



2021

COMMUNITY HEALTH NEEDS ASSESSMENT



The Wahiawā Center for Community
Health
12/31/2021

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EXECUTIVE SUMMARY

The Wahiawā Center for Community Health (WCCH) is a Federally Qualified Health Center Look-Alike (FQHC-LAL) that serves the communities of Central O‘ahu and North Shore (Wahiawā, Waialua, Upper Kunia, and Mililani). To better understand the needs of our community, WCCH conducts a Community Health Needs Assessment (CHNA) every three years. The 2021 CHNA was created, conducted, analyzed, and authored by Angel Talana, MPH, Population Health Coordinator and Dr. Cyndy Endrizal, PhD, MPH, RDN, LD, FAND, Grants and Development Officer.

The purpose of the 2021 CHNA Report is to provide an overview of health and social needs of the communities in Wahiawā, Mililani, and Waialua. The 2021 CHNA Report identifies health and social concerns, gaps in health services and access, and recommendations for next steps needed to better serve the community. This report is committed to highlighting the voices of community members and sparking meaningful dialogue for community-based health efforts. The 2021 CHNA Results are shared with the WCCH Board of Directors and Senior Management staff. Consequently, the CHNA Report will be used to inform and drive discussion for the Board and management team in their Strategic Planning Retreat held in April 2022.

The specific goals of this 2021 CHNA report are to identify the following:

- Health Care and Social Concerns of Our Community
- Health Care Resources Needed in Our Community
- COVID-19 Pandemic Impact on Our Community

Data collection consisted of two strategies: (1) quantitative: a 15-question survey; and (2) qualitative: focus group discussions. The survey was distributed during community events, among various organizations in Wahiawā, Waialua, and Mililani, and as a phone survey after WCCH patient visits. The focus groups consisted of community residents, faith-based leaders, and mental health providers. A summary of the major findings upon analyzing the quantitative and qualitative data are as follows:

Common Health and Social Areas of Need

- Housing / Homelessness
- Drug / Substance Use
- Mental Health
- Lack / Loss of Jobs
- Access to Healthcare

Impact of COVID-19

- Unemployment / Loss of Jobs
- Food Insecurity
- Mental Health



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Health & Social Services Needed in the Community

- Social Workers
- Mental Health Care / Counseling
- Drug Use Counseling
- Exercise & Nutrition
- Health Education

Recommended strategies to address the results of the 2021 CHNA are as follows:

- Share results with all WCCH staff to spark discussion internally and encourage suggestions and feedback. WCCH staff will have valuable input into the response and strategies in addressing the community needs and concerns as not only work but live in the communities we serve.
- Present the WCCH CHNA 2021 findings as a preparatory step in the WCCH Strategic Planning meeting set for April 2022 to inform and drive discussions around the needs of the community
 - Identify ways to meet the needs, being responsive to the community concerns
 - Develop action plans
 - Prioritize initiatives in line with highest priorities in the community, seeking funding if/when available
- After the Strategic Planning Retreat:
 - Share results including action plans to address findings with all focus group participants
 - Post 2021 CHNA Report and Summary of actions plans in a variety of ways to maximize exposure to all members of the service community – such as the WCCH website, WCCH waiting rooms, and an email campaign to patients
- Review 2021 CHNA periodically, and at least annually, to ensure health center initiatives are in line with action plans
- Repeat CHNA in year 2024



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INTRODUCTION

The Wahiawā Center for Community Health

In Hawaiian, *wahi a wā* means "space of the wa people". In Martha Warren Beckwith's *Hawaiian Mythology*, there are references to forest dwelling races: the *Nawao*, who were large-sized wild hunters descended from Lua-nu'u, the *mu* people, and the *wa* people.

The Wahiawā Center for Community Health (WCCH) is a Federally Qualified Health Center Look-Alike (FQHC-LAL) that serves the communities of Central O'ahu (Wahiawā, Waialua, Kunia, and Mililani). WCCH's mission states:

"In the spirit of Aloha and compassion, Wahiawā Health provides access to affordable, quality health care and wellness services to promote a healthy community."

Following the health center's mission to provide quality health care to the community, WCCH values the voices of our community members to gather feedback regarding their health and social needs.

WCCH is in the town of Wahiawā, which is in the central valley (between Wai'anae Mountains and Ko'olau Mountains) on the island of O'ahu. The geographical description of the WCCH service area includes all residents of Wahiawā, defined as ZIP Code 96786. This includes Census Tracts 90 – 95 plus Tract 100 Block 9. The geographic area includes: Wahiawā; Helemano; Whitmore; Wilikina; Schofield Barracks; and Wheeler Air Force Base.

While Wahiawā is the primary catchment area of WCCH, the community health center is also dedicated to providing quality health services to the communities throughout Central O'ahu and North Shore, which includes Wahiawā, Waialua, Upper Kunia & Mililani (Figure 1.1, page 4).

Wahiawā Health operates one permanent location and one mobile van with services including Family Medicine, Women's Health, Men's Health, Pediatrics, a Specialty Clinic offering Podiatry and Diabetes Management, Behavioral Health, Nutrition Services, Pharmacy Services including Medication Management, Case Management, and Care Coordination.

In calendar year 2019, pre-COVID-19, WH served 4,640 unique patients, 2.4% of whom were uninsured and 50% of whom were recipients of Medicaid at their time of service. In calendar year 2020, when WCCH was most heavily hit by the COVID-19 pandemic, WH served 3,980 unique patients, 660 less patients than in 2019; 3.5% of whom were uninsured and 51% of whom were recipients of Medicaid, at their time of service. Preliminary results of the 2021 Uniform Data System (UDS) indicate WH served 4321 unique patients (341 more patients than 2020), 2.8% of whom were uninsured and 55% of whom were recipients of Medicaid at their time of service.

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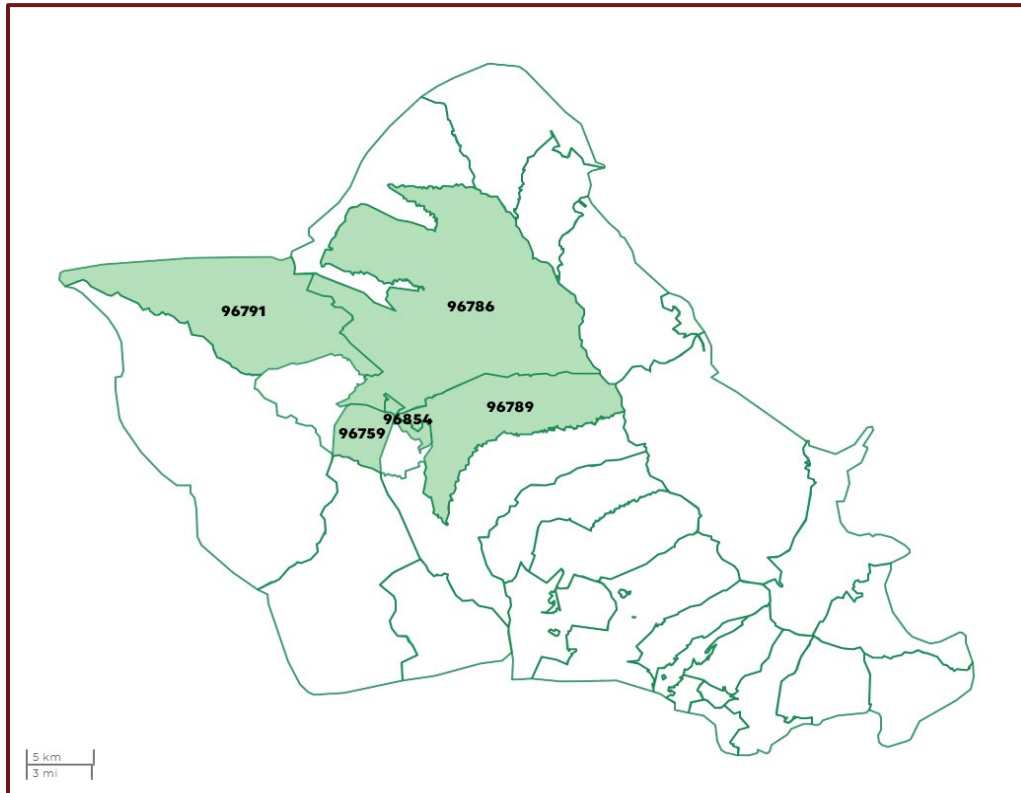


Figure 1: Map of WCCH service areas

Population Characteristics

According to the 2020 Census, the total population residing within Wahiawā, Mililani, and Waiialua includes over 100,000 residents with a Medicare/Medicaid population of over 10,000. Table 1.1 describes a brief demographic profile of each community by age and gender. The American Community Survey results are reflective of years 2015-2019 (pre-pandemic).

Table 1.1 Population Characteristics of Wahiawā, Mililani, and Waiialua

	Wahiawā	Mililani	Waiialua
Total Population	43,488	53,485	7,350
Female Population	47.4%	49.1%	50.8%
Male Population	52.6%	50.9%	49.2%
Population Under Age 18	30.7%	22.2%	19.1%
Population Over Age 65	10.0%	16.8%	16.3%
Foreign Born Persons	12.9%	11.5%	14.0%

Source: American Community Survey (2015-2019)

While the kūpuna (older adult, 65+ years) population in all three residential communities is lower than the State value (18.3%), all three communities have an increasing aging community. It is likely that the elderly population is lower in the WCCH service area due to morbidity/mortality rates being higher in



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the younger population. While this may be true, it is still important to provide the necessary health and social services that can meet the specific needs of our kūpuna.

