



# 2018 Implementation Strategy Report for Community Health Needs

Maui Health System, community hospitals affiliated with Kaiser  
Permanente  
License #3-H

Approved by Kaiser Foundation Hospitals Board of Director's  
Community Health Committee  
June 5, 2018

**Kaiser Foundation Hospitals  
Community Health Needs Assessment (CHNA)  
Implementation Strategy Report  
2018**

Maui Health System, community hospitals affiliated with Kaiser Permanente

License #3-H

221 Mahalani Street, Wailuku, Hawaii, 96793

**I. General Information**

Contact person:	Joy Barua, MBA, MA-OC, Senior Director, Government and Community Relations & Community Benefit
Date of written plan:	March 28, 2018
Date written plan was adopted by governing body:	June 5, 2018
Date written plan was required to be adopted:	May 15, 2019
Authorized governing body that adopted the written plan:	Kaiser Foundation Hospitals Board of Director's Community Health Committee
Was the written plan adopted by authorized governing body on or before the 15 <sup>th</sup> day of the fifth month after the end of the taxable year the CHNA was completed?	Yes
Date facility's prior written plan was adopted by organization's governing body:	N/A
Name and EIN of hospital organization operating hospital facility:	Kaiser Foundation Hospitals, 94-1105628
Address of hospital organization:	One Kaiser Plaza, Oakland, CA 94612

**II. About Kaiser Permanente**

Kaiser Permanente is a not for profit, integrated health care delivery system comprised of Kaiser Foundation Hospitals, Kaiser Foundation Health Plan, and The Permanente Medical Groups. For more than 70 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. Today we serve more than 12 million members in nine states and the District of Columbia. Since our beginnings, we have been committed to helping shape the future of health care. Kaiser Permanente is dedicated to care innovations, clinical research, health education and the support of community health.

### III. About Kaiser Permanente Community Benefit

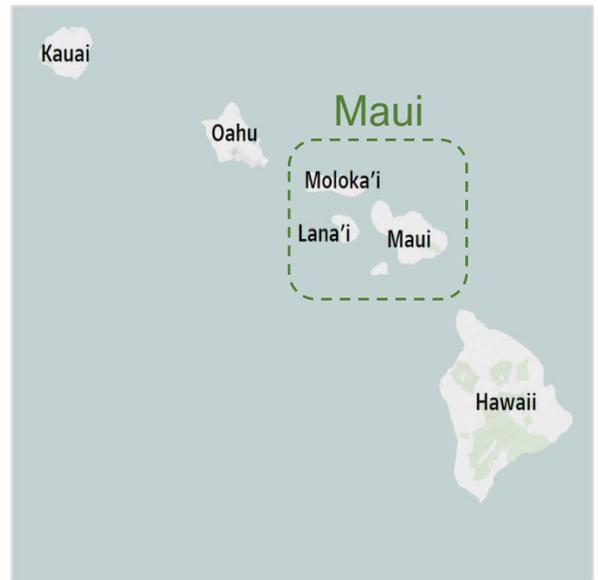
We believe good health is a basic aspiration shared by all, and we recognize that promoting good health extends beyond the doctor’s office and the hospital. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant-making to leverage financial resources with medical research, physician expertise, and clinical practices. Historically, we have focused our investments in three areas—Health Access, Healthy Communities, and Health Knowledge—to address critical health issues in our communities.

For many years, we have worked collaboratively with other organizations to address serious public health issues such as obesity, access to care, and violence. We have conducted Community Health Needs Assessments (CHNA) to better understand each community’s unique needs and resources. The CHNA process informs our community investments and helps us develop strategies aimed at making long-term, sustainable change—and it allows us to deepen the strong relationships we have with other organizations that are working to improve community health.

In addition, Kaiser Permanente seeks to promote community health upstream by leveraging its assets to positively influence social determinants of health – social, economic, environmental – in the communities we serve.

### III. Maui Health System, community hospitals affiliated with Kaiser Permanente – Maui Service Area

The service area for Maui Health System, community hospitals affiliated with Kaiser Permanente (MHS) covers the entirety of Maui County: Maui County is a county located in the U.S. state of Hawaii. The county consists of the inhabited islands of Maui, Lanai, and Molokai (except a portion of Molokai that comprises Kalawao County), and two uninhabited islands. The total land area of the Maui County Service area is 1,116 square miles.



