	155	42	39	164	269	130	799	411	388
96774	Ōōkala	73	26	20	70	99	54	342	168	174
96776	Paauilo	<u>296</u>	<u>102</u>	<u>71</u>	<u>299</u>	<u>488</u>	<u>234</u>	<u>1,490</u>	<u>767</u>	<u>723</u>
2010 Census Totals		<u>3,953</u>	<u>1,377</u>	<u>947</u>	<u>4,608</u>	<u>5,988</u>	<u>2,796</u>	<u>19,669</u>	<u>9,695</u>	<u>9,974</u>
2010 % of Total		<u>20.1%</u>	<u>7.0%</u>	<u>4.8%</u>	<u>23.4%</u>	<u>30.4%</u>	<u>14.2%</u>	<u>100.0%</u>	<u>49.3%</u>	<u>50.7%</u>
Percent Change										
From 2000 to 2010		<u>18.4%</u>	<u>19.1%</u>	<u>35.1%</u>	<u>11.4%</u>	<u>53.7%</u>	<u>31.2%</u>	<u>28.1%</u>	<u>26.6%</u>	<u>29.5%</u>

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [January 2013]).

Data on **Table 9** reflect population data from ESRI. This table includes population forecasts for 2012 and 2017. Again, the data indicates overall population projections of 4.1% from 2012 to 2017. Over the same period, the elderly 65+ increased 17.0%. This clearly indicates the huge growth in elderly and reflects increased health and medical needs, especially for the elderly.

Data in **Table 10** reflect race and ethnic data from 2000 and 2010. From 2000 to 2010, the largest change in race was in the “some other race” group with an increase of 43.5%, followed by the Hawaiian and other Pacific islander race group with a 43.4% increase and the black race group with a 34.6% increase. The Hispanic origin ethnic group reflected a 44.9% increase from 2000 to 2010.

Forecasts of race and ethnic data for 2012 and 2017 are presented in **Table 11**. From 2012 to 2017, ESRI data reflect the largest increase in population in the black race group (82.8%), with the next largest in the American Indian and Alaska Native race group (39.5%), and the third largest in the “some other race” group (15.1%).

Community Input Meeting #3

The agenda for Meeting #3 is presented in **Table 12**. The health indicators/health outcomes report, **Report #3**, was presented and discussed. The complete report contains 36 tables of health indicators/health outcomes data. The tables that received the most attention were **Tables 13** and **14**. The North Hawaii community is basically the Kula MSA. The items that received the most attention were adults with poor mental health, adults without any kind of health insurance and inability to obtain health care due to cost, adults lack of physical activity, tobacco use, obesity, adults not getting a flu shot/pneumonia shots, and high rates of diabetes, disability, arthritis, and HIV. After a detailed discussion of all health indicators/health outcomes data, the advisory committee members listed their concerns. There are listed in **Table 15**.

Community Input Meeting #4

The agenda for meeting #4 is presented in **Table 16**. At the meeting, the health services directory, **Report #4**, was delivered. It contains a list of health providers in the MSA. The purpose of the directory is to provide information on available health and medical services to the residents so they are aware of local providers and can utilize local services.

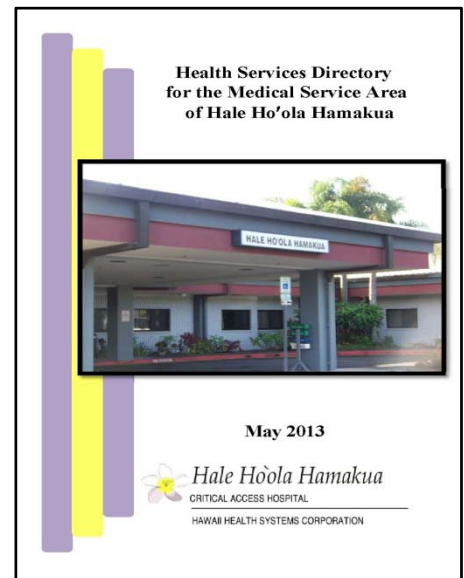
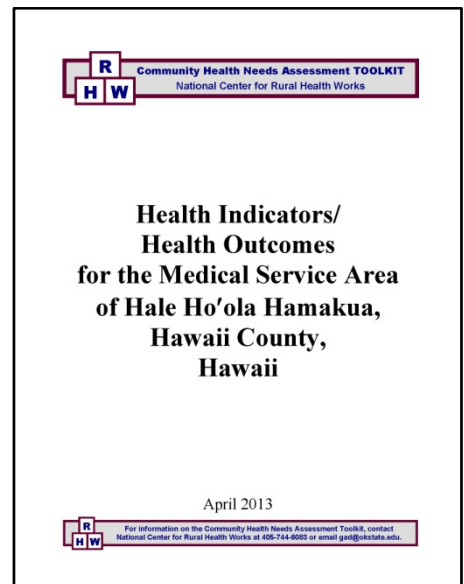


