



Papa Ola Lōkahi

December 2019

**An Assessment of the Impact on Social,
Financial, and Cultural integrity of
Providing Health Coverage for Certain
Native Hawaiian Culture-based Activities**

A Report to the Governor
and the Legislature of the State of Hawai'i





Papa Ola Lōkahi

Papa Ola Lōkahi

Mission & Vision

Papa Ola Lōkahi (POL) oversees the Native Hawaiian Health Care Improvement Act (NHHCIA) through its mission to improve the health status and well-being of Native Hawaiians and others by advocating for, initiating and maintaining culturally appropriate strategic actions aimed at improving the physical, mental and spiritual health of Native Hawaiians and their families and empowering them to determine their own destinies.

POL's overall vision is to support a thriving Native Hawaiian community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi (unity), and making informed choices and responsible decisions in a safe island society that is pono (righteous).

Native Hawaiian Health Care Improvement Act (NHHCIA) (42 USC 11711)

This federal policy holds Papa Ola Lōkahi responsible for addressing Native Hawaiian health and well-being. There are a number of State statutes that influence and provide guidance to POL in its program and policy development. The two main charges to POL from the State in 2017 are: to recognize and convene Kupuna Councils of traditional Hawaiian healing practitioners (Hawai'i Revised Statutes §453-2) to serve as member of the Hui 'Imi advisory council, a liaison between public and private entities serving the Hawaiian community in the planning and development of collaborative public and private endeavors and address other issues affecting Hawaiians (Hawai'i Revised Statutes §10)

Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional Native Hawaiian healing practices, both as recognized and certified as such by any kupuna council convened by Papa Ola Lōkahi. No person or organization involved with the selection of kupuna council members, the convening of a kupuna council, or the certification process of healers under this subsection shall be sued or held liable for any cause of action that may arise out of their participation in the selection, convening, or certification process. Nothing in this chapter shall limit, alter, or otherwise adversely affect any rights of practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii.

Hawai'i Revised Statutes §453-2



Papa Ola Lōkahi

Forward

Papa Ola Lōkahi conducted an assessment on the social, financial, and cultural impacts of mandating health insurance coverage for certain Native Hawaiian culture-based activities such as hula (Hawaiian traditional dance), lua (Hawaiian martial arts), and hoe wa'a (canoe paddling) as proposed under Senate Bill No. 1315, pursuant to Sections 23-51 and 23-52, Hawai'i Revised Statutes (HRS). Section 23-51, HRS, requiring the passage of a concurrent resolution requesting an impact assessment by the Auditor before any legislative mandate. The 2018 Legislature requested this assessment through Senate Concurrent Resolution No. 74, Senate Draft 1, naming Papa Ola Lōkahi the entity to conduct the assessment.

We appreciate all of the kumu hula, health plan professionals and other individuals who contributed to this assessment. Mahalo a nui for sharing with us.

Sheri Daniels, Ed.D
Executive Director



Papa Ola Lōkahi

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Introduction

The Native Hawaiian Health Task Force (Task Force) was created during the 2014 Hawai'i State legislative session after the approval of Senate Resolution No. 60, Senate Draft 1. The Task Force was charged with identifying priorities in Native Hawaiian (NH) health, providing recommendations to the legislature and proposing initiatives to address and advance health equity for Native Hawaiians and other Pacific Islanders. In December 2016, the Task Force's recommendations led to the drafting of five bills introduced into the 2017 Hawai'i legislative session, including Senate Bill No.1315 (SB 1315)

SB 1315 (2017) proposed to require all health benefits plans provide coverage for NH culture-based activities that have empirically shown to be effective in the management of weight, cardiovascular health, diabetes, and chronic kidney disease. The bill was deferred by two Senate committees, pending an assessment on the social, financial and cultural integrity of providing health coverage for certain Native Hawaiian culture-based activities pursuant to Hawaii Revised Statutes section §23-51.