Racial/Ethnic Diversity

Table 1.2 describes the racial/ethnic diversity of the community. The community in Wahiawā, Mililani, and Waialua is racially/ethnically diverse. White/Caucasians, Filipinos, Native Hawaiians, and Japanese are the predominant ethnic groups in the three communities. According to the American Community Survey, in the recent years (2015-2019) 26.7% of the population in Wahiawā, 23.1% in Waialua, and 27.8% in Mililani Town speak another language other than English at home. Of those who speak another language, a considerable proportion speak English less than “very well” (Wahiawā 43.3%; Waialua 44.6%; Mililani Town 30.3%). The ethnic and linguistic diversity of our community highlights the need for translation services.

Table 1.2 Racial/Ethnic Profile of Wahiawā, Mililani, and Waialua

	Wahiawā	Mililani	Waialua
Black or African American	14.2%	3.4%	2.4%
Chinese	6.5%	19.0%	5.9%
Filipino	22.4%	27.4%	30.7%
Japanese	12.2%	39.7%	10.4%
Korean	2.1%	5.7%	2.2%
Native Hawaiian	15.1%	18.7%	16.6%
Other Pacific Islander	6.4%	3.7%	3.4%
Other Asian	2.0%	3.6%	2.0%
White	52.8%	39.3%	63.4%

Source: American Community Survey (2015-2019)

Social Determinants of Health

According to the Center for Disease Control and Prevention (CDC), social determinants of health (SDOH) is defined as “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.” The SDOH framework used for Healthy People 2030 outline five key areas: **education** access and quality, **health care** access and quality, **built environment**, **social & community context**, and **economic stability** (Figure 1.2). Each area is interconnected and can have a substantial impact on the health of individuals and communities, contributing to many health disparities and inequities. Therefore, it is crucial for WCCH to understand and address the SDOH of our community. This section of the 2021 CHNA Report will describe the social determinants of health that are experienced within our service areas as described by secondary data from local and national databases. Tables 1.3 and 1.4 describes indicators to the five key areas of SDOH in Wahiawā, Mililani, and Waialua.

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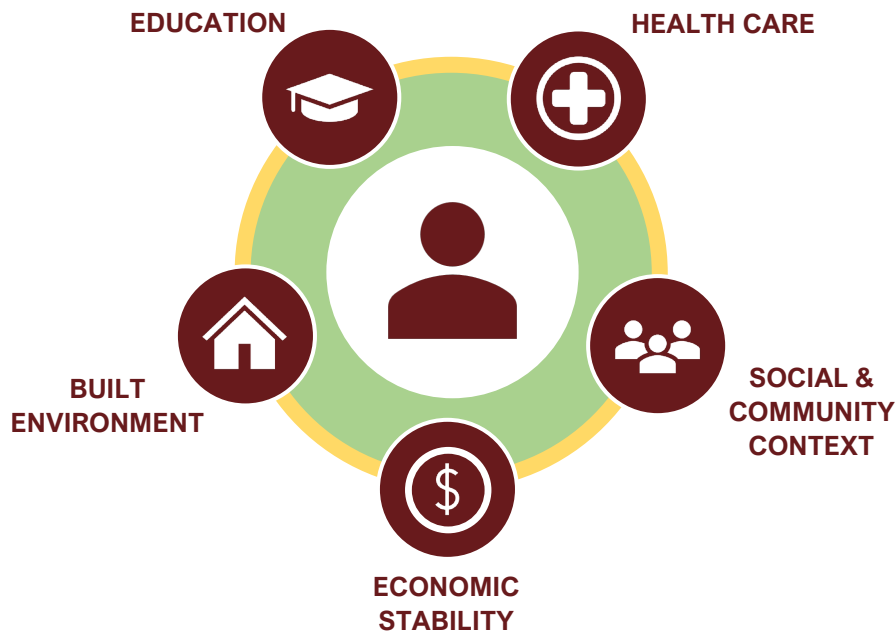


Figure 3: Social Determinants of Health

The 2021 SocioNeeds Index is a measure of socioeconomic need correlated to poor health outcomes, ranging from 0 (low need) to one hundred (high need). According to Hawai'i Health Matters, a publicly available database managed by the Hawai'i Department of Health, Wahiawā has one of the highest SocioNeeds Index in Honolulu County. Waialua also has a high SocioNeeds Index (Table 1.3).

Economic Stability

Based on data from Hawai'i Health Matters, economic stability is a major concern in Wahiawā and Waialua. The median household incomes and per capita incomes of both communities are lower than the Honolulu County value (\$85,857 and \$36,816). Approximately one in ten households in Wahiawā and Waialua are below the federal poverty level (10.8% and 11.5% respectively). Additionally, approximately one-half of the households in Wahiawā are Assess Limited, Income Constrained, Employed (ALICE), which means that a significant proportion of Wahiawā community members who are working are unable to afford basic necessities (i.e., housing, food, childcare, health care, and transportation).

Built Environment

Housing is also a major concern. Approximately one-fourth of all housing units (occupied and unoccupied) in Wahiawā are occupied by homeowners, which means that the vast majority of Wahiawā residents do not own a home. Homeownership plays an important role in the health of the community because it provides the benefit of a stable living environment, and homeowners are more likely to be involved in community-related affairs which can benefit both the individual and the community. The percentage of homeownership in Wahiawā appears to have an overall downward trend in the last decade, which is an area of concern. In all three communities, a majority of community members who rent are spending more than 30% of their household income on rent. Dedicating a high percentage of



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one's household income to rent can be a financial burden, especially for those with a limited income, and it limits the amount of money to be used for other necessities (e.g., food and medical needs) and financial savings. While the percentage of renters in Mililani who experience this financial hardship appear to be decreasing over the past decade, the percentage in Wahiawā appears to have an increasing trend over the past decade.

Education

Most community members in Wahiawā, Mililani, and Waialua have a high school degree, and there appears to be an increasing trending in all three communities. This is a positive protective factor for the health of community members and the whole community. According to the Hawai'i Office of Disease Prevention and Health Promotion, graduating from high school is an important protective factor and can decrease one's risk of health disease and incarceration. Furthermore, education is an important key area of SDOH because of how it affects the other key areas. Educational attainment can lead to social and economic advancements (e.g., obtaining a job, access to health insurance, affordable housing, etc.) which can thus influence one's health and wellbeing.

There are a total of twenty schools in the Leilehua-Mililani-Waialua complex area with a total of over 15,000 students. A considerable proportion of our community's high school students (52% of Leilehua students, 40% of Waialua students, and 15% of Mililani students) are economically disadvantaged. Tying back into the SDOH key area of economic stability, having to live with economic instability can negatively affect one's educational learning ability and experience thus impacting one's ability to obtain academic achievements, which can subsequently impact one's economic stability and access to health care. This intersectionality of SDOH key areas is important to consider when trying to address health issues. Providing more opportunities to obtain education (e.g., graduating from high school, job training, etc.) can help to address many health and social issues.

Social & Community Context

It is important to understand the social and community context because one's social and built environment can influence health behaviors. For instance, if one's community is built to support physical activity (e.g., parks, sidewalks, bike lanes, etc.), it is expected that one will be more inclined to engage in physical activity and other healthy behaviors. Additionally, one's racial/ethnic identity can play a significant role in one's overall health and quality of life. Implicit biases and discrimination towards various ethnic groups have been shown to cause psychological and physiological stress, which can lead to adverse health outcomes. Culture can also play a significant role in one's health. Access to culture-based treatments or culturally relevant health services have shown to improve the management of chronic disease and improve quality of life. For instance, the Ola Hou i ka Hula Project showed that incorporating cultural practices (e.g., hula) can be effective in managing high blood pressure in Native Hawaiians. It is imperative for health care providers to consider these cultural, contextual factors when designing wellness and preventive health programs as well as managing individual with chronic disease. Practitioners, trained in Western medicine, need to "think outside their Western box" of thinking. When considering responses to the WCCH's 2021 CHNA, leaders, providers, clinical and support staff must all be informed in how culture plays a major role in patient outcomes. All services and programs must be built and provided within the context of trauma-informed, culturally relevant, and safe care. The cultural



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values and worldviews must be considered of all patients and community members. Besides looking at clinical outcomes, patients' input should be included in the assessment of all programs and services.

Table 1.3 Social Determinants of Health: Wahiawā, Mililani, and Waialua

	Wahiawā (96786)	Mililani (96789)	Waialua (96791)
2021 SocioNeeds Index	50.1	8.4	29.4
Education			
People 25+ with a High School Degree or Higher	✓ 92.0%	✓ 96.1%	! 90.4%
People 25+ with a bachelor's degree or Higher	! 21.9%	✓ 38.4%	! 31.3%
Income & Economy			
Median Household Income	! \$63,565	✓ \$102,228	! \$83,889
Per Capita Income	!! \$24,828	✓ \$39,980	! \$33,973
Income Inequality	✓ 0.402	✓ 0.348	! 0.441
Households that are Below the Federal Poverty Level	! 10.8%	✓ 4.6%	! 11.5%
People Living Below Poverty Level	10.1%	✓ 3.9%	! 10.5%
Children Living Below Poverty Level	! 13.8%	✓ 4.2%	! 14.0%
Families Living Below Poverty Level	! 8.3%	✓ 2.3%	! 6.7%
People 65+ Living Below Poverty Level	✓ 6.9%	✓ 3.6%	✓ 5.6%
Population 16+ in Civilian Labor Force	!! 44.7%	✓ 63.3%	! 58.8%
Female Population 16+ in Civilian Labor Force	!! 49.5%	✓ 60.7%	✓ 62.6%
Households with Cash Public Assistance Income	! 3.0%	✓ 2.9%	! 3.0%
Households that are Assess Limited, Income Constrained, Employed (ALICE)	!! 48.6%	✓ 25.6%	✓ 30.1%
Housing			
Households	12,775	17,669	2,280
Average Household Size (Person per household)	3.2	3.0	3.2
Overcrowded Households	✓ 5.7%	✓ 4.1%	✓ 6.1%
Homeownership	!! 24.7%	✓ 74.1%	✓ 50.9%
Mortgaged Owners Median Monthly Household Costs	✓ \$2,227	✓ \$2,454	!! \$2,867
Median Monthly Owner Costs for Households without a Mortgage	✓ \$448	✓ \$530	✓ \$493
Median Household Gross Rent	!! \$2,373	!! \$2,026	!! \$1,745
Renters Spending 30% or More of Household Income on Rent	!! 74.3%	! 57.5%	! 50.6%
Community / Social Environment			
Mean Travel Time to Work (Minutes)	23.5	32.4	32.2
Workers Commuting by Public Transportation	5.8%	3.8%	2.9%
Workers Commuting by Walking	8.4%	1.0%	2.5%
Persons with an Internet Subscription	! 89.5%	✓ 94.0%	! 82.2%
Households with an Internet Subscription	! 85.6%	✓ 91.5%	! 84.6%
Households with One or More Types of Computing Device	! 91.3%	✓ 94.8%	! 91.1%
Linguistic Isolation	✓ 4.6%	✓ 1.8%	✓ 4.9%
Single-Parent Households	✓ 13.5%	✓ 14.8%	! 26.2%
Neighborhood Supports Physical Activity	61.0%	93.4%	68.5%