Table 9
ESRI Population by Zip Code Tabulation Areas by Age Groups and Gender
for the Medical Service Area (MSA) of Hale Ho'ola Hamakua¹

Zip Code	Zip Code Area	Age Groups							Gender	
		0-14	15-19	20-24	25-44	45-64	65+	Totals ¹	Male	Female
2010 ESRI										
96727	Honokaa	1,034	372	273	1,286	1,605	901	5,471	2,739	2,732
96743	Kamuela	3,161	1,036	747	3,659	4,796	2,142	15,541	7,619	7,922
96764	Laupāhoehoe	23	6	6	25	31	16	107	55	52
96774	Ōōkala	255	89	63	276	399	186	1,268	645	623
96776	Paauilo	<u>6</u>	<u>2</u>	<u>2</u>	<u>8</u>	<u>8</u>	<u>2</u>	<u>28</u>	<u>14</u>	<u>14</u>
2010 ESRI Totals		<u>4,479</u>	<u>1,505</u>	<u>1,091</u>	<u>5,254</u>	<u>6,839</u>	<u>3,247</u>	<u>22,415</u>	<u>11,072</u>	<u>11,343</u>
2010 % of Total		<u>20.0%</u>	<u>6.7%</u>	<u>4.9%</u>	<u>23.4%</u>	<u>30.5%</u>	<u>14.5%</u>	<u>100.0%</u>	<u>49.4%</u>	<u>50.6%</u>
2012 ESRI										
96727	Honokaa	1,035	357	281	1,292	1,632	945	5,542	2,778	2,764
96743	Kamuela	3,167	1,003	768	3,679	4,880	2,260	15,757	7,741	8,016
96764	Laupāhoehoe	23	6	6	25	31	18	109	56	53
96774	Ōōkala	255	85	64	278	405	197	1,284	655	629
96776	Paauilo	<u>6</u>	<u>2</u>	<u>2</u>	<u>8</u>	<u>8</u>	<u>1</u>	<u>27</u>	<u>14</u>	<u>13</u>
2012 ESRI Totals		<u>4,486</u>	<u>1,453</u>	<u>1,121</u>	<u>5,282</u>	<u>6,956</u>	<u>3,421</u>	<u>22,719</u>	<u>11,244</u>	<u>11,475</u>
2012 % of Total		<u>19.7%</u>	<u>6.4%</u>	<u>4.9%</u>	<u>23.2%</u>	<u>30.6%</u>	<u>15.1%</u>	<u>100.0%</u>	<u>49.5%</u>	<u>50.5%</u>
2017 ESRI										
96727	Honokaa	1,072	350	266	1,321	1,668	1,083	5,760	2,889	2,871
96743	Kamuela	3,287	990	732	3,777	4,966	2,666	16,418	8,080	8,338
96764	Laupāhoehoe	23	6	6	23	33	20	111	57	54
96774	Ōōkala	262	83	61	283	411	232	1,332	680	652
96776	Paauilo	<u>6</u>	<u>2</u>	<u>2</u>	<u>8</u>	<u>8</u>	<u>3</u>	<u>29</u>	<u>14</u>	<u>15</u>
2017 ESRI Totals		<u>4,650</u>	<u>1,431</u>	<u>1,067</u>	<u>5,412</u>	<u>7,086</u>	<u>4,004</u>	<u>23,650</u>	<u>11,720</u>	<u>11,930</u>
2017 % of Total		<u>19.7%</u>	<u>6.1%</u>	<u>4.5%</u>	<u>22.9%</u>	<u>30.0%</u>	<u>16.9%</u>	<u>100.0%</u>	<u>49.6%</u>	<u>50.4%</u>
Percent Change										
From 2010 to 2012		0.2%	-3.5%	2.7%	0.5%	1.7%	5.4%	1.4%	1.6%	1.2%
From 2010 to 2017		3.8%	-4.9%	-2.2%	3.0%	3.6%	23.3%	5.5%	5.9%	5.2%
From 2012 to 2017		3.7%	-1.5%	-4.8%	2.5%	1.9%	17.0%	4.1%	4.2%	4.0%