Senate Concurrent Resolution No. 74, Senate Draft 1 (SCR 74 S.D 1) (2017) tasked Papa Ola Lōkahi with assessing the impact on social, financial, and cultural integrity of providing coverage for NH culture-based practices, such as hula, canoe paddling, and lua (Hawaiian martial arts) as well as NH healing practices (Hawaii Revised Statutes §453-2) that have shown to be effective in managing weight, cardiovascular health, diabetes, and other chronic diseases.

Canoe paddling, lua and other cultural practices are well known to be physically rigorous, inferring such activities can contribute to health management. However, more investigation into the health benefits is needed to provide the research base as required for this assessment. Therefore, the focus within this report emphasizes hula, the indigenous dance of the NH people, which has more robust scientific evidence in managing weight and chronic diseases.

Literature Review regarding Health Benefits of Hula

This literature review summarizes the findings of seven peer-reviewed articles that examine hula as a physical activity-based intervention for hypertension and cardiac rehabilitation. The documents used included an interview script with a kumu hula (teacher in the art of hula), four articles on four randomized control trials with the focus on planning and/or results and two articles on perspectives from both patient-participants and multiple kumu hula, who were key informants.

There have been multiple studies in the last decade exploring hula as a physical activity based intervention for chronic disease and related health issues such as hypertension and cardiac related hospitalizations. These studies aim to decrease Native Hawaiian (NH) health disparities by increasing access to hula. The two published studies are the Hula Empowering Lifestyle Adaption (HELA: de Silva et al., 2017; Kaholokula et al., 2015; Look et al., 2012; Maskarinec et al., 2015) and the Hula Optimizing Lifestyle Options (Kā-HOLO: Kaholokula et al., 2017) randomized control trials. HELA was carried out in 2013 with Native Hawaiian, Pacific Islander, Chinese, Japanese, Filipino, and Caucasian participants. Kā-HOLO is the more recent study, recruiting exclusively NH participants.

In Hawai'i and the continental U.S., NH have among the highest rates of hypertension, cardiometabolic disease, coronary heart disease, cardiovascular disease (CVD) mortality, and stroke (Kaholokula et al., 2015, 2017; Look et al., 2012, 2014; Usagawa et al., 2014). In addition to the prevalence of chronic disease, NH are also less likely to receive proper care for hypertension (Kaholokula et al., 2015). Because of the need for accessible, effective and culturally appropriate pathways to NH health and healing, there has been an increase in programs with these goals.

The American Heart Association recommends physical activity as the primary CVD prevention strategy to reduce systolic blood pressure (SBP), the blood pressure measurement most correlated to hypertension, by 5-10mmHg (Kaholokula et al., 2017). Within the NH community there are socioeconomic barriers (Kaholokula et al., 2015) and difficulty in sustaining interest in individualized physical activity forms that are removed from cultural values (Kaholokula et al., 2017). There is a preference for group-based activities with incorporation of mind-body focus, spirituality and culture (Kaholokula et al., 2017). Strong social support and group-based interventions have been proven to increase cardiac rehabilitation (Look et al., 2012).

From both patient and kumu hula perspective publications, hula was viewed as having multiple health benefits. Look, et al. (2014, pg. 22) defined health as “full integration of the physical, mental, emotional, cultural and spiritual facets of a person,” which is described to be “consistent with traditional Hawaiian views of health.” The articles mentioned hula as providing holistic health benefits including: support for physical, mental, emotional, social and spiritual health; as well as connection to language, culture and history (de Silva et al., 2017; Kaholokula et al., 2017; Look et al., 2012, 2014; Maskarinec et al., 2015).

Physical Health Benefits

In the interview with kumu hula Māpuana de Silva, (de Silva et al., 2017) the benefits listed included engagement of specific muscle groups, coordination with choreography, and breathing strategy. Hula was found to provide multiple levels of physicality and intensity (Kaholokula et al., 2017), as described in the metabolic equivalents study (Usagawa et al., 2014). Kumu hula (Look et al., 2014) explained that hula supports body consciousness, proper breathing, spine alignment, foot placement and muscle stretches.

