



2019 Implementation Strategy Report

Maui Health System (community hospitals affiliated with Kaiser Permanente)

License number: #3-H

Approved by Kaiser Foundation Hospitals Board of Director's
Community Health Committee, March 18, 2020



Kaiser Permanente Hawaii Region Community Health IS Report for Maui Health System (MHS)

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I. General information

Contact Person:	Joy Barua, MBA, MA-OC, Senior Director, Community Health, Government & Community Relations Jim Diegel, Chief Strategy Officer, Maui Health System
Date of written plan:	February 18, 2020
Date written plan was adopted by authorized governing body:	March 18, 2020
Date written plan was required to be adopted:	May 15, 2020
Authorized governing body that adopted the written plan:	Kaiser Foundation Hospitals Board of Directors' Community Health Committee
Was the written plan adopted by the authorized governing body on or before the 15 th day of the fifth month after the end of the taxable year the CHNA was completed?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Date facility's prior written plan was adopted by organization's governing body:	March 16, 2018
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 (KP)

Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of America's leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are:

- Prepaid health plans, which spread the cost to make it more affordable
- A focus on preventing illness and disease as much as on caring for the sick
- An organized, coordinated system that puts as many services as possible under one roof—all connected by an electronic medical record

Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health.

III. About Kaiser Permanente Community Health

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. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctor's office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities.

Better health outcomes begin where health starts, in our communities. 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 pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas:

- Ensuring health access by providing individuals served at KP or by our safety net partners with integrated clinical and social services;
- Improving conditions for health and equity by engaging members, communities, and Kaiser Permanente's workforce and assets; and
- Advancing the future of community health by innovating with technology and social solutions.

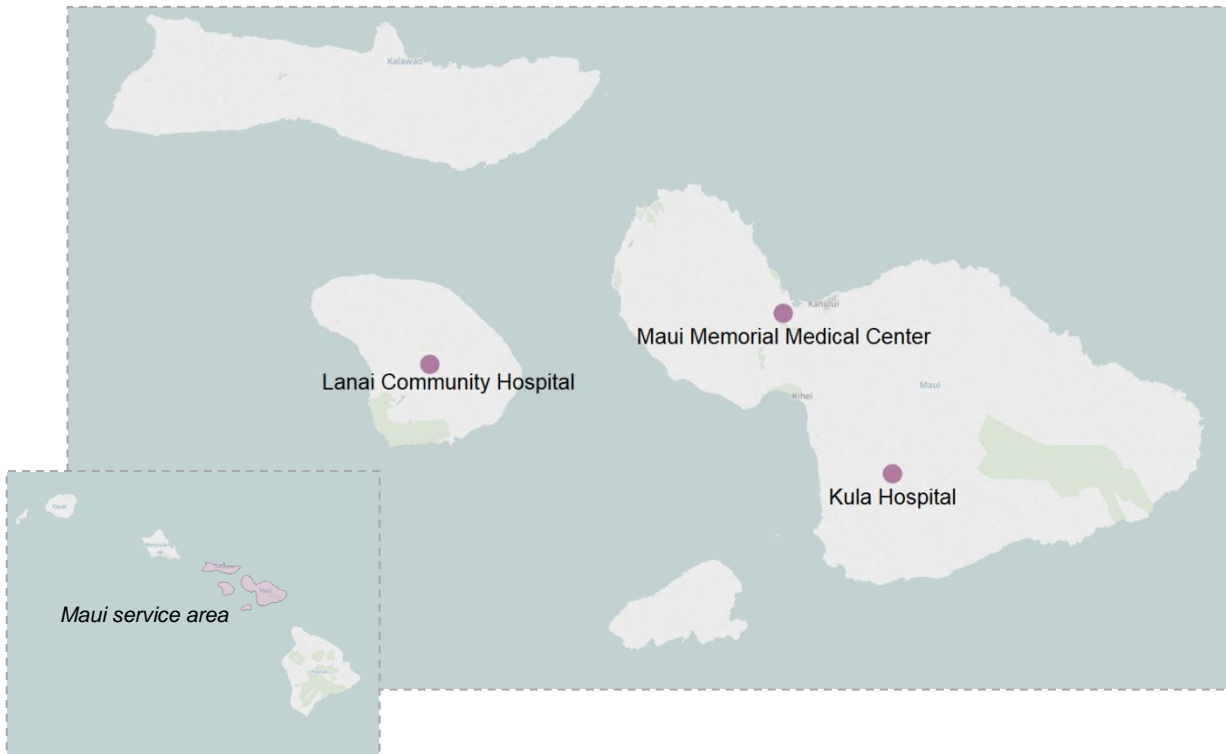
For many years, we've worked side-by-side with other organizations to address serious public health issues such as obesity, access to care, and violence. And we've conducted Community Health Needs Assessments to better understand each community's unique needs and resources. The CHNA process informs our 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.

