

Hawai'i's collaborative public health response following the Lahaina wildfires



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CATEGORY: Epidemiology and Laboratory Capacity (ELC)

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On August 8, 2023, wildfires driven by gale-force winds from a passing tropical storm ripped through parts of upcountry and West Maui damaging entire communities and destroying thousands of structures. Old Lahaina town was almost entirely burnt to the ground. Many were forced to flee the deadly flames by abandoning their cars and jumping into the ocean for safety. At least 101 lives were lost. Thousands of people were displaced, initially seeking shelter in congregate emergency shelters and later in longer-term shelter accommodations in hotels.

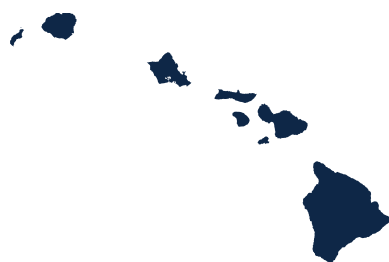
A “Perfect Storm”

Beyond the literal storm that fed the wildfires, the Maui disaster represented a “perfect storm” of converging health issues. COVID-19 cases were on the rise statewide in late July and early August, resulting in a large outbreak at Maui's only acute-care hospital that was ongoing as fire survivors began presenting to the hospital's emergency room for both acute needs and medical maintenance. All three of Lahaina's outpatient clinics were completely disabled by the fires. For some time, telephone lines and internet services were down in the surrounding area

leaving survivors unsure of how to contact their usual medical providers. COVID-19 cases and hospitalizations were pushed higher with thousands of people gathered in close proximity in the emergency shelters, further complicating medical access needs. Hawai'i Department of Health (HDOH) staff, especially front-line staff at the Maui District Health office, were fully occupied for the first several weeks in standing up an emergency health center site just outside the “burn zone.”

All Hands on Deck

In this all hands on deck scenario, HDOH staff on the island of Oahu, where central offices are located, were able to support the Maui team to provide critical data for action. HDOH ran daily syndromic surveillance reports to track emergency room and urgent care utilization and assess the relative prevalence of acute disease and injury visits compared with medical refill and chronic disease management visits. Oahu staff were deployed to Maui to gather information on service needs



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at the newly established Lahaina Comprehensive Health Center, and to survey hotel shelters and pop-up supply distribution sites to understand what medical and behavioral health services were being offered to communities impacted by the wildfires. Two months into the disaster response, the [Maui Wildfires Public Health Rapid Needs Assessment \(RNA\) survey](#) was conducted by a team of Maui, Oahu, and other neighbor island HDOH staff. This allowed HDOH to report out the most pressing needs

identified by survivors and assess health service gaps to be addressed in recovery planning. Based on the survey findings, actions were taken to improve service delivery, such as translating informational materials into preferred languages reported by respondents and improving communications on how survivors can retain Medicaid insurance.

Resources

These response capabilities drew heavily on both state and federal resources but were enabled in large part by enhanced federal funding received in response to the COVID-19 pandemic. Epidemiology and Laboratory Capacity cooperative agreement funds support dedicated Epidemiologist positions for neighbor island District Health Offices which have not historically had sufficient resources to maintain on-island analytic epidemiology capacity. It was one of these epidemiologists who led the RNA. Federally-funded fellowship programs also contributed substantially to the capacity for rapid response. Hawai'i currently hosts an Epidemic Intelligence Service Officer and three Council of State and Territorial Epidemiologists Fellows—two in applied epidemiology and one public health informatics fellow—all of whom participated in collecting data for action, designing and implementing daily surveillance reports, and interpreting findings of Maui healthcare service needs assessments.



Recovery

While recovery from the Maui fires is going to take time and ongoing effort, it has been empowering to have locally-placed resources to respond to a disaster of this scale. Several years ago, we would not have had the resources to immediately gather data for action at the local level, in a way that respected local culture and values and allowed HDOH to provide direct support where needed. As an illustration, in the course of surveying

228 households for the RNA, the HDOH team made a total of 94 referrals requested by survey participants, ranging from behavioral health services to food and transportation assistance. The experience has brought HDOH closer to our Maui communities, strengthening our ability to fulfill our public health mission.