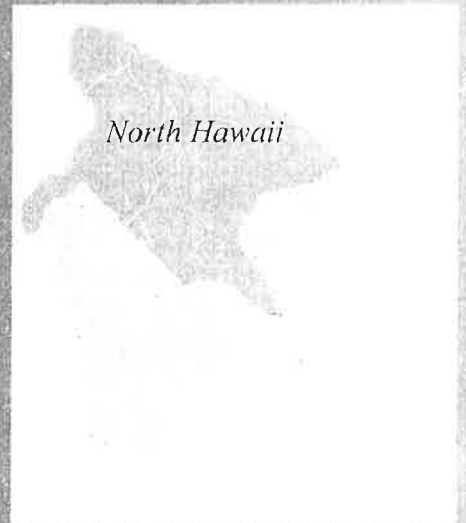


# North Hawaii Our Healthy Community

**Kahilu  
Town  
Hall**

- ❖ Great Sense of Community
- ❖ Great Place to Work
- ❖ Great Place to Raise a Strong Family
- ❖ Great Place to Play
- ❖ Great Place to Heal
- ❖ Great Place to Live

**Waimea, Hawaii**  
Thursday, March 9, 2000



*North Hawaii*

North Hawaii Community Outcomes Project  
**Executive Summary**  
September 2000

The **goal** of the Outcomes Project is to develop an outcome based measurement system to both *track* and *facilitate* improvement in the health related quality of life for the people of North Hawaii. The Outcomes Project is a collaborative community- based effort sponsored by Five Mountains Hawaii, North Hawaii Community Hospital, Tutus House, Health Maps, and the Bakken Foundation.

One of the key underlying assumptions of the Outcomes Project is that there are multiple determinants of health, including: biologic, education, economic, psychological, social, spiritual, environment, lifestyle choices, and the healthcare system. Since these determinants cut across all areas of the community, improving the health of North Hawaii will necessarily require community wide effort, collaboration, and measurement in all of these areas. Tracking improvement with a common measurement system is essential to coordinating the efforts of diverse collaborating partners. The Outcomes Project's shared measurement system is designed to serve as a tool to help focus collaborating organizations and individuals on their common goals. The common yardstick also makes it relatively simple to tell whether existing efforts are working, and if not, can inspire a better approach.

There is clear evidence from similar community outcome projects across the country that a common yardstick and common targets do help motivate and focus community organizations, mobilize resources, and are increasingly expected by funding agencies. More importantly, similar efforts have demonstrated effectiveness in other communities. The "Sustainable Seattle" effort and the "Maine Development Foundation" are two of the strongest examples.

### **Developing a Measurement system**

#### **Selecting a useful model**

Following review of many strong models, the Institute of Medicine's "Proposed Indicators of a Community Health Profile" was selected because it's core indicator set reflected the multiple determinants of health, was feasible to obtain, and was well connected to an overall "Community Health Improvement Process (CHIP)" to facilitate community change. ([See Improving Health in the Community a Role for Performance Monitoring.](#))

#### **Customizing the model**

*What outcomes does North Hawaii want to achieve?* The ultimate common "vision" for North Hawaii was distilled from twelve focus groups held throughout North Hawaii during 1999 –2000 and facilitated by Five Mountains. The vision is simple: that North Hawaii is a great place to live, with a great sense of community, and a great place to work and play, raise a strong family, and heal.

*What indicators should the community focus on in order to accelerate progress toward this vision?* To answer this question and select priority indicators, a group of fifty people broadly representing the North Hawaii community, participated in an Outcomes Project sponsored, day long Community Forum in March, 2000. The participants reviewed the focus group information as well as a North Hawaii community health profile compiled by the Outcomes project. The profile data was obtained from multiple sources: the state Department of Health, Department of Education, Department of Health and Human Services, US Census, Police department, Hawaii Health Information Corporation, and the Hawaii Community College survey of local businesses.