IV. Maui Health System (MHS) – Service Area/Region

A. Map of facility service area

Maui Health System hospitals



B. Geographic description of the community served (towns, counties, and/or zip codes)

Maui Health System (MHS), a not-for-profit organization affiliated with Kaiser Permanente, operates Maui Memorial Medical Center, the Maui Memorial Medical Center Outpatient Clinic, Kula Hospital, Kula Clinic, and Lanai Community Hospital. These facilities are a vital part of the community and serve all patients, regardless of their health coverage or ability to pay. Maui Health System will provide high-quality, patient-centered, affordable care for all residents and visitors on Maui and Lanai, supported by Kaiser Permanente’s industry-leading technology systems, evidence-based medicine, and nationally recognized care quality.

The MHS hospitals affiliated with Kaiser Permanente include: Maui Memorial Medical Center, Kula Hospital, and Lanai Community Hospital:

- Maui Memorial Medical Center: 221 Mahalani Street, Wailuku HI, 96793
- Kula Hospital: 100 Keokea Place, Kula HI, 96790
- Lanai Community Hospital: 628 7th Street, Lanai City HI, 96763

Maui County is a county located in the U.S. state of Hawaii. The county consists of the inhabited islands of Maui, Lana’i, and Moloka’i (except a portion of Moloka’i that comprises Kalawao County), and two uninhabited islands. The total land area of MHS service area is 1,116 square miles.

C. Demographic profile of community served

Demographic profile: MHS Service Area

Race/ethnicity		Socioeconomic data	
Total Population	162,328	Living in poverty (<100% federal poverty level)	9.9%
Race		Children in poverty	12.2%
Asian	28.4%	Unemployment	2.1%
Black	0.5%	Adults with no high school diploma	8.2%
Native American/Alaska Native	0.2%		
Pacific Islander/Native Hawaiian	10.9%		
Some other race	0.9%		
Multiple races	23.8%		
White	35.3%		
Ethnicity			
Hispanic	10.9%		
Non-Hispanic	89.1%		

Source: American Community Survey, 2012-2016

V. 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 MHS's planned response to the needs identified through the 2019 Community Health Needs Assessment (CHNA) process. For information about MHS's 2019 CHNA process and for a copy of the report please visit www.kp.org/chna.

List of Community Health Needs Identified in 2019 CHNA Report

The list below summarizes the health needs identified for MHS through the 2019 Community Health Needs Assessment process.

1. Mental health
2. Access to care
3. Economic security
4. Substance abuse
5. Violence and injury prevention
6. Climate and health

VI. Who was involved in the Implementation Strategy development

A. Partner organizations

The implementation strategy development process involved the following stakeholders from MHS:

1. Mike Rembis, Chief Executive Officer, Maui Health System
2. Joyce Tamori, Chief Financial Officer, Maui Health System
3. Debbie Walsh, Chief Operations Officer, Maui Health System
4. Jim Diegel, Chief Strategy Officer, Maui Health System