<b>Demographic Data</b>	
Total Population	160,856
White	34.9%
Black	0.6%
Asian	27.5%
Native American/Alaskan Native	0.2%
Pacific Islander/Native Hawaiian	10.3%
Other	0.9%
Multiple races	25.7%
Hispanic/Latino ethnicity	10.8%
<b>Socio-economic data</b>	
Population living in poverty (below 100% FPL)	10.7%
Population under 18 living in poverty (below 100% FPL)	14.1%
Population 16 and older unemployed	3.3%
Uninsured (of total population)	7.8%
Uninsured (age 18 and under)	4.3%
No high school diploma (age 25 and higher)	8.5%
Bachelor's degree or higher (age 25 and higher)	26.1%

#### **IV. Purpose of Implementation Strategy**

This Implementation Strategy has been prepared in order to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in final regulations released in December 2014. This implementation strategy describes the planned response of MHS to the needs identified through the 2018 Community Health Needs Assessment (CHNA) process. For information about MHS's 2018 CHNA process and for a copy of the report please visit [www.kp.org/chna](http://www.kp.org/chna).

#### **V. List of Community Health Needs Identified in 2018 CHNA Report**

The list below summarizes the health needs identified for the MHS service area through the 2018 Community Health Needs Assessment process.

- Access to Care
- Mental Health and Mental Disorders
- Prevention and Safety, including Violence/Injury
- Substance Abuse, including Tobacco
- Exercise, Nutrition, and Weight/Diabetes
- Cardiovascular Disease and Stroke
- Cancers
- Respiratory Diseases, including asthma
- Oral Health
- Maternal, Fetal, and Infant Health
- Immunizations and Infectious Disease

## VI. Who was Involved in the Implementation Strategy Development

The Implementation Strategy development process involved the following stakeholders internal to Kaiser Permanente:

- Joy Barua, Senior Director, Government and Community Relations & Community Benefit
- Mike Rembis, MHS CEO & Hospital Administrator
- Gary Kienbaum, MHS Chief Nursing Executive
- Chastell Ely, MHS Communications Director
- Dr. David Ulin, MHS Chief Medical Director and AMD
- Joyce Tamori, MHS CFO

### a) Partner Organizations

The 2018 Maui CHNA and Implementation Strategy reports are combined reports for all three Maui/Lanai public hospitals that now form the MHS.

### b) Community Engagement Strategy

In the 2019 CHNA and IS process, there will be a robust community engagement strategy used.

### c) Consultant Used

The process was led by the Community Benefit Manager for MHS and facilitated by members of Kaiser Permanente's Program Office and Kaiser Permanente Washington's Health Research Institute.

## VI. Health Needs that MHS Plans to Address

### a. Process and Criteria Used to Select Health Needs

The health needs prioritized in the CHNA were examined to identify a smaller set of health needs that MHS would address in its Implementation Strategy. A robust set of criteria was identified to determine the priority health needs on which MHS could have the greatest impact and to justify the needs that the service area chose not to address. The criteria were applied to the health needs via a facilitated discussion with the Senior Director of Government and Community Relations & Community Benefit, Hawaii, and approved by the Kaiser Permanente Leadership Group (listed in Section VII), based on experience working and/or living in Maui County, knowledge of health assets and deficits in the county, experience with community residents, and vision for how Kaiser Permanente can promote healthy communities.

A voting process was first used to prioritize the 11 health needs generated by the CHNA data platform into high, medium, and low priority (please see CHNA report for more in-depth description of this process). Then, a second vote was used to choose two to three needs for MHS to address with its Implementation Strategy. Voting participants were asked to consider the below criteria in their voting process:

Criteria	Definition
<b>Severity</b>	Health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
<b>Health disparities</b>	The health need disproportionately impacts the health status of one or more vulnerable population groups.
<b>Magnitude/scale</b>	Health need impacts large number of people in the community
<b>KP assets</b>	KP can make a meaningful contribution to addressing the need because of its relevant expertise and/or unique assets as an integrated health system and because of an organizational commitment to addressing the need.
<b>Ability to leverage</b>	Opportunity to deploy Kaiser Permanente Regional Community Benefit funding due to alignment with region wide needs as well as opportunity to draw down other assets of the organization.
<b>Effective and feasible interventions exist</b>	Kaiser Permanente can make a meaningful contributing in addressing the need by building on existing, evidence-based interventions.