In a post-intervention interview with participants, a positive experience was reported strongly all around (Maskarinec et al., 2015). Within the Kā-HOLO study, NH participants of the Ola Hou i ka Hula intervention arm researchers expect to have lower SBP measures than the wait-list control arm, partially through psycho-social and cultural mediators. This prediction is based off of the HELA study where the Ola Hou i ka Hula arm has lower SBP, as well as more participants with a > 10mmHg decrease in the intervention time frame (Kaholokula et al., 2015).

In Usagawa et al. (2014), hula was found to meet the requirement for both moderate and rigorous intensity exercise per the metabolic equivalent (MET) recommended level ranges (Usagawa et al., 2014). For moderate intensity, the range is 3.0-6.0 MET, and for vigorous intensity the range is >6.0 MET. Measurements were taken to MET, VO₂, heart rate, Respiratory Exchange Ratio and energy expenditure while they performed either low or high intensity hula. The low intensity average fit close to the upper limit of the moderate physical activity range with a MET score of 5.7, and at 7.55 MET the high intensity average was well above the vigorous intensity minimum. The end goal of this study was to establish a credible measure to support hula as a prescribed form of physical activity.

Mental Health Benefits

Key benefits included clearing of the mind before entering sessions, organization of activities together as a class, cognition from movement coordination, and memory improvement from memorization (Look et al., 2014). Another benefit listed was stress reduction through music and dance, as well as empowerment for participants who are NH (de Silva et al., 2017). NH participants felt empowered after attending hula classes, despite the health issues with which they were dealing (Maskarinec et al., 2015). Emotional benefits such as a healthy mindset while in hālau, community of aloha (love) and oli kāhea (entrance chant) as necessary to focus before entering were listed (Look et al., 2014).

Cultural Connectedness



In Look et al. (2014), all kumu agreed that hula was a good fit for a CVD intervention program, with hula providing both a historical and current link to health and well-being (Look et al., 2014). Aligning with the view of hula as providing holistic health benefit, many said that this was true especially when traditional context guides lessons, practices, and performances (Look et al., 2014). Both the participants and kumu hula advocated strongly for kumu hula specifically to be the instructors for any hula based interventions, and agreed that a spiritual benefit of hula was a connection and deeper understanding of hula, songs, and other content (Look et al., 2012).

Photographs by Aaron Yoshino for POL

Overall, hula has been proven to meet both physical activity recommendation parameters and provide effective interventions to patients with hypertension or recent cardiac related hospitalization. The range of literature reviewed focused on the cultural, logistical and health-related themes of completed and ongoing hula studies. Hula, therefore, is an outstanding physical activity option for NH participants because of its versatility of physical benefits and the benefit of cultural connection.

Kumu Hula Survey & Results

A critical process for this assessment was to consult with kumu hula. In gathering information for the assessment, a mixed methods approach was used. Participants provided qualitative data by one of three ways: 1) online survey administered by Survey Monkey, 2) focus group, or 3) individual interviews.

Seventeen kumu hula participated in an online survey and 85 kumu hula participated in a telephone or in-person interview. Two focus groups were also conducted. One focus group consisted of 6 kumu hula and the second focus group consisted of a research team that included one kumu hula. A total of 106 kumu hula were consulted for this assessment. There is an estimated 200+ kumu hula in Hawai'i, however there currently is not a comprehensive data base of kumu hula. According to mele.com/halau-hula, there are at least 203 kumu hula in Hawai'i.

Of the kumu hula who were interviewed or surveyed, 98% agreed that hula should be reimbursable by health insurance. The remaining 2% did not believe students should be charged a tuition for their hula training; both offer their hula training to their hālau (hula school) free of charge. The 98% of kumu hula believe that hula is a rigorous sport or physical activity that incorporates mental, emotional and spiritual aspects for their students. Many shared that allowing reimbursement for hula would be an incentive for students to continue their training and can help to alleviate financial constraints when multiple family members dances hula. These opportunities may lay groundwork for more NH people choosing to stay healthy with a culturally centered physical activity. Despite having an overwhelmingly supportive stance to have hula be reimbursable, the kumu hula had many concerns regarding this process.