SOURCE: ESRI forecasts for 2012 and 2017 [January 2013].

Table 10
U.S. Census Bureau Population by Zip Code Tabulation Areas by Race and Ethnic Groups
for the Medical Service Area (MSA) of Hale Ho'ola Hamakua

Zip Code	Zip Code Area	White	Black	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races ¹	Totals	Hispanic Origin ²
2000 Census										
96727	Honokaa	1,260	2	15	1,580	231	36	1,311	4,435	412
96743	Kamuela	3,053	32	16	1,587	1,241	64	2,553	8,546	636
96764	Laupāhoehoe	246	3	3	215	43	5	280	795	88
96774	Ōōkala	63	0	0	42	5	0	77	187	18
96776	Paauilo	<u>433</u>	<u>1</u>	<u>5</u>	<u>407</u>	<u>90</u>	19	<u>441</u>	<u>1,396</u>	<u>148</u>
2000 Census Totals		<u>5,055</u>	<u>38</u>	<u>39</u>	<u>3,831</u>	<u>1,610</u>	<u>124</u>	<u>4,662</u>	<u>15,359</u>	<u>1,302</u>
2000 % of Total		<u>32.9%</u>	<u>0.2%</u>	<u>0.3%</u>	<u>24.9%</u>	<u>10.5%</u>	<u>0.8%</u>	<u>30.4%</u>	<u>100.0%</u>	<u>8.5%</u>
2010 Census										
96727	Honokaa	1,480	6	20	1,374	243	36	1,719	4,878	522
96743	Kamuela	4,399	36	29	1,831	1,941	126	3,798	12,160	1,013
96764	Laupāhoehoe	330	3	1	174	35	6	250	799	136
96774	Ōōkala	102	0	0	74	13	4	149	342	40
96776	Paauilo	<u>493</u>	<u>3</u>	<u>2</u>	<u>371</u>	<u>76</u>	6	<u>539</u>	<u>1,490</u>	<u>176</u>
2010 Census Totals		<u>6,804</u>	<u>48</u>	<u>52</u>	<u>3,824</u>	<u>2,308</u>	<u>178</u>	<u>6,455</u>	<u>19,669</u>	<u>1,887</u>
2010 % of Total		<u>34.6%</u>	<u>0.2%</u>	<u>0.3%</u>	<u>19.4%</u>	<u>11.7%</u>	<u>0.9%</u>	<u>32.8%</u>	<u>100.0%</u>	<u>9.6%</u>
Percent Change										
From 2000 to 2010		<u>34.6%</u>	<u>26.3%</u>	<u>33.3%</u>	<u>-0.2%</u>	<u>43.4%</u>	<u>43.5%</u>	<u>38.5%</u>	<u>28.1%</u>	<u>44.9%</u>

SOURCE: 2000 and 2010 census populations by zip code tabulation areas, U. S. Census Bureau (www.census.gov [January 2013]).

¹ Two or more races indicates a person is included in more than one race group; it was introduced as a new category in the 2000 Census.

² Hispanic population is not a race but rather a description of ethnic origin; Hispanics are included in the five race groups.