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Source: Hawaii Health Matters, Hawaii BRFSS, American Community Survey, United For ALICE

✓ Not a concern: better than the Honolulu County Value AND State Value

! Less concern: worse than Honolulu County Value OR State Value

!! Greater concern: worse than Honolulu County Value AND State Value

Health Statistics and Services

This section describes the different health indicators, including access to quality health care, which is one of the five key SDOH areas that can influence an individual's health. Table 1.4 describes health indicators in Wahiawā, Mililani, and Waialua. Data was aggregated over multiple years (2015-2019 for most indicators) to provide stable and reliable estimates for each indicator.

In 2019, 62.2% of adults in Wahiawā, Mililani, and Waialua report to have at least one chronic condition, which is slightly higher than the State average (61.3%). Chronic diseases (e.g., diabetes, obesity, heart disease, cancer, etc.) are the leading causes of death in the United States. However, most chronic diseases are prevented through healthy behaviors (e.g., eating fruits and vegetables, exercising, maintaining regular health screenings, etc.).

A notable proportion of the population in Wahiawā and Waialua do not see a doctor due to cost (8.3% and 9.5% respectively). Additionally, less residents in Waialua report having a usual source of health care in comparison to Honolulu County and Hawaii State values (85.4% and 83.6% respectively).

Table 1.4 Health Care Access & Health Statistics of Wahiawā, Mililani, and Waialua

	Wahiawā (96786)	Mililani (96789)	Waialua (96791)
Health Care Access & Quality			
Adults With a Usual Source of Health Care	85.6%	87.4%	81.0%
Adults Without Health Insurance	2.7%	2.4%	3.5%
Adults Who Did Not See a Doctor Due to Cost	8.3%	4.1%	9.5%
All-Cause Hospitalization Rate (per 100,000 population)	623.7	594.5	847.9
All-Cause Mortality Rate (deaths per 100,000 population)	647.6	621.3	915.8
Age & Ability			
Adults 65+ Who Received Recommended Preventive Services (Females)†‡	26.4%	30.3%	27.4%
Adults 65+ Who Received Recommended Preventive Services (Males)†‡	25.5%	28.3%	26.3%
Adults 65+ With Disability†	36.6%	30.9%	35.0%
Children With Disability (age <5)†	0.0%	1.2%	0.0%
Children With Disability (age 5-17)†	7.5%	4.5%	5.3%
Persons With Ambulatory Difficulty†	6.0%	4.3%	5.9%
Persons With Cognitive Difficulty†	5.2%	3.9%	5.2%



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	Wahiawā (96786)	Mililani (96789)	Waiialua (96791)
Persons With Hearing Difficulty†	2.7%	3.3%	2.8%
Persons With Self-Care Difficulty†	2.0%	1.4%	2.3%
Persons With Vision Difficulty†	1.2%	1.8%	1.3%
Cancer			
Adults with Cancer†	4.2%	5.1%	5.6%
Cancer Death Rate (per 100,000 population)	135.8	212.9	153.9
Breast Cancer Screening (females aged 50-74)†	81.5%	83.5%	82.2%
Cervical Cancer Screening (females age 21-65)†	83.8%	85.3%	84.6%
Colorectal Cancer Screening†	65.7%	70.1%	68.3%
Dental / Oral Health			
Adults with No Recent Dental Visit	26.3%	18.0%	28.9%
Adults with One or More Tooth Extractions	46.4%	36.9%	39.5%
Diabetes			
Adults With Diabetes	10.2%	10.2%	9.0%
Adults With Pre-diabetes	10.2%	14.2%	6.7%
Heart Disease & Stroke			
Adults With High Blood Cholesterol	26.3%	34.3%	28.4%
Adults With High Blood Pressure	32.8%	34.3%	27.1%
Adults Who Have Taken Medications for High Blood Pressure	69.8%	74.0%	**
Adults Who Experienced Coronary Heart Disease	2.4%	2.5%	**
Adults Who Experienced a Heart Attack	4.7%	2.6%	2.1%
Adults Who Experienced a Stroke	2.4%	270.0%	**
Stroke Death Rate (per 100,000 population)	45.1	62.9	34.4
Diseases of the Heart Death Rate (per 100,000 population)	170.7	181.9	147.7
Injury Prevention & Safety			
Unintentional Injury Death Rate (per 100,000 population)	36.6	35.1	44.2
Immunizations & Infectious Disease			
Influenza Vaccination Rate (age 18-64)	49.3%	45.7%	25.5%
Influenza Vaccination Rate (age 65+)	59.2%	60.0%	64.0%
Pneumonia Vaccination Rate (age 65+)	66.8%	76.7%	69.4%
Maternal, Fetal, & Infant Health			
Birth Rate (per 1,000 population)	23.0	21.6	19.4
Babies with Low Birth Weight	8.0%	9.0%	7.1%



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	Wahiawā (96786)	Mililani (96789)	Waiialua (96791)
Infant Mortality (per 1,000 live births)	5.1	5.4	5.3
Mothers Who Received Late or No Prenatal Care	19.9%	26.6%	20.1%
Birth to Mothers Under 18 Years	0.3%	0.9%	**
Mental Health & Stress			
Adult Poor Mental Health: 14+ Days	8.8%	8.5%	9.8%
Adults with Depressive Disorder	13.7%	10.4%	9.6%
Adults Who Get Insufficient Sleep	37.7%	44.4%	42.5%
Physical Health & Activity			
Adult Poor Physical Health: 14+ Days	10.3%	9.8%	7.8%
Adults Who Are Overweight	36.9%	36.3%	36.0%
Adults Who Are Obese	23.9%	25.5%	17.7%
Adults Who Are Sedentary	25.2%	19.5%	20.5%
Respiratory Diseases			
Adults With COPD	3.7%	3.2%	**
Adults With Current Asthma	13.5%	10.6%	9.6%
Tobacco & Alcohol			
Adults Who Binge Drink	16.2%	17.2%	21.1%
Adults Who Drink Heavily	4.1%	7.4%	9.3%
Adults Who Currently Smoke Cigarettes	16.4%	9.1%	11.6%
Adults Who Currently Use An Electronic Smoking Device	6.0%	6.3%	**
Adult Non-Smokers Exposed to Secondhand Smoke	15.2%	10.3%	**
Other Factors & Ailments			
Adults with Arthritis	16.0%	21.7%	22.5%
Adults with Kidney Disease	2.9%	2.8%	**

Source: Hawaii Health Matters, Hawaii BRFSS, American Community Survey

Values in red indicate that it is worse than State value.

**Data not reportable because of small response sample size or large relative standard error

†This indicator uses zip code data instead of primary care service area data

‡Zip code data source differs from state and county data sources.

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METHODOLOGY

Community Surveys

The community health needs assessment survey consisted of fifteen questions (thirteen closed-ended and two open-ended) focusing on health care access, health and social issues and services needed, and COVID-19 related issues (see Appendix A). The survey was pre-tested with a sample of community members representative of WCCH service area. After pre-testing and revising, the survey tool was generated and distributed using Qualtrics online survey software.

A total of 223 survey responses were collected from August to November 2021. Distribution of these surveys ranged from in-person community events (e.g., COVID-19 vaccine clinics, food distribution sites), online surveys, phone surveys, and paper surveys (see Appendix B). Hard-copy paper surveys were distributed to community partner organizations for further distribution amongst their staff and members. Reusable tote bags with the WCCH logo were given as an incentive for completing the survey. Responses from paper surveys were collected and manually inputted into Qualtrics. Figure 2.1 provides a breakdown of the survey responses by location of residence.

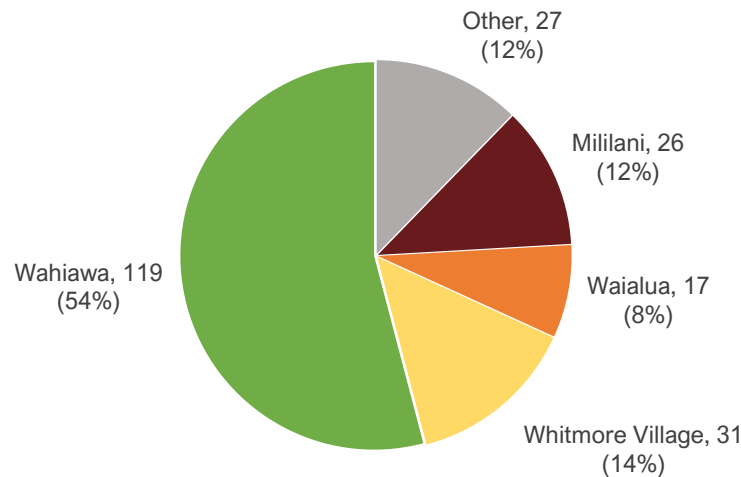


Figure 2.1: Survey Response Count by Location of Residence

Survey responses were analyzed using Qualtrics. Fisher’s Exact Test and Pearson Chi-Square were used to analyze group differences using Qualtrics statistical analysis software. In these analyses, location of residence (Wahiawā, Whitmore Village, Mililani, North Shore), race/ethnicity, and age were independent variables and item responses (health and social concerns, services needed, COVID-19 related items) were dependent variables (see Appendix A).