One common concern was the potential requirement for kumu hula to complete a standardized certification or authentication process to be eligible to participate in the hula reimbursement process. That would be a concern for kumu hula who have gone through a traditional 'uniki (kumu hula graduation ceremony). Many 'uniki ceremonies exceed standard western certification processes. Another common concern was about the governing body who will certify these kumu hula. Another resounding concern was the administrative burdens. Many kumu were concerned with the amount of paperwork, the difficulty in completing formalized western documentation, amount of time it would take to complete, and prolonged pay schedules.

"The most important thing is not to trivialize the hula... Seeing that people do hula purely for the physical part of it, for me, does not fulfill its cultural mandate. And its cultural mandate is to maintain the poetry, and maintain the cultural memory of a people."

Look et. al (2014)

"For the native, for the Kanaka Hawaii, hula is the bridge to our authenticity and our identity."

Kaumakaiwa Kanaka'ole

<https://www.gohawaii.com/hawaii-rooted/Kaumakaiwa-Kanakaole>

Health Insurance Companies Survey & Results

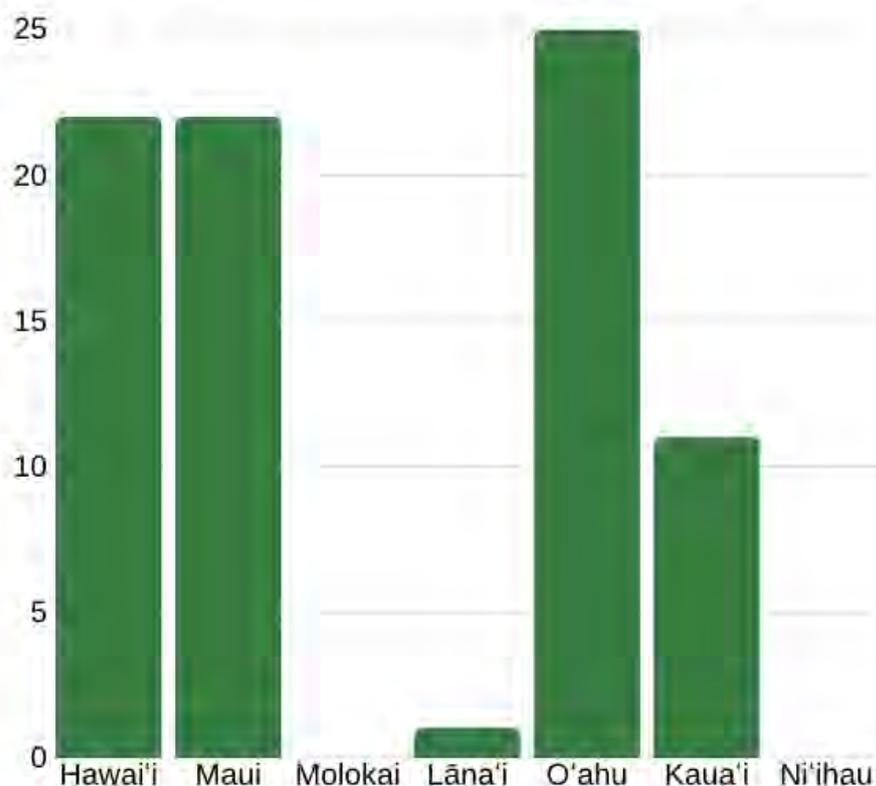
Three health insurance companies participated in the online health insurer survey: 1) Kaiser Permanente, 2) Hawaii Medical Service Association and 3) AlohaCare.

Kaiser Permanente

Beginning 2017, Kaiser Permanente (KP) Hawaii launched a Fit Rewards program for members to encourage year-round fitness. After signing up for membership at a partner gym and paying a \$200 annual fee, members need to commit 45 days of 30 minutes workout sessions to be refunded the annual fee. KP Hawaii supports the promotion of healthier lifestyles for all its members, including the Native Hawaiian (NH) population. However, KP Hawaii does not provide any benefits for “culture based activities” to any of its members, irrespective of the member’s ethnicity or cultural identity.