Table 11
ESRI Population by Zip Code Tabulation Areas by Race and Ethnic Groups
for the Medical Service Area (MSA) of Hale Ho'ola Hamakua

Zip Code	Zip Code Area	White	Black	American Indian & Alaska Native	Asian	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	Totals ¹	Hispanic Origin
2010 ESRI										
96727	Honokaa	1,726	8	19	1,463	289	39	1,929	5,473	592
96743	Kamuela	5,569	47	39	2,546	2,131	190	5,020	15,542	1,566
96764	Laupāhoehoe	37	0	0	31	5	1	34	108	19
96774	Ōōkala	413	2	4	376	48	7	420	1,270	149
96776	Paauilo	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	<u>0</u>	<u>10</u>	<u>26</u>	<u>4</u>
2010 ESRI Totals		<u>7,750</u>	<u>57</u>	<u>62</u>	<u>4,426</u>	<u>2,474</u>	<u>237</u>	<u>7,413</u>	<u>22,419</u>	<u>2,330</u>
2010 % of Total		<u>34.1%</u>	<u>0.3%</u>	<u>0.3%</u>	<u>19.5%</u>	<u>10.9%</u>	<u>1.0%</u>	<u>32.6%</u>	<u>100.0%</u>	<u>10.3%</u>
2012 ESRI										
96727	Honokaa	1,732	13	25	1,470	294	40	1,968	5,542	620
96743	Kamuela	5,587	76	51	2,553	2,174	197	5,119	15,757	1,639
96764	Laupāhoehoe	37	1	0	31	5	1	34	109	20
96774	Ōōkala	414	3	5	377	49	7	429	1,284	155
96776	Paauilo	<u>5</u>	<u>0</u>	<u>0</u>	<u>10</u>	<u>1</u>	<u>0</u>	<u>11</u>	<u>27</u>	<u>4</u>
2012 ESRI Totals		<u>7,775</u>	<u>93</u>	<u>81</u>	<u>4,441</u>	<u>2,523</u>	<u>245</u>	<u>7,561</u>	<u>22,719</u>	<u>2,438</u>
2012 % of Total		<u>34.2%</u>	<u>0.4%</u>	<u>0.4%</u>	<u>19.5%</u>	<u>11.1%</u>	<u>1.1%</u>	<u>33.3%</u>	<u>100.0%</u>	<u>10.7%</u>
2017 ESRI										
96727	Honokaa	1,784	25	35	1,480	311	45	2,080	5,760	695
96743	Kamuela	5,743	139	71	2,547	2,301	228	5,389	16,418	1,845
96764	Laupāhoehoe	37	1	0	31	5	1	36	111	21
96774	Ōōkala	426	5	7	379	52	8	455	1,332	175
96776	Paauilo	<u>6</u>	<u>0</u>	<u>0</u>	<u>11</u>	<u>1</u>	<u>0</u>	<u>11</u>	<u>29</u>	<u>4</u>
2017 ESRI Totals		<u>7,996</u>	<u>170</u>	<u>113</u>	<u>4,448</u>	<u>2,670</u>	<u>282</u>	<u>7,971</u>	<u>23,650</u>	<u>2,740</u>
2017 % of Total		<u>33.8%</u>	<u>0.7%</u>	<u>0.5%</u>	<u>18.8%</u>	<u>11.3%</u>	<u>1.2%</u>	<u>33.7%</u>	<u>100.0%</u>	<u>11.6%</u>
Percent Change										
From 2010 to 2012		0.3%	63.2%	30.6%	0.3%	2.0%	3.4%	2.0%	1.3%	4.6%
From 2010 to 2017		3.2%	198.2%	82.3%	0.5%	7.9%	19.0%	7.5%	5.5%	17.6%
From 2012 to 2017		2.8%	82.8%	39.5%	0.2%	5.8%	15.1%	5.4%	4.1%	12.4%

SOURCE: ESRI forecasts for 2012 and 2017 [January 2013].