Focus Group Discussions

Focus group discussions were conducted in October 2021. Participants were identified using a snowball sampling approach. WCCH generated an initial list of organizations and individuals who could provide insights on the current health and social situation of our community, and subsequent participants were

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identified by focus group participants. In total, WCCH conducted two “Talk Story, Talk Health” focus group discussions virtually, via Zoom and spoke with fifteen people who were from our community and/or who serviced Wahiawā, Mililani, and/or Waialua. Figure 2.2 provides an overview of the community sectors represented in the focus groups discussions.

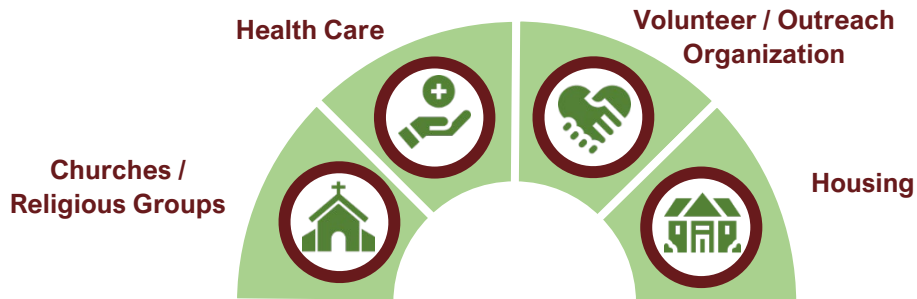


Figure 2.2: Community sectors who participated in WCCH’s “Talk Story, Talk Health” focus group discussions

The focus group discussion consisted of four main questions surrounding community health (see Appendix C). Participants were encouraged to share their personal and/or professional experiences in connection with community health.

These conversations were intended to delve deeper into health and social issues that community members see in the community, providing a more detailed and nuanced perspective that cannot be captured quantitatively in a community survey. Notes were taken during the conversations by three independent observers, and these notes were corroborated amongst each other to identify overarching and recurring themes.

Scheduling of the focus group meetings proved challenging with participants sharing their overall feelings of “burn-out” and overwhelmed with the needs in the community related to their specific roles in their jobs.

Literature Review

Background information and health-related data from national, state, and local sources were reviewed to build a better understanding of our community situation. Health statistics surrounding medical outcomes, risk factors, social determinants and resources were collected using publicly available data. The data was summarized and analyzed to help prioritize significant health and social issues. A list of the resources used to collect this data and information can be found in the References section of this report.

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FINDINGS

What is a Healthy Community?

According to feedback from our community during the focus group discussions, a healthy community is envisioned as a community that encourages **disease prevention** and allows **options for healthy lifestyles**. Examples include opportunities for exercising, going to the doctor’s office for check-ups and follow-up visits, and having basic necessities (housing, food, water). Additionally, with an ethnically and culturally diverse population in our community, participants also mentioned the importance of having culture-based health services available to community members. This definition of a healthy community is important to consider when addressing current health and social issues.

Significant Health and Social Issues

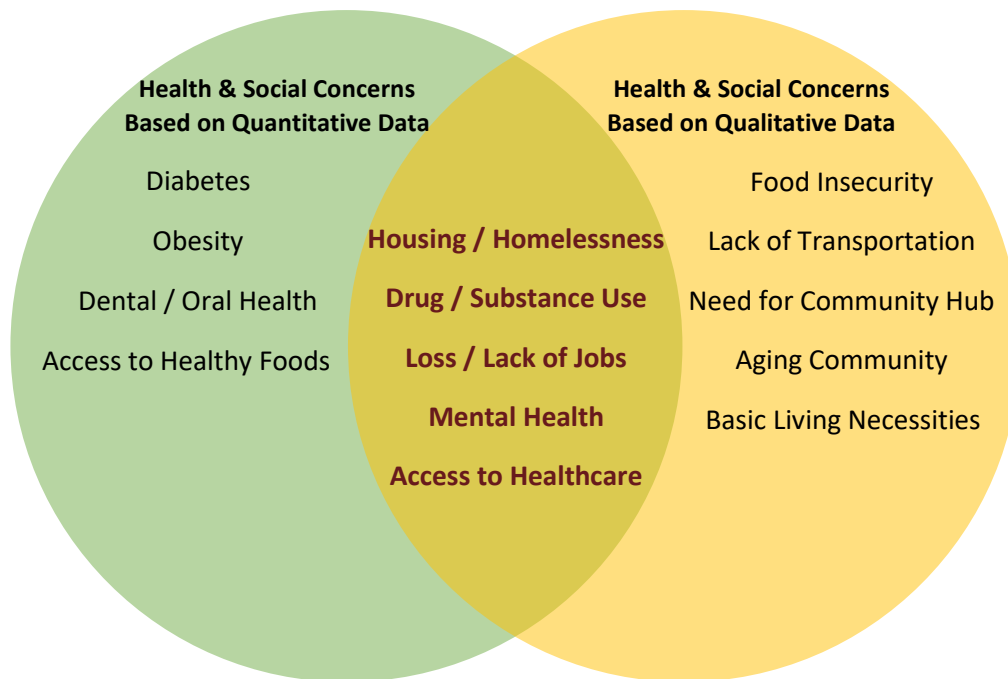


Figure 3.1: Venn diagram of health and social concerns brought up in community surveys, secondary data, and focus group interviews

Based on both the quantitative data and qualitative data, the most common health and social issues were housing/homelessness, drug/substance use, loss/lack of jobs, mental health, and access to healthcare (Figure 3.1).

The overwhelming majority of responses from community members reported housing/homelessness as the top concern in the community. In the focus group discussions, one community member reported a concern of seeing more younger people becoming homeless, and another community member was



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concerned about the increase in homelessness in the community. On the other hand, one focus group participant noted that there were less homeless veterans in the Central Oahu and North Shore areas, but it could also be due to lack of referrals.

“Well for me, because work with outreach, I see a lot of homelessness and it’s a lot of the younger ones that we see.”

- “Talk Story, Talk Health” participant

Related to homelessness, drug/substance use was another common concern reported by community members. One focus group participant was concerned about the substance use relapse rates.

Access to healthcare services was a topic of discussion in the focus groups.

“Even with my health plan, I have trouble getting an appointment. My last time I tried to get one, it was a month and a half before I could see my doctor.”

- “Talk Story, Talk Health” participant

Due to the COVID-19 pandemic, there were less job opportunities available, and therefore there was more of a financial strain on community members. The cost of living in Hawai‘i is one of the highest in the nation, and the additional financial stress of the pandemic is a concern for many people. This ties into another common community concern, which is mental health. The stressors of the pandemic during the past two years, whether it was due to financial instability or social isolation, has brought up the concern of mental health as there appeared to be an increase in behavioral health needs during the pandemic.

Top Five Health and Social Areas of Need

Based on the survey results, most respondents reported that housing/homelessness was the top health/social area of need in the community. The subsequent top health/social areas of need are: drug/substance use, mental health, diabetes, and obesity (Figure 3.2).

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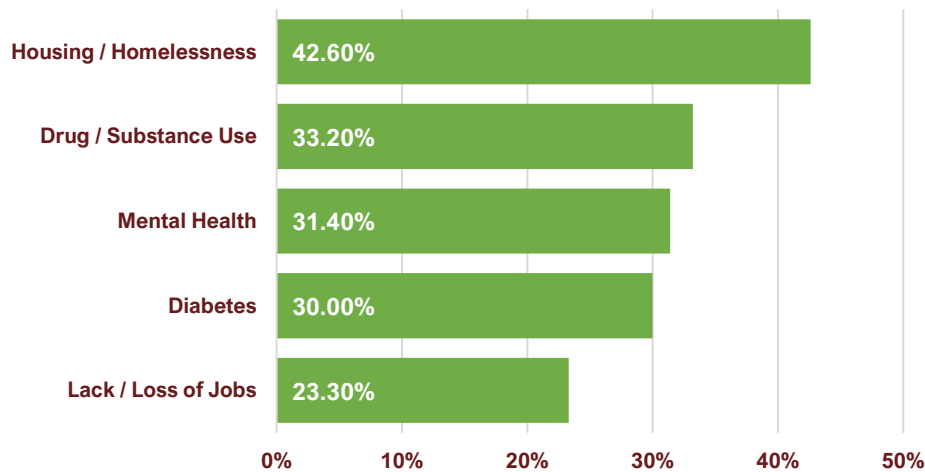


Figure 3.2: Overall top five health and social concerns based on survey responses

Many community members shared the same concerns about homelessness and drug use during our “Talk Story, Talk Health” (focus group) sessions. Some shared that they’ve noticed that the homeless population has been increasing during the recent years, yet no real long-term solutions have been brought to the table to address this issue. Additionally, many other concerns shared by community members stem from the homelessness problem (e.g., mental health, drug use, basic necessities, food insecurity)

Many members of the community expressed that our community is an aging community and there needs to be services that are tailored to our kūpuna’s needs (e.g., transportation to services, food distribution).

Based on Location of Residence

We stratified the quantitative data to highlight the specific health/social areas of need in each residential community (Figure 3.3). The top health/social areas of need in all communities were similar to that of the overall findings, where housing/homelessness, drug/substance use, mental health, and diabetes were indicated as the top community concern in all communities. Other concerns include lack/loss of jobs, dental/oral health, and heart disease & stroke.