Currently, KP Hawaii sponsors healthy lifestyle programs/classes in the community, directed to those members who wish to make changes in their behaviors to reduce health risks. KP Hawaii is considering the addition of NH cultural activities to this type of sponsorship program/classes, however they expressed the concern “...by offering hula, we may attract those who would not seek hula outside of the healthcare system and therefore will be dancing hula for reasons that are not the same as hula was intended. It may send a message to the NH community that the health care system does not respect or understand what hula means to those who are practitioners.”

Fit Rewards Program
Approved Establishments Per Island



Hawaii Medical Service Association

Hawaii Medical Service Association (HMSA) has an HMSA365 Discounts program to engage members in health maintenance outside of the doctor's office. Some categories included under HMSA's discount program include tai chi lessons, Jazzercise, acupuncture treatments, hypnotherapy, meditation sessions, and more. HMSA also offers insurance riders (Silver & Fit, Active & Fit, and Active & Fit Direct) through American Specialty Health (ASH) fitness membership with select networked facilities at a reduced cost. HMSA shared they would be open to adding culturally-based physical activities under HMSA365 or ASH, however, they did express concerns.

If adding as a medical benefit, there are many considerations such as but not limited to: accreditation requirements, quality standards, proven return on investment to get employer buy-in, billing capabilities, defining eligibility and benefit criteria, federal and state regulations such as HIPAA and record keeping, network adequacy, defining medical policy and fee schedules, etc. Additionally, culturally based services have not historically been a covered medical benefit. HMSA would need to be mindful as this addition may set a precedent for other practices for other cultures.

If adding to an insurance rider it would require the business (kumu hula) to have a Tax ID, agreement to use the online platform to manage participation and usually receive a slightly lower reimbursement than private pay. Other restrictions may apply. If hula were added to HMSA 365, the kumu hula would require recognition by the Better Business Bureau of Hawaii or a copy of their business certificate.



HMSA Active & Fit Program
<https://hmsa.com/well-being/active-and-fit/>

AlohaCare

AlohaCare provides health insurance coverage to Medicaid and dual eligible Medicaid/Medicare beneficiaries. Benefits under these government programs are determined by the Hawai'i State Department of Human Services, MedQUEST Division or the U.S. Centers for Medicaid and Medicare Services. Currently, neither program covers any physical activity as a benefit. Medicare members who meet certain criteria can qualify for Medicare's Diabetes Prevention Program for type 2 diabetes, which includes physical activity.

AlohaCare recently initiated a \$5 million Waiwai Ola grant program to test innovations in primary care. Waiwai Ola grant projects that address physical activity and culturally relevant approaches to health include:

- *A Call to Action: Preventing and Treating Obesity in Hawaii through an Innovative Family Approach (Teresa Wee, M.D., Pediatrician)* - The project goal is to address obesity by teaching and equipping primary care physicians and other health practitioners by conducting educational group family visits based on a curriculum developed by Dr. Teresa Wee. Through this activity, physicians re-empowered to help families move toward a lifetime of positive health habits. Participating families have the opportunity to interact with program alumni and the weekly Walk with a Doc Oahu Program activities.
- *E Ho'omau I Ke Ola Pono (Mary Frances Oneha, Chief Executive Officer, Waimānalo Health Center)* - The project goal is to improve specific health outcomes such as HbA1c and blood pressure through the delivery of services that support and complement primary medical care, promote wellness, prevent further health complications, provide nutritional and cultural options to patients and create generational change.
- *Fostering Health and Resilience through 'Āina (David Derauf, M.D., Kōkua Kalihi Valley Comprehensive Family Services)* - The underlying assumption of this project is that among KKV's service population 'āina is health and that health cannot responsibly be supported in Hawai'i without addressing 'āina. The goal is to foster health, resilience and abundance among MedQUEST Integration patients by strengthening their capacity to heal through restorative connections to land and place, to others in their families and communities, to their past and aspirational future, and to their knowledge of themselves, including their gifts and kuleana.