Table 12
Hale Ho'ola Hamakua Hospital Agenda for Community Meeting #3
Wednesday, April 10, 2013 at Noon

- I. Introductions – Cathy Meyer-Uyehara, Administrator, Hale Ho'ola Hamakua, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
- II. Review of Meetings #1 and #2 – Gerald A. Doeksen
- III. Collect Completed Community Health Survey Questionnaires – Gregg Kishiba
- IV. Review Draft #2 of Health Services Directory – Gregg Kishiba
- V. Health Indicators/Health Outcomes Data – Deborah Birkmire-Peters
- VI. Discussion of Health Indicators/Health Outcomes Data – Deborah Birkmire-Peters
- VII. Next Steps

Meeting #4, Noon, May 22

Table 13
Selected Health Behavioral Risk Factors
for the North Hawaii Community, Hawaii County, and State of Hawaii, 2011

	North Hawaii ¹	Hawaii County	State of Hawaii
<i>Health Status</i>			
Poor or fair health - Adults reporting fair or poor health	13.4%	16.3%	15.0%
Physical health not good - Adults with at least one physically unhealthy day in the past 30 days	30.8%	36.0%	35.7%
Average number of physically unhealthy days in the past 30 days	2.3	3.4	3.0
Mental health not good - Adults with at least one mentally unhealthy day in the past 30 days	38.9%	34.5%	32.6%
Average number of mentally unhealthy days in the past 30 days	3.7	3.3	2.8
<i>Health Care Access</i>			
Adults without any kind of health care coverage	13.5%	11.4%	9.6%
Anytime in the past 12 months unable to see a doctor because of the cost	11.6%	13.7%	9.5%
<i>Seatbelt Use</i>			
Adults that report seldom or never using a seatbelt	2.6%	1.2%	1.8%
<i>Physical Activity</i>			
Adults that did not participate in any physical activities/exercise in the past month, other than regular job	22.9%	20.4%	20.6%
<i>Alcohol Consumption</i>			
Adults at risk of binge drinking (5+ drinks for men, 4+ drinks for women on an occasion)	15.7%	21.5%	20.4%
Adults at risk of heavy drinking (greater than 2 drinks per day for men, 1 per day for women)	7.7%	8.3%	7.0%
<i>Tobacco Use</i>			
Adults that report smoking >100 cigarettes in their lifetime	39.1%	47.3%	42.7%
Adults currently smoking	17.5%	19.1%	16.8%
Adults who are aware of the Hawaii Tobacco Quitline	69.8%	72.9%	78.0%
<i>Body Weight</i>			
Adults that are overweight or obese (Body Mass Index \geq 25)	56.5%	57.0%	54.0%
<i>Fruits and Vegetables</i>			
Adults that eat fruits or drink 100% pure fruit juice 3 times or more per day	15.8%	13.3%	13.0%
Adults that eat vegetables 3 times or more per day	24.7%	20.5%	19.3%

SOURCE: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (www.health.hawaii.gov [March 2013]).

¹The medical service area for Hale Ho'ola Hamakua most closely matches the Hawaii State Department of Health's geographic area definition of the North Hawaii community, which is comprised of the zip codes 96738, 96755, 96719, 96743, 96727, 96775, 96776, 96774, 96764, 96780, 96773, 96710, 96728, 96783, and 96781.

Table 14
Selected Health Behavioral Risk Factors
for the North Hawaii Community, Hawaii County, and State of Hawaii, 2011