Based on Age Group

We also stratified by age group: young adult, middle adult, and older adult (Figure 3.4). Across all age groups, housing/homelessness was a top community concern. Older adults showed more concern about chronic disease (i.e., diabetes, heart disease & stroke) and access to healthy foods and healthcare services. Young and middle adults were concerned about the loss/lack of jobs (23.1% and 28.4% respectively), which may have been a result of the rise in unemployment during the COVID-19 pandemic.



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Based on Race/Ethnicity

The most prevalent racial/ethnic groups in our community include Filipino, Japanese, Native Hawaiian, Other Pacific Islanders, and White. We decided to highlight the needs of these populations in this CHNA report because we understand that health and social concerns may not be equal across ethnic groups, and it is important to acknowledge how priorities may differ. Figure 3.5 presents health and social concern responses stratified by racial/ethnic groups. Across all ethnic groups, housing/homelessness, drug/substance use, mental health, and diabetes were listed as a top concern. Other common concerns were asthma (Japanese and White), lack/loss of jobs (Filipinos, Native Hawaiians, and White), heart disease & stroke (Japanese), dental/oral health (Other Pacific Islanders), and lack of access to healthy food (White).

The next few pages of this report will illustrate the results in Figures 3.3, 3.4 and 3.5.

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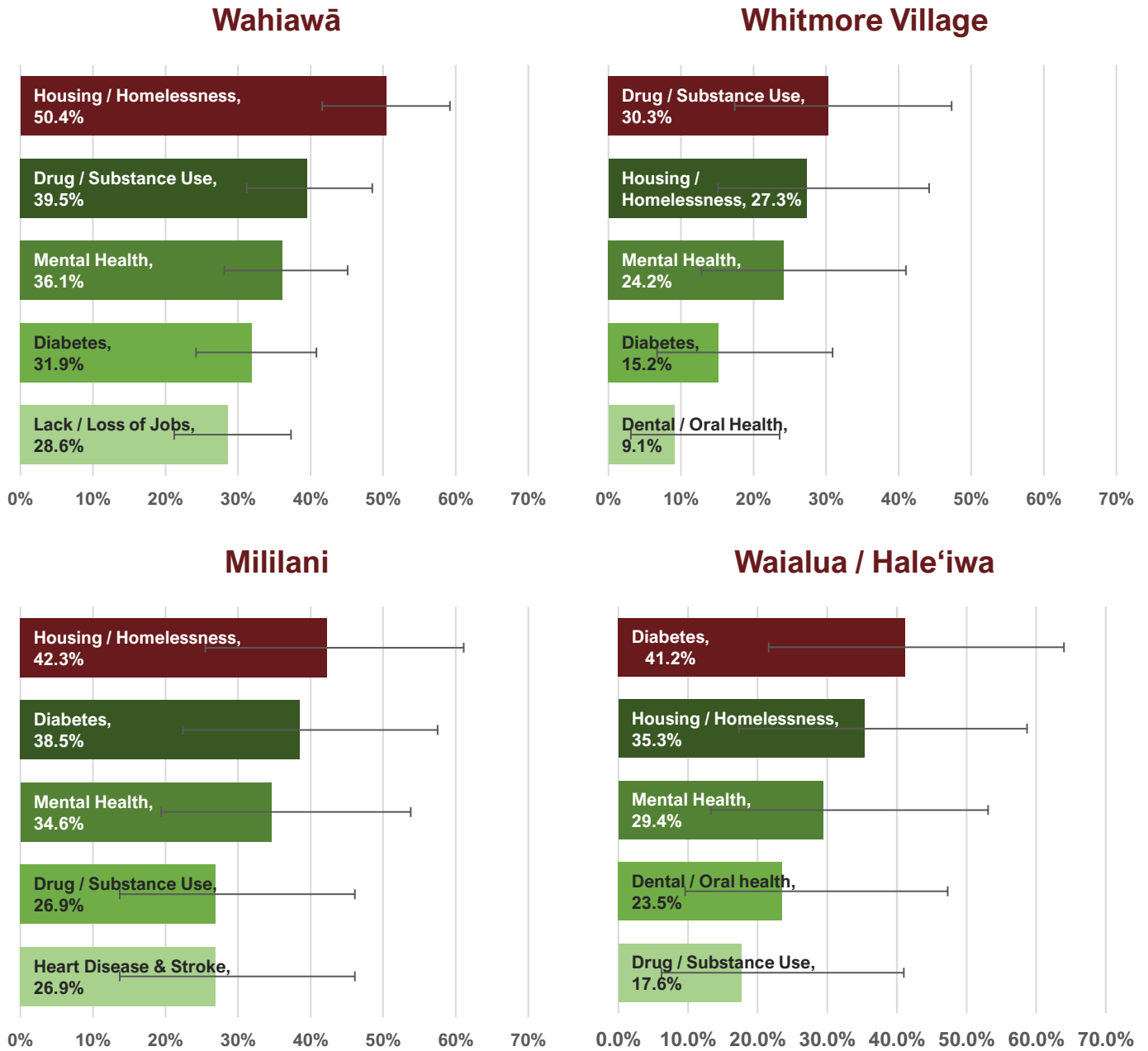


Figure 3.3: Top health and social concerns by location of residence

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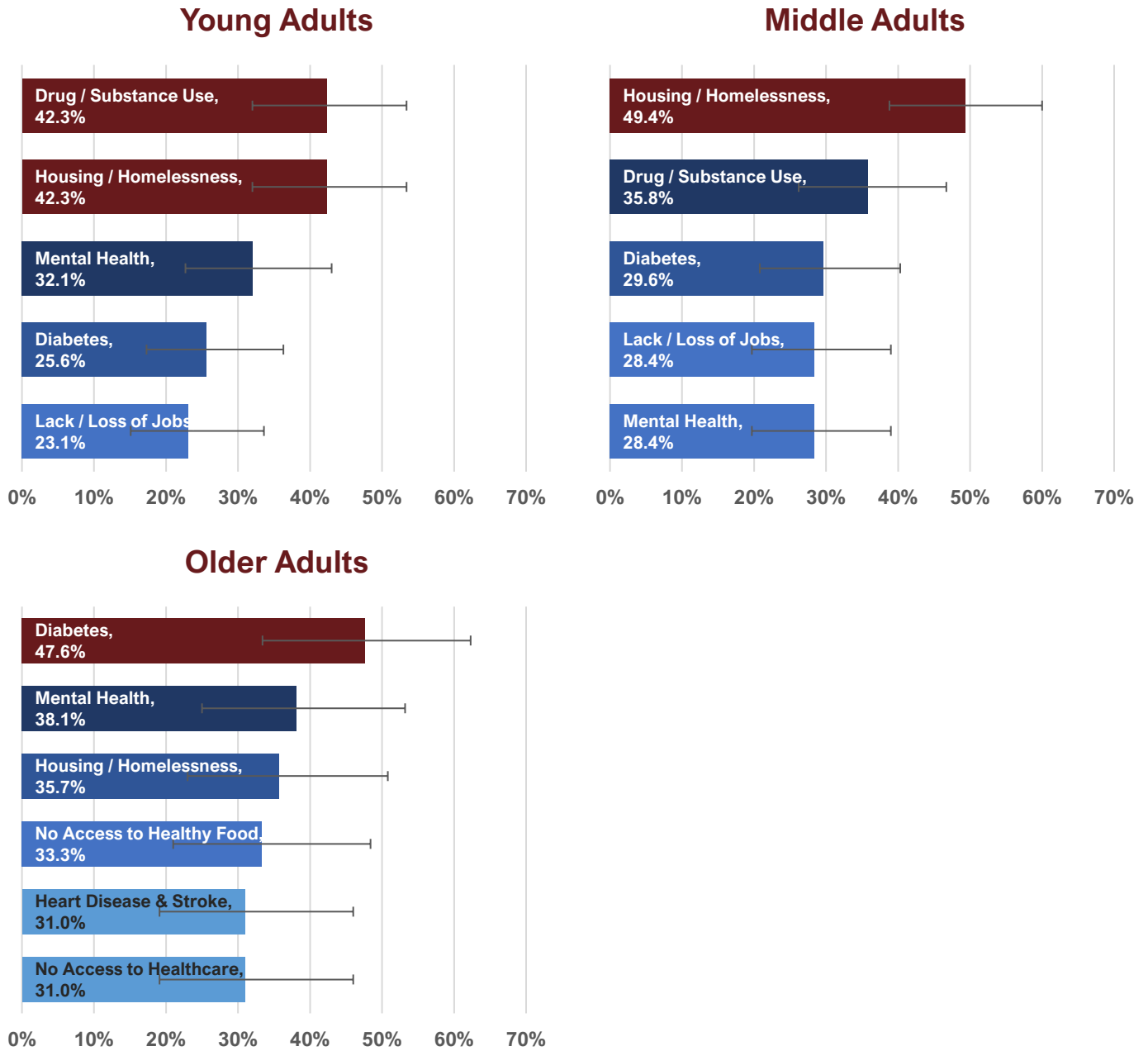
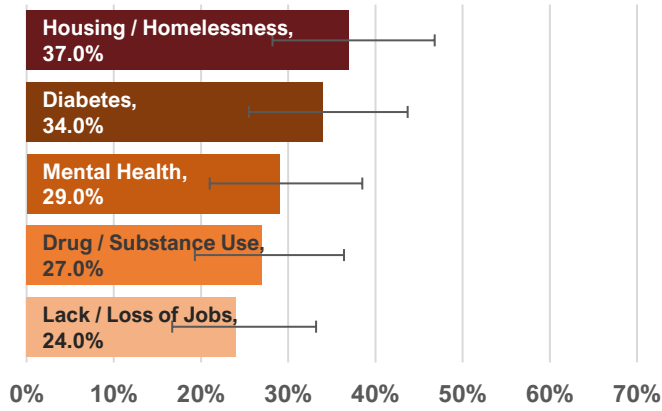