While AlohaCare does not currently cover physical activity or gym membership, they remain interested in opportunities for their members to engage in physical activity that improves health outcomes. For several years, AlohaCare offered a gym membership as a Medicare Special Needs plan benefit for dual eligible members. Due to a combination of factors, including difficulty contracting with gyms on all islands (required to make benefits equitably available to all members) and low utilization of the benefit, AlohaCare discontinued this benefit and enriched dental benefits instead. With respect to AlohaCare's MedQUEST benefits, currently gym membership is not a benefit of Hawaii's MedQUEST program.

AlohaCare is interested in exploring opportunities that offer culturally-based physical activities as a benefit and is open to considering hula as a wellness benefit. Individuals and entities providing the service would need to agree to a Medicaid compliant. The benefit would need to be accessible to members statewide.

Additional Considerations for Cultural Activities

A summary of findings on Native Hawaiian (NH) culture-based activities suggested in SCR 74 S.D. 1

Like hula, both lua and hoe wa'a are group-based activities that work on multiple facets of health and discipline, including physical, mental, spiritual, and cultural components. There are bodies of peer-reviewed articles on the benefits of martial arts and water paddling sports, however, there is not an extensive amount of research done specifically on lua and hoe wa'a.

Lua - Hawaiian Martial Arts

Lua is a traditional Hawaiian martial art that encompasses many components of physical, mental, and spiritual training. Its history of decline in practice and eventual revitalization parallels that of hula. Lua does not currently have the same participation volume of hula or hoe wa'a, but there is a group of those trained by the last 'ōlohe or lua master who have continued to share their teachings. As these individuals wrote in their book on lua "The fighting art continues as an important physical discipline and remains the most visible part of lua. Even more important, lua's spiritual principles and philosophical foundation in Hawaiian culture endure." (Paglinawan, et al., 2006). Although there is a strong body of research on the health benefits of other martial art forms, there is one study that includes lua in its methods.



Photograph courtesy of Kai Markell

A pilot study was conducted in 2000 to improve cardiovascular health in Native Hawaiian adults through a variety of methods including lua, lomilomi, health education, spiritual assessment and traditional Hawaiian diet. (Hughes, 2001). This was meant to serve as a holistic Native Hawaiian health intervention. Participants were part of a lua school, and all went through the year-long program with three phases. During the first phase, five days a week lua exercises were performed exclusively for 20-25 minutes as part of a longer exercise program.

Within the measured results, muscular strength increased over 5% on both sides of the body. Throughout the program, push-up, sit-up, and shoulder press measures increased in participants. BMI and weight decreased in participants for each phase as well. Lua was not the sole component of the intervention that the study incorporated into a health intervention indicated potential for future studies to examine the benefits of lua.

Hoe Wa'a - Canoe Paddling



Hoe wa'a (canoe paddling) is the sport of paddling outrigger canoes. Outrigger canoe teams are found internationally, especially in the Pacific Islands, Asia, and North America. Most use Tahitian or Hawaiian models of canoe paddles, and technique. A standard wa'a holds six paddlers, and although there are one and two person versions of outrigger canoe, participating in hoe wa'a as a team sport is most common. There is a scattered body of research on outrigger canoe, many relating to sports injury or kinetic variables. (Canyon, D. V., & Sealey, R., 2016). These encompass Tahitian va'a, Māori waka ama, and outrigger canoe adapted in countries such as Australia.

There are also publications that interview community members who participate in hoe wa'a team regularly. In two separate articles, paddlers mention the same benefits of hoe wa'a: physical fitness, teamwork, cultural values and protocol, and encouragement to improve mental health, diet, and other areas of well-being. (Murphy, J., 2019, Massey University, 2018.) A systematic review on outrigger paddling research was recommended for more research to be conducted on outrigger canoe (Canyon, D. V., & Sealey, R., 2016).