	North Hawaii ¹	Hawaii County	State of Hawaii
<i>Immunization: Flu and Pneumonia</i>			
Adults that reported not receiving a flu shot or vaccine in the past 12 months	61.4%	61.8%	54.5%
Adults aged 65 years and older that reported not having had a pneumonia shot	31.1%	34.5%	29.2%
<i>Medical Conditions (percent of adults diagnosed by a healthcare professional)</i>			
Asthma	11.7%	16.8%	16.2%
Chronic Obstructive Pulmonary Disease	2.3%	5.6%	4.4%
Kidney Disease	2.0%	4.0%	3.3%
Diabetes	6.0%	6.5%	8.4%
Pre-diabetes or borderline diabetes	10.3%	9.0%	10.6%
Myocardial infarction (heart attack)	3.2%	3.2%	3.2%
Angina (coronary heart disease)	2.5%	3.2%	3.0%
Stroke	1.7%	1.9%	2.5%
High blood pressure	24.0%	28.8%	28.7%
High cholesterol	16.9%	25.1%	27.8%
Disability (limited in any way because of health problems)	18.6%	21.9%	18.1%
Arthritis	17.3%	21.4%	18.2%
<i>Medical Testing</i>			
HIV (percent of adults tested, not counting blood donation tests)	33.0%	32.3%	28.8%

SOURCE: Hawaii State Department of Health, Behavioral Risk Factor Surveillance System (www.health.hawaii.gov v[March 2013]).

¹The medical service area for Hale Ho'ola Hamakua most closely matches the Hawaii State Department of Health's geographic area definition of the North Hawaii community, which is comprised of the zip codes 96738, 96755, 96719, 96743, 96727, 96775, 96776, 96774, 96764, 96780, 96773, 96710, 96728, 96783, and 96781.

Table 15
Hale Ho'ola Hamakua Community Health Needs Assessment -
Health Issues Discussed on April 10, 2013 at Meeting #3

I. Outreach to tell residents of the great long-term care offered and the services of the hospital.

Problem:

- Residents are not aware of the critical access hospital (CAH) services available.
- With past problems (threat of closure), people not aware of services.

Solution:

- Need marketing plan for hospital.

II. Outreach programs for behavioral health issues.

Problem:

- Diabetes, obesity, smoking numbers are high.

Solution:

- Need outpatient nutritional program.
- Need smoking cessation program.
- Need to share data with community.

III. Shortage of mental health services and/or residents are not aware of services.

Problem:

- Mental health problems end up in emergency room.

Solution:

- Need outreach programs.

IV. Need holistic approach to medicine.

Problem:

- In past, Medicare treats the pieces.

Solution:

- Look into new models of care – care coordination and care management.
-

Table 16
Hale Ho'ola Hamakua Agenda for Community Meeting #4
Monday, May 22, 2013 at Noon

- I. Introductions – Cathy Meyer-Uyehara, Administrator, Hale Ho'ola Hamakua, and Scott Daniels, Hawaii State Department of Health, State Office of Primary Care and Rural Health
 - II. Review of Meetings #1, #2, and #3 – Gerald Doeksen
 - III. Hand out Final Health Services Directory – Gerald Doeksen
 - IV. Present Health Survey Results – Deborah Birkmire-Peters
 - V. Develop Community Action Plan – Deborah Birkmire-Peters
 - a. List community health issues
 - b. Prioritize community health issues
 - c. Discuss possible resolution for health issues
 - d. Summarize community recommendations
 - e. Hospital Administrator Response – Cathy Meyer-Uyehara
 - VI. Next Steps

Community Health Needs Assessment Summary Report will be available (website)

Hospital Board Action Plan will be prepared, distributed, and made available to the public (website)
-

The main portion of the meeting was used to present results of the community health needs survey, **Report #5**. Each advisory committee member took surveys to the segments of the MSA population represented. In addition, the survey was made available on the internet via “Survey Monkey.” A total of 174 completed surveys were returned. This survey asked the age of the respondent. Results of the age analysis indicated that the survey was representative of the MSA population.

Twenty questions were asked in the survey. **Questions 17** and **18** lead to the most discussions at the meeting. **Question 17** is presented in **Table 17**.

In **Table 17**, the concerns that received the most responses were primary care services (32.0%, specialty care (14.6%), and hospital issues (14.6%). In **Table 18**, the need for doctors (primary [11.7%] and specialty care [18.4%]) was again listed as services the respondents would like to see offered at Hale Ho’ola Hamakua.

The advisory committee discussed all survey responses and listed in **Table 19** the items that they considered as the most pressing issues and concerns.