The community health profile showed North Hawaii specific trend data over several years and compared North Hawaii to the rest of the Big Island, the rest of the state, and where available, to national Healthy People 2010 goals. (See Attached list of Critical Indicators)

### **Facilitating Improvement--Engaging the Community**

Since the critical indicators were selected by the March 2000 Community Forum, the Outcomes Project has disseminated these priorities throughout the community. The six critical indicators have been distributed as part of a Draft Report, "North Hawaii Our Healthy Community", which also includes, the community focus group information, the Community Health Profile, and the Community Forum discussion of root causes and preliminary strategies for improvement. As of September, approximately 200 copies of the report have been distributed. Based on the community feedback received, two revisions have been made and a third draft is currently being prepared. When complete the report will be available on the Five Mountain website, [www.fivemtn.org](http://www.fivemtn.org)

The Outcomes Project and Five Mountains recognize that many community organizations are already working on improvements in each of the six critical indicators. The role of the Outcomes Project and Five Mountains is primarily supporting and facilitating further collaboration around these efforts. To promote community leadership capacity, Five Mountains sponsored a 2 day leadership/facilitator training workshop in May 2000, and has helped facilitate many follow up community meetings to improve each of the critical indicators. To date, two task forces have been formed: Youth Activities and Substance Abuse. The most activity has occurred with the Youth taskforce, which has elected a chair, co-sponsored a summer dance, visited model youth centers on Maui, enlisted more than 100 community volunteers to clean and paint the existing County community center for use as a teen center, and is now collaborating with the local YMCA to hire a youth activity coordinator. (See September Progress Report.)

At this time the state Department of Health and the newly formed Outcomes Institute are reviewing the North Hawaii Outcomes Project as a potential model for the rest of the state. Over the next six months the Outcomes Project will focus on:

- ◆ Assuring sustainability of measurement capacity annually,
- ◆ Assuring sustainability of the community health improvement process, and
- ◆ Assuring improvement in the six critical indicators.

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# Healthy Community Principles

These healthy community principles, well summarized by Healthy People in Healthy Communities, also reflect the guiding principles of the North Hawaii Outcomes Project

Communities across the nation are using a variety of change models and planning processes to work together to achieve their vision of improved health. Regardless of the approaches taken to meet their challenges, the following principles are guiding the most successful initiatives.

## A broad definition of “health”

Health is not the absence of disease. Health is defined broadly to include the full range of quality of life issues. It recognizes that most of what creates health is lifestyle – and behavior-related. Other major factors are genetic endowment and the socio-economic, cultural and physical environment. Health is a by-product of a wide array of choices and factors – not the simple result of a medical care intervention.

## A broad definition of “community”

By using as broad a definition as possible of what makes up a community, individuals and partnerships can address their shared issues in the most fruitful way possible. Communities can be based on faith, perspective, land and profession, as well as being determined by geographic lines.

## Shared vision from community values

A community’s vision is the story of its desired future. To be powerful and inspiring, a community’s vision should reflect the core values of its diverse members. A vision is not just a statement on the wall – it is a living expression of shared accountability to priorities.

## Address quality of life for everyone

Healthy communities strive to ensure that the basic emotional, physical and spiritual needs of everyone in the community are attended to.

## Diverse citizen participation and widespread community ownership

In healthy communities, all people take active and ongoing responsibility for themselves, their families, their property and their community. A leader’s work is to find common ground among participants so that everyone is empowered to take direct action for health and influence community directions.

## Focus on “systems change”

This is about changing the way people live and work together. It is about how community services are delivered, how information is shared, how local government operates, and how business is conducted. It’s about resource allocation and decision-making, not just “nice” projects.

## Build capacity using local assets and resources

This means starting from existing community strengths and successes and then investing in the enhancement of a community’s “civic infrastructure.” By developing an infrastructure that encourages health, fewer resources will need to be spent on “back end” services that attempt to fix the problems resulting from a weak infrastructure.

## Benchmark and measure progress and outcomes

Healthy communities use performance measures and community indicators to help expand the flow of information and accountability to all citizens, as well as to reveal whether residents are heading toward or away from their stated goals. Timely, accurate information is vital to sustaining long-term community improvement.