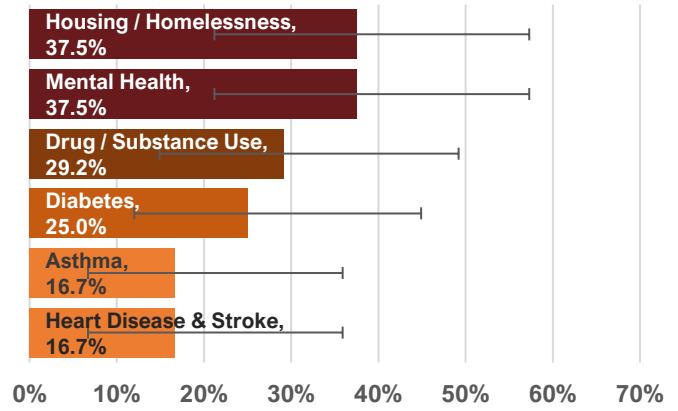
Figure 3.4: Top health and social concerns by age group

COMMUNITY HEALTH NEEDS ASSESSMENT 2021

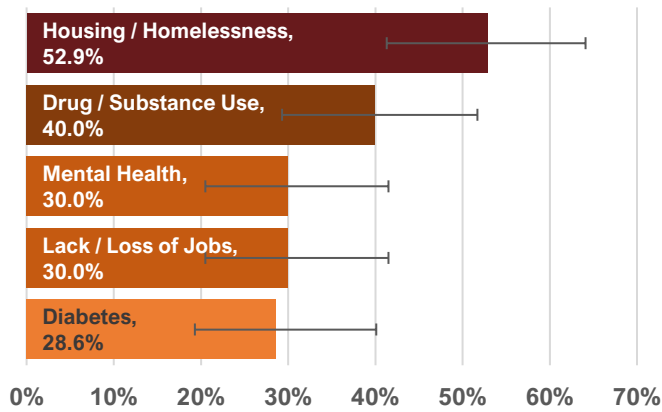
Filipinos



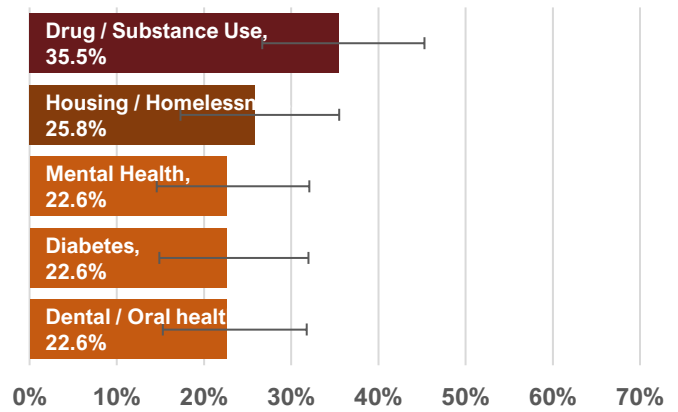
Japanese



Native Hawaiian



Other Pacific Islanders



White

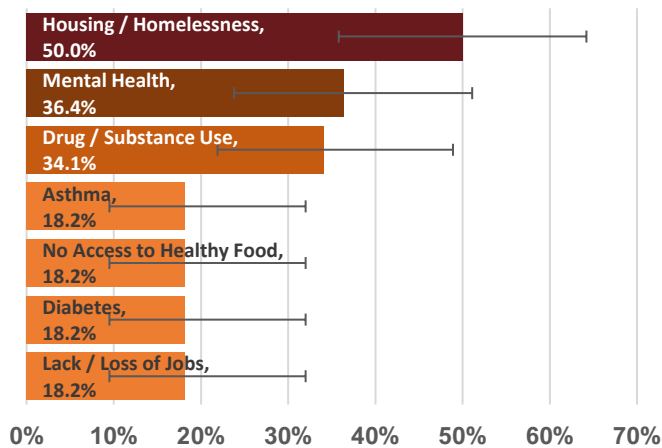


Figure 3.5: Top health and social concerns by ethnic group

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Impact of the COVID-19 Pandemic

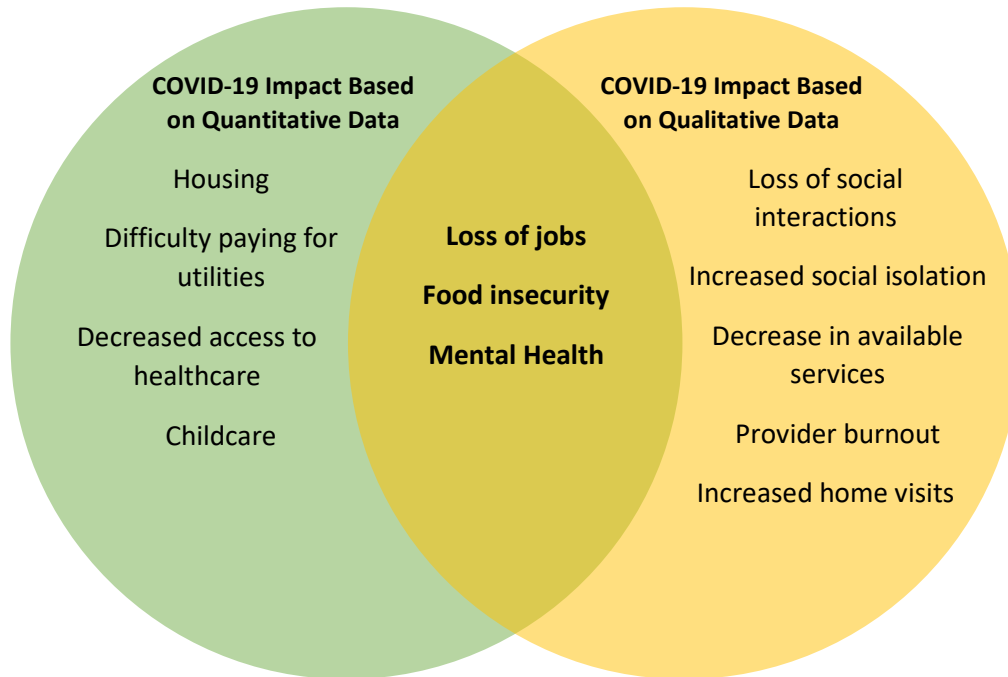


Figure 3.6: Issues or challenges faced during the COVID-19 pandemic

The COVID-19 pandemic is the latest threat to community health and has highlighted the gaps in our current healthcare system. According to the Hawai'i Department of Health, more than 50,000 O'ahu residents have been infected by the COVID-19 virus, where approximately 5,000 COVID-19 cases were within the Wahiawā, Mililani, and Waiialua area as of October 2021. When asking community members about how they have personally been affected by the COVID-19 pandemic, shared themes across the survey respondents and focus group participants were loss of jobs, food insecurity, and mental health (Figure 3.6). Focus group participants brought up similar issues that were mentioned in the survey (e.g., food insecurity, loss of jobs, mental health).

Unemployment was a major issue during the pandemic as shutdowns were issued into effect to prevent the spread of COVID-19. According to the U.S. Bureau of Labor Statistics, during April 2020-May 2020, the unemployment rate in Hawaii increased to 21.9%, which was a ten-fold increase in comparison to prior to the pandemic (February 2020). In November 2021, the Hawaii unemployment rate decreased to 6.0%. With the rise in unemployment, applications for Med-QUEST also increased in 2020.

Following the economic instability as a result of the pandemic, food insecurity was also mentioned as an issue or challenge in both the community survey and focus groups. Food insecurity was the most common challenge/issue reported amongst community members (17.2%) who participated in the community survey. According to a UH study, it is estimated that 48% of Hawaii families experienced



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food insecurity, and 15% of families with children in Hawaii reported not having enough food during the pandemic. Additionally, the number of SNAP recipients in Hawaii increased by 26% between 2019 and 2020. These impacts have been shown to be greater for low-income families, those with less education, and individuals in rural areas. While food services have increased during the pandemic to combat this issue, especially at the start of the pandemic, food insecurity is expected to remain even after the pandemic subsidies, so long-term and community-based solutions are needed.

Mental health was also common theme across the focus group discussions. Due to the lack of social interactions, many community members may be struggling with the isolation which can impact their mental health. Additionally, provider burnout was a topic brought up during a focus group discussion. While the need for services have increased during the pandemic, there are not enough staff (physicians, nurses, social workers, etc.) to provide such services. The increased workload leads to providers being overworked which can impact the availability and quality of services. This concern about the lack of staff and organization strain has been seen across many organizations in Hawaii throughout the pandemic, according to previous COVID-19 reports.

“People are getting burned out because there’s not enough people but there’s still a lot of work to do”

- “Talk Story, Talk Health” focus group participant

Native Hawaiians, Filipinos, and other Pacific Islanders have been disproportionately impacted by the COVID-19 pandemic according to data from the Hawai‘i Department of Health (Figure 3.7). The proportion of COVID-19 cases, hospitalizations, and death among Native Hawaiians, Filipinos, and Pacific Islanders has been greater than their proportion of the state population. These racial and ethnic disparities and inequities highlight the need for improving the current health system to provide quality health care for these groups.