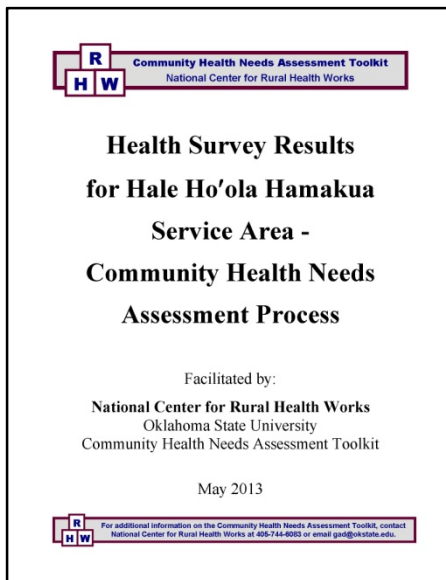


Table 17

What concerns you most about health care in the service area of Hale Ho'ola Hamakua?

Response Category	No.	%	No.	%
No Concerns	22	10.0%	22	10.0%
Primary Care			70	32.0%
Lack of primary care physicians/nurse practitioners	43	19.6%		
Availability; i.e., waiting time, accepting new patients; obtaining appointment	26	11.9%		
Urgent care	1	0.5%		
Hospital			32	14.6%
Quality of care	8	3.7%		
Need more services; more equipment; more technology	7	3.2%		
Need for and cost of LTC facility	4	1.8%		
Facility may shut down	2	0.9%		
Lack of communications; lack of community access for input	2	0.9%		
Lack of funding; Lack of funding for community services	2	0.9%		
Lack of employees and nurses	2	0.9%		
One answer responses	5	2.3%		
General Health Care Issues			11	5.0%
Cost of health care; lack of insurance; No Kaiser	4	1.8%		
Limited access to emergency care	3	1.4%		
No wheel chair transport services	1	0.5%		
Subpar health care compared to experience on Mainland	1	0.5%		
Growing uninsured, especially children;	1	0.5%		
Preventive education, Diabetes classes	1	0.5%		
Coordination/ Collaboration			3	1.4%
Lack of partnership/collaboration with other health care facilities	1	0.5%		
Need to provide primary care services to Kamuela	1	0.5%		
VA services	1	0.5%		
Specialty Care			32	14.6%
Lack of specialty physician services	25	11.4%		
Need elderly services	2	0.9%		
Need natural medicine/practices approach	2	0.9%		
Specific specialties; neurology, nephrology, surgery	3	1.4%		
Don't know	4	1.8%	4	1.8%
No Response	45	20.5%	45	20.5%
Total	219	100.0%	219	100.0%

Some respondents answered more than once.

Table 18
What services would you like to see offered at Hale Ho'ola Hamakua?

Response Category	No.	%	No.	%
None	7	3.6%	7	3.6%
Don't know/Not sure	8	4.1%	8	4.1%
SPECIALTY PHYSICIANS			36	18.4%
More specialty doctors; visitations on regular basis	6	3.1%		
Cardiology	4	2.0%		
Eye doctor/Eye clinic	3	1.5%		
GYN or OB/GYN	3	1.5%		
Two answer (Dental care; Nephrology; Neurology; responses Orthopedic surgery)	8	4.1%		
One answer responses	12	6.1%		
HOSPITAL			27	13.8%
More radiologic imaging procedures; MRI, CT Scan, ultrasound; X-ray; mammograms	9	4.6%		
More rehab services; PT, OT, etc.; rehab facilities; more outpatient PT	5	2.6%		
Full lab services, including blood bank	2	1.0%		
More nurses; more staff	2	1.0%		
Available to local residents	2	1.0%		
One answer responses	7	3.6%		
PRIMARY CARE			23	11.7%
More primary care physician services/nurse practitioners	13	6.6%		
Shorter waiting times	3	1.5%		
Better phone reception; no recording; better trained office staff; more customer friendly; not so rude	2	1.0%		
Routine check-ups; free routine check-ups	2	1.0%		
More natural doctors giving out fewer pills	2	1.0%		
Urgent care services	1	0.5%		
COMMUNITY			15	7.7%
Preventive Education Programs; i.e., heart health, health behavioral/lifestyle change, weight control/weight loss programs/Fibromyalgia	5	2.6%		
Community outreach programs; Ongoing	3	1.5%		
Affordable respite care	2	1.0%		
Alzheimers' day care or nursing center	2	1.0%		
One answer responses	3	1.5%		
PROVIDER COORDINATION/COLLABORATION			10	5.1%
Kaiser/Kaiser clinic	3	1.5%		
Communication	2	1.0%		
Service area should include Kameula; outreach programs	2	1.0%		
One answer responses	3	1.5%		
No Response	70	35.7%	70	35.7%
Total	196	100.0%	196	100.0%