Source: Healthy People in Healthy Communities: Ayre, Clough, Norris

# Executive Summary of North Hawaii Community Focus Groups 1999 - 2000

As part of the Five Mountains effort to stimulate improvement of our community's health, twelve focus groups were facilitated by Five Mountains Hawaii and held throughout North Hawaii during 1999 - 2000. These focus groups discussed:

- ◆ What is your vision of a healthy community?
- ◆ What is currently working well?
- ◆ Where are the current needs, gaps or barriers?

The first eight focus groups were organized geographically, with meetings held in Hawi-Kapaau (North Kohala), Honokaa, Waikoloa and Waimea. Four of the focus groups were organized by profession and included clergy, larger employers, pharmacists and behavioral health representatives. These professional groups included participants from each of the above communities within North Hawaii.

Each community's discussion reflected its own specific historical and cultural heritage, as well as its current economic and social conditions. In response to the question, "What are the strengths of your community that are most worth preserving?" we heard:

Honokaa values: (HAMAKUA)

- ◆ Being a small, rural community whose residents are tolerant of different cultures.
- ◆ Being a warm, caring and welcoming place that exhibits *aloha*.
- ◆ Having a strong small business community to provide role models in overcoming the economic challenge of the plantation's closing.

North Kohala values: (NORTH KOHALA)

- ◆ The health of its culture and land.
- ◆ The strong spirituality of its people.
- ◆ Their residents' love for North Kohala and care for its future.
- ◆ The unique ethnic mix of its population.
- ◆ The diversity of health care offerings from many cultures.

Waimea values (SOUTH KOHALA)

- ◆ a total sense of place: visual stimulation, beauty, healing energy,
- ◆ the strength of their people: children, adults, senior citizens,
- ◆ Tutu's House and other community educational opportunities,
- ◆ its wonderful climate, fresh air and clean water.

Waikoloa values (SOUTH KOHALA)

- ◆ its warm, sunny weather with outstanding physical beauty,
- ◆ its community-based churches providing support and positive activities for families,
- ◆ the "can-do" pioneering spirit on the part of the early residents.

In response to "where are the current needs?" we heard the following:

Groups in North Kohala, Honokaa and Waimea all mentioned concerns that the mix of residents is changing rapidly in their traditionally rural, agricultural communities and that disparities in culture and income between those raised locally and newcomers from the mainland can create social and economic tensions, and raise the cost of living. Longtime residents mentioned tension between those who want increased economic opportunity for their families and those who want to limit growth to limit environmental impact and preserve their newly discovered rural lifestyle.

On the other hand, Waikoloa Village, which is a new (since 1980) planned community originally designed for retirees and now populated by families with school-age children and transient visitor industry workers, voiced different concerns. Waikoloa residents have been “transplanted” to a setting without historic context, and they expressed the need to build bridges among groups with different interests and lifestyles to create support networks for children, teens and the elderly.

All of the focus groups noted that Hawaii’s high cost of living and relatively low-wage structure meant that adults often had to work long hours and multiple jobs, with less time remaining to care for their children and elderly family members. In the Hamakua and North Kohala Districts, participants mentioned unemployment, underemployment, and the long commute to work as additional strains on family life. Participants in Waimea noted that housing costs were rising and the availability of housing--at any cost--was a problem.

All community and professional groups clearly expressed the following concerns:

- ◆ High levels of drug and alcohol use
- ◆ Family violence, including child abuse and neglect
- ◆ Unsupervised children and youth with inadequate access to positive activities during after-school hours.