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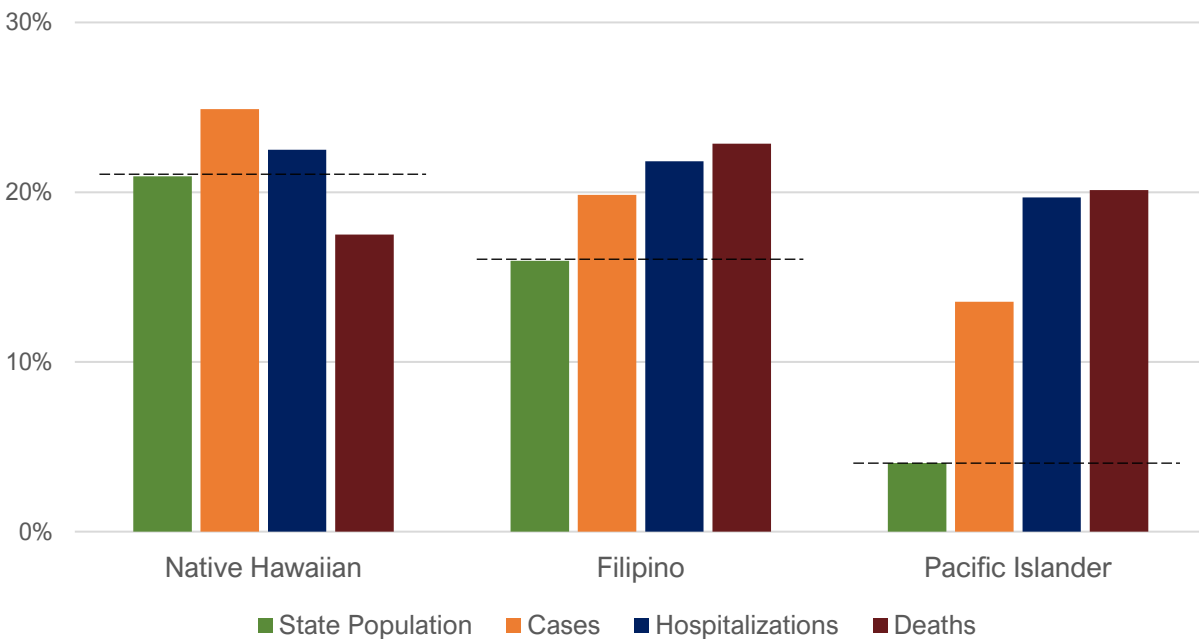


Figure 3.7: COVID-19 Cases, Hospitalizations, and Deaths in Hawai'i for Native Hawaiian, Filipino, Pacific Islander as of October 20, 2021

Our findings from the survey and focus groups reflect similar findings reported in COVID-19 community health reports. The consequences of the COVID-19 pandemic are still ongoing, and we have yet to see the full extent of how the pandemic affects our communities. However, it is important that we regularly connect with our community members, either through follow-ups or outreach efforts, to stay aware of health and social issues in our community as the pandemic continues.

COVID-19 Vaccinations

Most community survey participants (88.6%) reported to have received at least one dose of the COVID-19 vaccine. Among those who reported not receiving a vaccine dose, 48.0% reported that they “definitely will get a vaccine,” while 52.0% remained “unsure about getting a vaccine” or “definitely will not get a vaccine.” Reasons for not getting the vaccine included concerns about the possible side effects (26.3%), concerns about the ingredients used in the vaccine (14.6%), or they were planning to wait and see if the vaccine is safe and may get the vaccine later (22.0%).

Needed Health and Social Services

To gain a better understanding of what services are most needed in our community, we included a question in the community survey for community members to indicate what type of health and social services they believe are needed in the community. The top 5 health and social services are illustrated in Figures 3.8. A substantial proportion of survey respondents indicated a need for more services focusing on social issues and disease prevention. The survey responses were largely related to the health and social issues seen in the community (i.e., mental health and drug use).

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The need for social workers was the most common response, followed by mental health care/counseling and drug use counseling. The increased need for social workers in comparison to previous WCCH community health needs assessments may be attributed to rise in unemployment during the COVID-19 pandemic. Relating back to social determinants of health, unemployment is a form of economic instability, which can then affect housing and access to healthcare. With these arising vulnerabilities as a result of the pandemic, there is now an increased need for social workers to help the community recover from the economic consequences of the pandemic.

The survey also asked community members an open-response question to indicate what primary care services they would like to see offered by their primary care provider (Figure 3.9). The most common primary care service mentioned was dental care. Dental care has been a major concern in our community based on previous community health needs assessments, and it appears that this concern remains to be an issue. This may be due to the high cost of dental care in Hawaii, and the fact that non-emergency adult dental care services are not covered by State Medicaid insurance. Additionally, many dentists in Hawaii do not accept patients under Medicaid due to the low re-imburement rates. Therefore, many adult Medicaid patients resort to going to the ER for emergency dental services.

Other health and social services mentioned during the focus group discussions include affordable childcare, transportation for services, home visits, more follow-ups after health visits, and more outreach services. The theme of building “community” was brought up in both focus group discussions. Having a “hub” for community members to gather and make social connections, have community events, and share resources was a suggestion made by a few focus group participants. Building off the idea of a community “hub”, having an online “hub” for available resources to be shared with community members was also suggested.

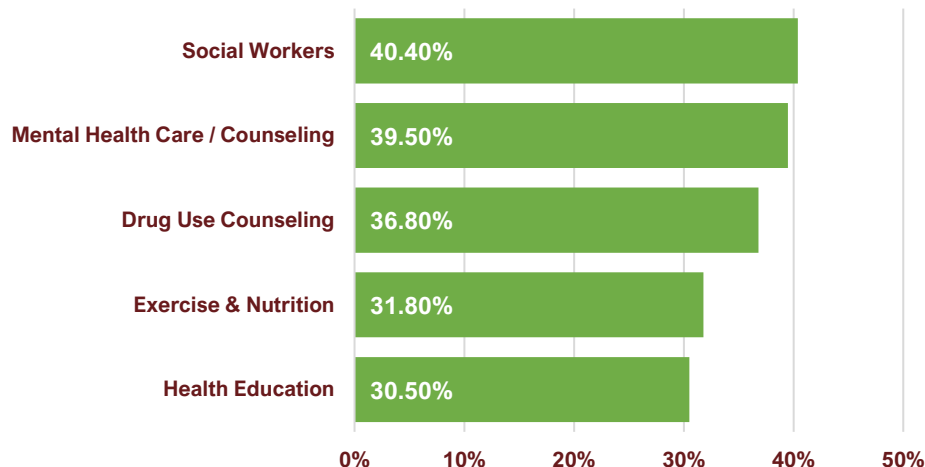


Figure 3.8: Overall top 5 health and social services needed based on survey responses

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Figure 3.9: Word cloud illustrating the types of services needed in the community based on survey responses



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CONCLUSIONS

In general, findings from the 2021 CHNA indicate that issues, challenges, and needs identified are not significantly different than the pre-pandemic, CHNA results from Dec 2018. What is concerning is the exacerbation of these challenges related to and impacted by the COVID-19 pandemic. The community was already coming from a long history of lack of services to address their health care and social needs. With WCCH becoming a Federally Qualified Health Center (FQHC) in January of 2018, **just two years prior to the COVID-19 pandemic**, the health center was not prepared. As an FQHC Look-Alike, WCCH is required to meet all the Health Services and Resources Administration (HRSA) requirements without the federal funds to support the requirements. These requirements include wrap-around coordination of care and outreach types of services to address SDOH – typically not billable services.

WCCH was in its beginning stages of development prior to the pandemic. Reliant on billable visits as its only source of income, except for a few small grants, provider panels were still being built. Management and support staff were kept lean as a means of maintaining financial stability. WCCH was in no condition to respond to a wide-spread pandemic without financial support to build up support services.

Starting in June 2020, WCCH started collecting SDOH data utilizing the PRAPARE tool from every patient, COVID-19 test recipient and/or vaccine recipient. Throughout the COVID-19 pandemic, WCCH outreach efforts attempted to meet the SDOH needs but were limited and centralized due to lack of resources. WCCH outreach efforts provided COVID-19 testing, vaccinations, frozen, shelf stable and ready-to-eat food supplies, housing and utility bill assistance, clothing, cleaning, and sanitizing supplies, and personal protective equipment (PPE).

Table 4.1 is a suggested worktable from which to discuss the most significant issues, challenges and needs identified through the 2021 CHNA. The “Response Strategies” are left blank – to be decided in the April 2022 Strategic Planning Retreat. From the response strategies, action plans can be drafted and assigned to multi-disciplinary teams, to be monitored through the Quality Committee.

The 2021 CHNA is timely. It confirms what WCCH already suspected – from Patient Service Representatives hearing about how our patients are struggling and in danger of losing their homes - to our Providers seeing a significant increase in depression and other mental health issues – to our outreach workers experiencing what is happening in the community, including needs for food, clothing, housing applications and transportation.

Moving forward, the 2021 CHNA will be primarily used in the April 2022 Strategic Planning – prioritizing needs, creating action plans and diligently go after funding of all types: Federal, State, C&C, private organizations, etc. to meet the needs of our patients and community.

Once the immediate needs are being met, and as we recover from the pandemic, we are reminded of our mission: “In the spirit of Aloha and compassion, Wahiawā Health provides access to affordable, quality health care and wellness services to promote a healthy community.” We will be a healthy and viable community mentally, physically, spiritually, and culturally. Mahalo.