**b. Health Needs MHS Plans to Address**

**Access to Care:** Access to high quality, culturally competent, affordable healthcare and health services that provide a coordinated system of community care is essential to the prevention and treatment of morbidity and increases the quality of life, especially for the most vulnerable. Maui County benchmarks poorly compared to the state on access indicators. Although many residents have health insurance coverage, there is a shortage of primary and specialty care providers.

**Cancers:** Screening and early treatment of cancers saves and prolongs lives. Reducing behavioral risk factors (e.g., obesity, physical inactivity, smoking, and UV light exposure) can contribute to reducing the incidence of cancer. Maui County benchmarks well compared to the state on mortality from all cancers and incidence of specific types of cancer. However, Whites and Asians have higher rates of cancer mortality (overall) than the county, and Native Hawaiian and Pacific Islanders experience the highest mortality from breast cancer, with rates around four times higher than the county rate.

**Mental Health and Mental Disorders:** Mental health and well-being is essential to living a meaningful and productive life. Mental health and well-being provides people with the necessary skills to cope with and move on from daily stressors and life’s difficulties allowing for improved personal wellness, meaningful social relationships, and contributions to communities or society. Maui County benchmarks poorly compared to the state on two core mental health indicators (suicide and access to mental health care providers). Residents of Native Hawaiian and Pacific Islander descent have much higher rates of suicide than other ethnic groups.

## VII. MHS Implementation Strategies

MHS is committed to enhancing its understanding about how best to develop and implement effective strategies to address community health needs and recognizes that good health outcomes cannot be achieved without joint planning and partnerships with community stakeholders and leaders. As such, MHS welcomes future opportunities to enhance its strategic plans by relying on and building upon the strong community partnerships it currently has in place.

MHS will draw on a broad array of strategies and organizational resources to improve the health of vulnerable populations within our communities, such as in-kind resources, collaborations and partnerships, as well as several internal KFH programs. The goals, outcomes, strategies, and examples of resources planned are described below for each selected health need.

### **Access to Care**

#### **Long-term Goal**

All community members have access to high quality, culturally and linguistically appropriate health care services in coordinated delivery systems.

#### **Intermediate Goals**

- Increase access to comprehensive health care services for all community members.
- Increase access to social non-medical services that support health, particularly for low income and vulnerable populations.

#### **Strategies**

##### **Coverage & Access**

- Enhance the physician, health care professional, and ancillary support workforce to serve the needs of the people of Maui and Lanai.
- Provide high quality care to underserved populations through programs including Medical Financial Assistance, which provides financial assistance to low income individuals who can't afford medical expenses and/or cost sharing.
- Support promising, culturally competent models for managing non-medical needs.
- Explore additional strategies to address health care provider shortages

##### **Clinic-Community Integration**

- Explore opportunities to support integration of our partners' healthcare provision with community-based programs and services.

##### **Policy, Systems, & Environmental Change**

- Consider the leveraging of our partners' experience to support efforts to change policy, systems and environments through partnerships, convening, strategic communications, and advocacy, with an emphasis on addressing historical equities.

## **Expected Outcomes**

### Short to mid-term Outcomes

- The people of Maui and Lanai, including vulnerable populations, have fewer barriers for accessing and receiving care.

### Long-term Outcomes

- The health delivery system is better able to meet the continuum of Maui residents' physical and mental health care needs and is aligned with community-based organizations to meet patients' non-medical needs.
- All community members who are served by MHS are treated with dignity and have their unique needs met.

## **Cancers**

### **Long-term Goal**

All community members have access to high quality, culturally and linguistically appropriate cancer screening and health care services in coordinated delivery systems.

### **Intermediate Goals**

- Increase access to screening services for all community members.
- Increase access to social non-medical services that support health, particularly for low income and vulnerable populations.

### **Strategies**

#### Coverage & Access

- Enhance the physician, health care professional, and ancillary support workforce to serve the needs of the people of Maui and Lanai.
- Provide high quality care to underserved populations through programs including Medical Financial Assistance, which provides financial assistance to low income individuals who can't afford medical expenses and/or cost sharing.

#### Clinic-Community Integration

- Explore opportunities to support integration of our partners' healthcare provision with community-based programs and services to support patients with cancer.

### Policy, Systems, & Environmental Change

- Consider the leveraging of our partners' experience to support efforts to change policy, systems and environments through partnerships, convening, strategic communications, and advocacy, with an emphasis on addressing historical equities.