Most participants reported being able to access basic medical care in North Hawaii, Hilo, or Kona and noted that North Hawaii Community Hospital (NHCH) has increased local care options—though there was some mention of concern about loss of emergency care in Hamakua and North Kohala due to NHCH’s opening. Participants said that the major barriers to accessing services currently available in North Hawaii included lack of transportation, absence of affordable health insurance for “gap group” families, inadequate prescription drug coverage and lack of insurance reimbursement for complementary therapies, of healthcare and health support providers. The most helpful traits summarized by Jody Lubrecht, PhD., were individuals who were:

- ◆ Loving, Caring, and Kind
- ◆ Compassionate, Understanding, Empathetic
- ◆ Helpful, Knowledgeable and Informative
- ◆ Straightforward, Open and Honest

Participants did express difficulty with access to both outpatient and inpatient *specialty* care, which often necessitates travel off-island with all the related practical and fiscal hardships that such travel entails. They also voiced concern that the entire range of assessment and treatment related to substance abuse and mental health needs was reportedly quite difficult to access at any level on the Island of Hawaii. In addition, participants reported barriers to access to effective and affordable home-based supports for elderly and incapacitated individuals in need of on-going medical care or social and emotional support.

The most frequently suggested ways to address the health and social concerns noted above included:

- ◆ Stimulate economic development that provides satisfying and meaningful work and family sustaining compensation, while preserving our values and rural lifestyles.
- ◆ Build a sense of community through public celebrations and the arts.
- ◆ Promote youth recreational, educational, and vocational training activities.
- ◆ Increase health and community education programs on the model of Tutu’s House.
- ◆ Increase availability of substance abuse treatment and prevention programs.
- ◆ Increase availability of all behavioral health treatment services.
- ◆ Develop additional supports for home care of the elderly.
- ◆ Make parenting support and parenting education readily available.
- ◆ Improve access to transportation within North Hawaii.
- ◆ Create and disseminate an inventory and directory of available community resources.

In short we heard from our community that North Hawaii values: a great sense of community, a great place to work, a great place to raise a strong family, a great place to celebrate, healthy people making healthy choices, and a great place to live.

# North Hawaii Community Outcomes Forum

## *Prioritization Results*

At the March 9, 2000, North Hawaii Outcomes Project Community Forum, 50 participants from a broad cross section of the community reviewed and prioritized results of a recently collected profile on the health and quality of life in North Hawaii. Statistics for this profile were compiled from records of the Department of Education, Department of Health, Police records, and the Hawaii Community College 1999 Employer Survey. This profile was presented in the context of a vision for North Hawaii, emerging from focus groups throughout North Hawaii. The report compared results of 25 indicators in North Hawaii to the rest of the Big Island and to the State, as well as to the U.S. Department of Health & Human Services Healthy People 2010 Objectives. The data elements for the profile came primarily from the recommendations of the Institute of Medicine's Improving Health in the Community, A Role for Performance Monitoring.

### **“What are your top priorities to improve the Health and quality of well-being in North Hawaii?”**

This was the question participants were asked. Their answers:

1. Increase the educational attainment of the population including;
  - a. Increase the percent of the population with a high school degree.
  - b. Decrease the percent of students in North Hawaii with SAT scores *severely* below average.
2. Increase the percent of youth involved in after school activities.
3. Increase the qualified workforce - percent of *applicants* to local businesses who are considered by employers to be “qualified.”
4. Reduce the high rates of substance use by juveniles, and reduce the juvenile arrests for substance abuse.
5. Reduce the exceptionally high rate of *reported* (but more importantly, *confirmed*) cases of child abuse.
6. Reduce the high rate of births to teens.
7. Increase and improve access to mental health services.

The same group was asked, “What *other* information would you most like to have to assess the overall health and well-being of our community?”

Their top priorities from highest to lowest:

1. Percent of jobs paying a “livable wage” and “work required for basic needs.” A combination of average wage and cost of living.  
Definition from “Sustainable Seattle.”
2. Percent of children supported to succeed in school - percent of children *screened* for learning differences by age eight (8).
3. Measure of “adequacy” of transportation system.
4. Measure of percent of children involved in Recreation and the Arts.
5. Percent of local businesses partnering with the community.
6. Percent of youth prepared to enter the workforce and earn a livable wage.
7. Percent of new births screened for risk of child abuse.