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Addressing Health Needs

Table 4.1 Strategies for Responding to Community Health and Social Issues/Challenges/Needs

Issues/Challenges/Needs	Response Strategies
Lack of housing/increasing homelessness – particularly in younger people	Continue to partner and work with housing outreach agencies to ensure all community members experiencing housing insecurity receive ALL medical, behavioral health and social services they may need – particularly to address any social determinants of health issues
Substance use disorders	Continue to provide behavioral health services and counseling within the available resources at Wahiawa Health – if any other additional services needed, these patients will be referred to the appropriate agencies
Mental Health issues	Continue to provide behavioral health services and counseling within the available resources at Wahiawa Health – if any other additional services needed, these patients will be referred to the appropriate agencies
Loss of jobs / lack of jobs	Job loss and/or financial insecurity is a prominent social determinant of health. Patients will be referred to supportive services to maximize qualifying benefits
Access to healthcare – transportation, not knowing we exist, need culturally relevant care	Transportation is available as well as culturally sensitive and relevant care. We will ensure our marketing campaigns include these aspects of our care. We will also conduct cultural competency training at least annually as more often as needed
Food insecurity significantly increased with pandemic	Food insecurity is a prominent social determinant of health. Patients will be referred to supportive services to maximize qualifying benefits
Need: Social Workers, Mental Health Workers, SUD Counselors	The Behavioral Health Department is currently being expanded (as of July 2022). As applicants become available, credentialed, and privileged, we will expand each providers’ panel based on their availability. Substance use disorders will also be addressed by outside referrals as needed
Need: Health promotion programs focusing on exercise, nutrition, health ed, with a culturally relevant approach	These types of services are important and within our Wahiawa Health Strategic Plan. Grant writing efforts will focus on these types of services as a high priority



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ACKNOWLEDGEMENTS

The Wahiawā Center for Community Health's community health needs assessment (CHNA) is the product of community members and partners who are dedicated to serving our community. Mahalo to the Wahiawā Center for Community Health staff members who dedicated their time and valuable input into the CHNA process and the writing of this report.

The Wahiawā Center for Community Health would like to give a special mahalo to the key informants who shared their time and valuable wisdom and expertise during our talk story about community health. Thank you to the organizations and individuals who offered a safe space to engage with community members and thank you for entrusting us with your stories and your truth so we can live in a healthier community. This community health needs assessment would not have been possible without you, and we are forever grateful and humbled by your kindness and generosity.

This report will be available on the Wahiawā Center for Community Health website:
<https://wahiawahealth.org>

For more information about the community health needs assessment, please contact Dr. Cyndy Endrizal at cendrizar@wahiawahealth.org



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APPENDIX

Appendix A. 2021 Community Health Needs Assessment Survey on Qualtrics

Community Health Needs Assessment 2021

Start of Block: Demographics

Instructions The purpose of this survey is to assess and identify the needs of the Wahiawā/Mililani/Waialua communities. Please read the questions in each section carefully and respond to the best of your ability.

This survey is completely voluntary and anonymous.

You can skip any question you do not want to answer.

Q1 Where do you currently live?

- Wahiawā (1)
- Whitmore Village (2)
- Hale'iwa (3)
- Helemano (4)
- Mililani (5)
- Mokulē'ia (6)
- Waialua (7)
- Other (please specify) (8) _____

Q2 How do you identify your gender?

- Male (1)
 - Female (2)
 - Non-binary / third gender (3)
 - Prefer not to say (4)
-



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Q3 What race/ethnicity do you identify with? Select all that apply.

- African American (1)
 - Chinese (2)
 - Filipino (3)
 - Japanese (4)
 - Hispanic (5)
 - Native American (6)
 - Native Hawaiian (7)
 - White (8)
 - Other Asian (please specify) (9) _____
 - Other Pacific Islander (please specify) (10) _____
 - Other (please specify) (11) _____
-

Q4 What is your age?

- <18 years (1)
- 18-25 years (2)
- 26-35 years (3)
- 36-45 years (4)
- 46-64 years (5)
- 65+ years (6)

End of Block: Demographics

Start of Block: Health Care Access

Instructions The purpose of this survey is to assess and identify the needs of the Wahiawā/Mililani/Waialua communities. Please read the questions in each section carefully and respond to the best of your ability. ***This survey is completely voluntary and anonymous, and you can skip any question you do not want to answer.***



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Q5 Where do you go for primary health care? Select all that apply.

- Hale'iwa (1)
 - Honolulu (2)
 - Kahuku / Hau'ula (3)
 - Mililani (4)
 - Pearl City / Aiea (5)
 - Schofield (6)
 - Waipi'o (7)
 - Wahiawā (8)
 - Other (please specify) (9) _____
-

Q6 Where do you go for dental care? Select all that apply.

- Hale'iwa (1)
 - Honolulu (2)
 - Kahuku / Hau'ula (3)
 - Mililani (4)
 - Pearl City / Aiea (5)
 - Schofield (6)
 - Waipi'o (7)
 - Wahiawā (8)
 - Other (please specify) (9) _____
-

Q7 Do you get healthcare from any of the following facilities? Select all that apply.

- Kalihi-Palama Health Center (Kalihi) (1)
- Kalihi-Kokua Kalihi Valley (Kalihi) (2)
- Ko'olauloa Health Center (Kahuku and Hau'ula) (3)
- Wahiawā Center for Community Health (Wahiawā) (4)
- Military Facilities (Schofield, Tripler) (5)
- Waianae Coast Comprehensive Health Center (multiple sites) (6)
- Hawaii Pacific Health (multiple sites: Straub, Pali Momi, Kapi'olani Medical Center, etc.) (7)
- Kaiser Permanente (multiple sites) (8)
- None of the above (9)



COMMUNITY HEALTH NEEDS ASSESSMENT 2021

End of Block: Health Care Access

Start of Block: Health and Social Concerns

Instructions The purpose of this survey is to assess and identify the needs of the Wahiawā/Mililani/Waialua communities. Please read the questions in each section carefully and respond to the best of your ability. ***This survey is completely voluntary and anonymous, and you can skip any question you do not want to answer.***

Q8 What are health and/or social **PROBLEMS** you see in the community where you live? Select all that apply.

- Asthma (4)
 - Dental / oral health (7)
 - Diabetes (8)
 - Drug/substance use (11)
 - Heart disease & stroke (13)
 - Housing / homelessness (14)
 - Lack / loss of jobs (16)
 - Lack of a community center (19)
 - Language translation services (20)
 - Mental health & mental disorders (17)
 - No access to healthcare (1)
 - No access to healthy food (2)
 - No affordable child care (3)
 - No transportation (21)
 - Obesity (18)
 - Other (please specify) (22) _____
-



COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Q9 What are health and/or social SERVICES NEEDED in the community where you live? Select all that apply.

- Dental / oral care (1)
- Drug use counseling (19)
- Exercise & nutrition (11)
- Health education (3)
- Immunizations (7)
- Job training / Education (8)
- Maternal, child & infant health (9)
- Mental health care / counseling (10)
- Primary care (15)
- Social workers (16)
- Transportation to medical appointments (17)
- Other (please specify) (18) _____

Q10 In the next five years, what types of services would you like to see your primary health care facility to offer?

Q11 Is there anything else you would like to share with us about health/social needs?

End of Block: Health and Social Concerns

Start of Block: COVID-19 Related Questions

Instructions The purpose of this survey is to assess and identify the needs of the Wahiawā/Mililani/Waialua communities. Please read the questions in each section carefully and respond to the best of your ability. ***This survey is completely voluntary and anonymous, and you can skip any question you do not want to answer.***

COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Q12 What issues or challenges have you faced over the past year due to the COVID-19 pandemic? Select all that apply

- Childcare (1)
- Food (2)
- Employment (3)
- Housing (4)
- Access to health care (5)
- Health insurance (6)
- Medications access (7)
- Mental health (8)
- Internet access (9)
- Utilities (10)
- Other (please specify) (11) _____
- I did not have any challenges (12)

Q13 Have you received a COVID-19 vaccine?

- Yes (1)
- No (3)

Display This Question:

If Have you received a COVID-19 vaccine? = Yes

Q14 Did you receive (or do you plan to receive) all required doses?

- Yes (1)
 - No (2)
-

COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Display This Question:

If Have you received a COVID-19 vaccine? = No

Q14 Do you plan to receive the COVID-19 vaccine?

- Definitely will get a vaccine (1)
- Probably will get a vaccine (2)
- Unsure about getting a vaccine (3)
- Probably will NOT get a vaccine (4)
- Definitely will NOT get a vaccine (5)

Display This Question:

If Have you received a COVID-19 vaccine? = No

Q15 Which of the following, if any, are reasons for not getting the COVID-19 vaccine? Select all that apply.

- I don't know where to go to get the vaccine (1)
- I am concerned about the cost of the vaccine (2)
- I am concerned about the ingredients used in the vaccine (3)
- I am concerned about possible side effects of the vaccine (4)
- I don't know if the vaccine will work (5)
- I don't believe that I need a vaccine (6)
- I don't trust the vaccine (7)
- I plan to wait to see if it is safe and may get the vaccine later (8)
- Other (please specify) (9) _____

End of Block: COVID-19 Related Questions



COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Appendix B. Table of Survey Collection Data

Date	Collection Site	Number of Surveys
8/28/2021	Whitmore Community Center (Wahiawā Health COVID-19 Vaccine Clinic)	21
9/11/2021	Leilehua High School (Wahiawā Health COVID-19 Vaccine Clinic)	37
9/18/2021	Whitmore Community Center (Wahiawā Health COVID-19 Vaccine Clinic)	22
10/14/2021	Wahiawā Health Food Distribution	26
10/01/2021-12/15/2021	Online Surveys	11
10/01/2021-12/15/2021	Phone Surveys	106



COMMUNITY HEALTH NEEDS ASSESSMENT 2021

Appendix C. 2021 Community Health Needs Assessment Focus Group Questions

2021 Community Health Needs Assessment Focus Group Discussion Questions

1. What are the biggest health problems in our community today? What are the biggest social problems in our community today?
2. How has the COVID-19 pandemic affected our community?
 - a. What are the barriers?
3. Do people access healthcare? Where?
 - a. Dental? Mental Health? Substance Use Disorder Services?
 - b. Any barriers to healthcare services?
4. What are some strengths in our community? What seems to be working?
5. How would you describe our community's values around health?
 - a. What is your ideal vision of a healthy community?
6. Is there anyone else you think would be interested in talking with us about community health? (Snowball sampling)
7. Is there anything else that you want to share?