B. Community engagement strategy

MHS's Implementation Strategy report is influenced by the extensive community engagement work that Islander Institute conducted during the state-wide CHNA process. The process involved extensive community engagement in partnership with local agencies, talking with a broad range of community members through six community meetings and 51 key informant interviews across Maui, Lanai, and Molokai. Individuals with the knowledge, information, and expertise relevant to the health needs of the community were consulted. These individuals included representatives from state, local, tribal, or other regional governmental public health departments (or equivalent department or agency) as well as leaders, representatives, or members of medically underserved, low-income, and minority populations. Additionally, where applicable, other individuals with expertise of local health needs were consulted. The community input process asked community members "what is your definition of a good, healthy life?" and information gathered used a strengths-based lens, to assess not just needs, but also assets and potential solutions. For example, Maui assets identified that could address health needs include the potential to activate resources for community health; a strong network of kupuna, family ties, and connection to tradition; and community-based leadership capacity. Several solutions that could address access to care and/or violence and injury prevention were identified, including nurturing community identity and cohesiveness; investing in teenagers and healthy starts; strengthening trust in the health care system; and providing accessible, proactive support for those with high needs.

The input gained from the community may be used to inform how strategies are implemented and/or sub-populations that should be prioritized.

C. Consultant(s) used

The Implementation Strategy process was led by the Senior Director, Government and Community Relations & Community Benefit, in consultation with the Center for Community Health and Evaluation (CCHE). CCHE, part of Kaiser Permanente Washington Health Research Institute was engaged in the drafting of this report. For over 25 years the Center for Community Health and Evaluation (CCHE) has provided evaluation, assessment, and strategic consulting services to foundations and health organizations to improve community health. CCHE brings experience conducting tailored needs assessments and engaging stakeholders to conduct planning and to prioritize strategies based on data.

VII. Health needs that MHS plans to address

A. Process and criteria used

The four MHS leaders listed in Section VI A. of this report voted (using a Menti poll: <https://www.menti.com/>) on the two needs they wanted MHS to address from the six needs prioritized in the CHNA process. Access to Care and Violence and Injury Prevention were chosen by consensus.

Required criteria:

Before beginning the Implementation Strategy health need prioritization process, MHS chose a set of criteria to use in selecting the list of health needs. The required criteria were:

- **Severity of need:** This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.
- **Magnitude/scale of the need:** The magnitude refers to the number of people affected by the health need.

- **Clear disparities or inequities:** This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Leveraging KP Assets:** KP can make a meaningful contribution to addressing the need because of its relevant expertise, existing strategies, and/or unique business assets as an integrated health system and because of an organizational commitment to improving community health.

Participants were instructed that they could also consider the following optional criteria:

- Issue is getting worse over time/not improving
- Community prioritizes the issue over other issues
- Existing attention/resources dedicated to the issue
- Effective and feasible interventions exist
- A successful solution has the potential to solve multiple problems
- Opportunity to intervene at the prevention level
- Specify any other criteria used

B. Health needs that MHS plans to address

1. Access to care. Access to comprehensive, quality health care services—including having insurance, local care options, and a usual source of care—are important for ensuring quality of life for everyone. Compared to the state of Hawaii, Maui has a larger uninsured population, has lower cancer screening rates, and fewer primary and specialty care providers available to serve the population. For example, several areas of Maui have been deemed primary care, mental health care, and dental health care “Health Professional Shortage Areas” by the Federal Health Resources & Services Administration. The burden is greater for those living in remote areas of Maui, and on the islands of Moloka’i and Lana’i. Community members have concerns about needing to go off-island for specialty care, and the perceived lack of culturally competent care leading to a lack of trust of the health care system.

2. Violence and injury prevention. Safe communities contribute to overall health and well-being. They promote community cohesion and economic development, provide more opportunities to be active, and improve mental health while reducing untimely deaths and serious injury. Compared to the state of Hawaii, Maui has higher rates of violent crimes, intimate partner violence (IPV), and rape. There are also higher rates of injury including overall injury deaths (65 per 100,000 vs 53 per 100,000), and motor vehicle crash (MVC) deaths (13 per 100,000 vs 8 per 100,000). Fifty-one percent of MVC in Maui involve alcohol compared with 38% in the state overall. Residents voiced concern over sexual abuse, IPV, as well as traffic and road safety, which has worsened due to tourism and population growth.