Some respondents answered more than once.

Table 19
Hale Ho'ola Hamakua Community Health Needs Assessment –
Community Health Issues Identified by Advisory Committee at Meeting #4

- I. Patients are not aware of all services offered by HHH. Need to develop marketing strategies.
 - Articles in local paper (Hamakua Times).
 - Formalized marketing plan.
 - Utilize new website (about 3 months from being completed).
 - Critical for hospital to continue to work with community organizations.
 - Waimea Community Association
 - Honokaa Business Association
 - Long-term care, rehabilitation services, eye doctor services need promotion.

 - II. Behavioral Health Issues.
 - Seems to be a lot of mental health services in the area (patients and providers are not being connected).
 - Lots of under- or uninsured in this area.
 - Telehealth is one possible solution.
 - Educate residents about health behavioral issues, such as diabetes, obesity, tobacco use, etc.

 - III. Need preventive care and integrate wellness into plan.
 - Shared providers and positions.
 - Market to primary care providers.
 - Continue to collaborate with Hamakua Health Center and seek ways to collaborate with Kaheleaulani, a Native Hawaiian Health Program at NHCH.
 - Holistic approach to medicine.
 - Educate families as part of the plan.

 - IV. Need more collaboration among major providers.

 - V. Specialists.
 - Have specialists come to a specialty physician clinic on a regular monthly schedule; i.e. one day a week or the first and third Tuesday of the month.
 - Investigate telehealth.
 - Include behavioral health.

 - VI. Begin investigating long-term issues.
 - 16 acres near hospital could be converted to long-term care facility.
 - Look at additional equipment, such as CT.
 - Look at additional services, such as blood transfusions
 - Complete the construction of the hospital.
-

Community Health Need Recommendations and Implementation Strategies

Due to limited resources, the Hale Ho'ola Hamakua and Honokaa community cannot address all issues identified in **Table 15** from Meeting #3 and **Table 19** from Meeting #4. The community advisory committee members were asked to identify and list their top priorities and discuss implementation strategies. The priorities identified and possible implementation strategies are:

Develop and implement a marketing plan.

- Hospital will develop a plan that:
 - Gets articles in local newspapers (Hamakua Times)
 - Utilizes new website to get out information (possibly a newsletter on website)
 - Provide speakers for community groups
 - Continue to collaborate with Hamakua Health Center and seek ways to collaborate with Kaheleaulani, a Native Hawaiian Health Program at NHCH
- Hospital will:
 - Continue to work with Waimea Community Association and Honokaa Business Association

Investigate the feasibility of specialists

- Hospital will investigate the feasibility of attracting specialists to hospital (i.e., have Cardiologist come to hospital one day a week)
- Hospital will investigate using telehealth, especially for mental health issues. (This involves working with Dr. Deborah Birkmire-Peters from Pacific Basin Telehealth Resource Center, John A. Burns School of Medicine, University of Hawaii to find out about assistance, such as funds and equipment.)

Educate the community as to preventive care and wellness programs

- Hospital will work with community groups to educate residents about health behavior issues, such as diabetes, obesity, tobacco use, etc.
 - Continue (but market or advertise more) smoking cessation programs.
 - Look into other programs, such as outpatient nutritional programs.
 - Share health indicators/health outcomes data to make residents aware of problems.
- Hospital will reach out to all community groups and churches