# Improving Community Wellness: Some Quick Fixes

## *Great Sense of Community*

- ❖ Collaborate to plan celebrations and recognitions involving the whole community.
- ❖ Network with spiritual community and other community organizations to increase community involvement.
- ❖ Collaborate to set up volunteer calendar and data bank.

## *Great Place to Work*

- ❖ Engage employees to define “a great place to work,” develop action plans, and implement.
- ❖ Provide support, counseling, etc., to employees where drugs and alcohol are an issue in non-performance. Develop a model program
- ❖ Collaborate with other employers / organizations on employee education and training program.

## *Great Place to Raise a Strong Family*

- ❖ Collaborate with schools, employers, public health systems to address issue of working parents, needs for child care and especially the need to have sick children not in the regular classroom.
- ❖ Collaborate with other organizations to build parenting skills, especially through family birthing unit.
- ❖ Increase awareness of high risk profile and early warning signs for child abuse and domestic violence.

## *Great Place to Play*

- ❖ Collaborate to increase number of activities for youth, on weekends, holidays and summers.
- ❖ Collaborate on transportation to activities
- ❖ Develop walking programs for seniors.

## *Great Place to Heal*

- ❖ Focus on prevention, early identification, and early adoption of best practices in management, especially in targeted indicators, substance abuse, child abuse and teen pregnancy.
- ❖ Focus on creating sustaining healing cultures and self care.
- ❖ Focus on safety.

## *Great Place to Live*

- ❖ Engage employees to develop “environmentally friendly” work places



# NORTH HAWAII OUR HEALTHY COMMUNITY

## GREAT SENSE OF COMMUNITY

### Shapes it future

- Has common vision
- % local business partners with community

### Knows itself

- ▲ Conducts annual community health profile

### Practices ongoing dialog

- ▲ Develops community coalitions to improve targeted indicators

### Connects people & resources

- ▲ Develops resource guides

### Embraces diversity

- ▲ Develops broad community & stakeholder based coalitions

### Generates leadership

- ▲ Facilitates leadership / facilitator training

## GREAT PLACE TO WORK

### Thriving diverse sustainable economy

- % jobs paying a "livable wage"

### Qualified work forces

- % of applicants to jobs deemed "qualified"
- Average household income
- % population with income below poverty level

### Satisfied work force

No data collected

## GREAT PLACE TO RAISE A STRONG FAMILY

### Public Safety

- Juvenile arrests for substance abuse
- % students using alcohol or drugs
- child abuse rates

### Education

- % of population with high school degree
- % of students with severely below average SAT scores
- % of youth 15-19 not in school and not in work
- % of children screened for learning differences by age 8

### Maternal Child Health

- % teen births
- % low birth weight babies
- % infant mortality
- mortality rate ages 1-17
- ▲ % adequate prenatal care
- % of new births screened for risk of child neglect or abuse

## GREAT PLACE TO PLAY

- % of youth involved in after school and weekend activities

## GREAT PLACE TO HEAL

### Adequate access to Health Care Needs

- % of population uninsured
- Ratio of population to primary care physicians
- Ratio of population to dental providers
- Ratio of population to mental health providers

### Utilization

Admissions per 1,000 population:

- Asthma
- Diabetes mellitus
- Congestive heart failure

### Preventive Services

- Pap smears, Mammograms, Sigmoidoscopy, Pneumovax, Flu vaccines

### Death Rates

- ▼ Motor vehicle accidents
- Suicide
- ▲ Diabetes
- Ischemic heart disease
- Stroke cancer
- Lung cancer
- Breast cancer
- ▼ HIV

### Satisfaction

- With health care system
- With patient-centered care

### Healthy people making healthy choices

- % population in good to excellent health
- ▲ % population BMI > 30
- % population sedentary
- % population who smoke
- ▼ % population meeting nutrition recommendations

## GREAT PLACE TO LIVE

### A healthy sustainable natural environment

- Water quality
- Air quality
- Shoreline access
- Measure of adequate transportation

### LEGEND:

- ▲ Moved toward benchmark
- No significant movement
- ★ Exceptional performance
- Moved away from benchmark
- No new data available
- Needs attention