VIII. KFH MHS’s Implementation Strategies

A. About Kaiser Permanente’s Implementation Strategies

As part of the Kaiser Permanente integrated health system, MHS will work to identify, develop and implement strategies to address the health needs in the community. These strategies are developed so that they:

- Are available broadly to the public
- Are informed by evidence
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems
- Address federal, state, or local public health priorities
- Leverage or enhance public health department activities

- Advance increased general knowledge through education or research that benefits the public
- Otherwise would *not* become the responsibility of government or another tax-exempt organization

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 our communities. The goals, outcomes, strategies, and examples of resources planned are described below for each selected health need.

B. 2019 Implementation Strategies by selected health need

Health need #1: Access to care

Long term goal	<i>Provide access to high quality health care services in the Maui and Lanai communities.</i>
Intermediate goal(s)	<ul style="list-style-type: none"> • Increase access to providers for primary care and specialty services to meet the needs of the Maui and Lanai communities. • Improve health care services and delivery systems for the Maui and Lanai communities
Strategies	<ul style="list-style-type: none"> • Explore strategies to address health care provider shortages • Work together with local government, private medical group practices, Federal Qualified Health Centers, and other community-based organizations to improve collaboration in healthcare • Establish a Clinically Integrated Network (CIN) to support efforts to improve quality and collaboration amongst providers • Work with government and private entities to identify areas of need and explore options to provide care • Medical Financial Assistance. Deploy MHS resources to provide temporary financial assistance to low-income individuals who receive care at MHS facilities and can't afford medical expenses and/or cost sharing
Expected outcomes	<ul style="list-style-type: none"> • Less outmigration • Reduction in wait time for access to care • Improved patient data sharing amongst providers

Health need #2: Violence and Injury Prevention

Long term goal	<i>Work with the County and State to improve access to behavioral health care and reduce the incidence of trauma.</i>
Intermediate goal(s)	<ul style="list-style-type: none"> • Enhance community education on injury prevention • Increase resources for behavioral health
Strategies	<ul style="list-style-type: none"> • Recruit behavioral health resources

	<ul style="list-style-type: none"> • Work with local government and community partners involved in behavioral health to identify and maximize current resources and to bring additional resources to Maui • Provide community with trauma education • Engage multi-stakeholder local partnerships to develop a comprehensive, community-wide initiative that breaks the cycle of violence and increases awareness around the role that the social/equity determinants of health play in lived experiences that contribute to all forms of violence
Expected outcomes	<ul style="list-style-type: none"> • Reduction in the incidence of trauma • Reduction in the incidence of violence for behavioral health • Enhance resources for behavioral health

C. Our commitment to Community Health

At Kaiser Permanente, our scale and permanence in communities mean we have the resources and relationships to make a real impact, and wherever possible, our regions and facilities collaborate with each other and with key institutions in our communities, such as schools, health departments, and city/county governments to create greater impact. The CHNA/IS process also presents the opportunity to reinforce and scale national strategies to address health needs that impact all of our communities, even if those health needs are not prioritized locally.

IX. Evaluation plans

MHS will monitor and evaluate the strategies listed above for the purpose of tracking the implementation and documenting the impact of those strategies in addressing selected CHNA health needs. Tracking metrics for each prioritized health need include the number of grants made, the number of dollars spent, the number of people reached/served, collaborations and partnerships, and metrics specific to KFH leveraged assets. In addition, MHS tracks outcomes, including behavior and health outcomes, as appropriate and where available.

X. Health needs MHS does not intend to address

Based on the prioritization criteria described in section VII A. above, the health needs identified through the CHNA that MHS does not plan to address at this time include:

1. Mental health
2. Economic security
3. Substance abuse
4. Climate and health

While these health needs are not the focus of this Implementation Strategy, MHS may consider investing resources in these areas as appropriate, depending on opportunities for MHS to leverage its assets in partnership with local communities. This report does not encompass a complete inventory of everything MHS does to support the health of our communities, including our commitment to environmental stewardship.