### **Expected Outcomes**

#### Short to mid-term Outcomes

- The people of Maui and Lanai, including vulnerable populations, have fewer barriers for accessing and receiving care.

#### Long-term Outcomes

- The health delivery system is better able to meet the continuum of Maui residents' health care needs and is aligned with community-based organizations to meet patients' non-medical needs.
- All community members who are served by MHS are treated with dignity and have their unique needs met.

### **Mental Health**

#### **Long-term Goal**

All community members have mental health and wellbeing skills and support and access to high-quality mental health care services when needed.

#### **Intermediate Goals**

- Expand prevention and support services for behavioral health conditions for all community members, especially to vulnerable populations.
- Expand mental health & wellbeing knowledge, skills and support services, particularly for low income and uninsured populations.

#### **Strategies**

##### Provide individuals with care, and information

- Provide high-quality care to the underserved in facilities' service area.
- Consider providing health education to expand mental health and wellbeing knowledge.

##### Destigmatization:

- Explore opportunities to reduce stigma through education and outreach in MHS and community settings.

##### Strengthen vital community organizations and create conditions of health

- Explore how to support existing place-based and multi-sector collaborative efforts that support mental health and behavioral health.
- Explore ways to support promoting policies and practice changes in organizations that support health, including behavioral health/mental health.

#### Clinic-Community Integration

- Explore opportunities to support the integration of healthcare with community-based programs and services that address mental health and wellbeing, including substance abuse.

#### **Expected Outcomes**

##### Short to mid-term Outcomes

- The people of Maui and Lanai, including vulnerable populations, have increased access to health-promoting programs and services related to support services for mental health.

##### Long-term Outcomes

- The health delivery system is better able to meet the continuum of Maui residents' mental health care needs and is aligned with community-based organizations to meet patients' non-medical needs.
- All community members who are served by MHS are treated with dignity and have their unique needs met.
- People experience increased community cohesion, networks, and social support.

#### **VIII. Evaluation Plans**

MHS will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of grants made, number of dollars spent, and number of people reached/served

#### **IX. Health Needs MHS Does Not Intend to Address**

The remaining prioritized health needs for Maui will not be addressed by MHS because, using the criteria described previously, they were not ranked as highly as Access to Care, Cancers, and Mental Health. MHS has unique resources and capacity to dedicate to the three chosen health needs. Additionally, many of the specific health needs identified through the CHNA can be addressed by strategies implemented under the needs that were selected to be addressed (for example Access to Care will address Oral Health). The ability to address health needs is impacted by MHS resources and staff capacity. The needs that will not be addressed through this Implementation Strategy are:

### Cardiovascular Disease and Stroke

Cardiovascular disease (CVD) and Stroke was identified as only a low priority in the CHNA multi-voting ranking process. Strategies implemented under the need of Access to Care will address this need as well. Maui benchmarks well on cardiovascular disease and stroke.

### Substance Abuse, including Tobacco

Substance Abuse, Including Tobacco was identified as only a low priority in the CHNA multi-voting ranking process. Maui benchmarks well on substance abuse indicators.

### Oral Health

Maui benchmarks poorly on some key indicators of oral health but was not ranked as a high priority at this time. Access to Care strategies should address access to oral health care.

### Prevention and Safety, including Violence/Injury

Maui benchmarks poorly on some key indicators of prevention (e.g. suicide) but was not ranked as a high priority at this time. Mental health strategies has the potential to impact this need as well.

### Maternal, Fetal and Infant Health

Maternal, Fetal, and Infant Health was categorized as a medium priority health need, though it benchmarks well to the state on most indicators.

### Respiratory Diseases, including Asthma

Respiratory Diseases were categorized as a low priority during the multi voting process conducted to prioritize health needs during the CHNA. Asthma does have a greater impact on Maui residents than on the residents of the state, especially among older adults. Access to Care may address this health need.

### Immunizations and Infectious Disease

Immunizations and Infectious Diseases was categorized as a low priority during the multi voting process conducted to prioritize health needs during the CHNA. Maui benchmarks well against the state except the county performs poorly compared to the state in vaccination rates for influenza, pneumonia, and HPV. The prioritized needs of Access to Care and Cancers will should address preventive needs like screening.

While this Implementation Strategy Report responds to the CHNA and Implementation Strategy requirements in the Affordable Care Act and IRS Notices, it is not exhaustive of everything we do to enhance the health of our communities. MHS will look for collaboration opportunities that address needs not selected where it can appropriately contribute to addressing those needs.