Photographs by Aaron Yoshino for POL

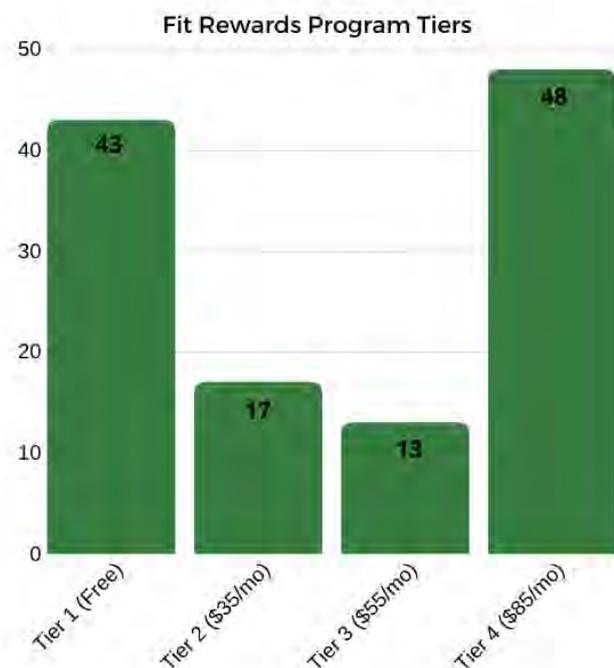
Financial Overview

Of the kumu hula who completed the online survey, 70.5% shared that they experience enrollment loss due to students encountering financial hardship. The range for hula tuition varies for each hālau (hula school), however, with a range between \$0 to \$100+ per month, depending on the frequency and length of the classes in each hālau. Hula dancers who have other family members dancing in a hālau also face additional financial strain with multiple hālau fees to manage. The average monthly hālau tuition of \$50 will result in a \$600 annual payment for a single individual dancer.

70.5%
of surveyed kumu hula experiences enrollment loss due to financial hardships of their students

As mentioned, HMSA365 currently provides varying discounts for activities such a jazzercise, yoga, table tennis, energy movement, tai chi, and ki-gong. The discounts offered through HMSA365 ranges from a one-time free month of membership (e.g \$50/month for table tennis membership) to a percentage discount for gym membership. The type of discount is dependent on the coverage offered HMSA365 members' employer or provider.

KP Hawai'i's Fit Rewards Program reimburses their members in the amount of \$200 at the end of the calendar year if they complete 45 days of 30-minute workout sessions. In Hawai'i, 123 establishments participate in the Fit Rewards Program spanning 5 islands; O'ahu, Maui, Hawai'i, Lāna'i, and Kaua'i. The program has 4 tiers of coverage. Tier 1 is \$200/year, therefore, free for the member. Tier 2 will cost the member \$220/year out of pocket after reimbursement. Tier 3 costs the member \$460/year out of pocket and Tier 4 is \$820/year.



At minimum, hula dancers attend their hālau classes at least once a week for one hour. With the assumption that hālau will take at least 4 classes off throughout the year to observe holidays, dancers can complete 48 days of 1 hour hula training each year, exceeding the minimum requirement of physical activity to qualify for Kaiser's Fit Reward Program.

Recommendations

- Hula is a Native Hawaiian (NH) living and sacred practice with strong spiritual and physical components. Peer-reviewed studies have indicated its effectiveness. To protect the integrity and authenticity of hula from exploitation, parameters should be codified and set in place by the hula community.
- One way to achieve this, there must be an advisory body or kupuna council of loea hula (hula masters) who understand hula traditions, protocols, etiquette and hula genealogy to uphold the highest standards when setting parameters and requirements for hula and health insurance reimbursement.
 - This advisory body would:
 - Ensure the protection of hula and the integrity of traditional hula practices.
 - Provide consultation to the State to address the extent of coverage, limits on utilization, and standards of care, as necessary.
 - Determine the accreditation requirements and quality standards of kumu hula participating in possible reimbursement programs with health insurance companies.
 - This suggests that policymakers look at the precedent in HRS 453-2 (c) concerning the establishment of kupuna councils of elder practitioners to explore the benefits and promotion of healthy Hawaiian cultural activities similarly.
- A financial overview is presented in this report, but due to technical constraints, a comprehensive analysis of the financial impacts was not completed at the time of this report. More research and resources are needed to explore thorough cost analyses on a variety of possible scenarios.
- More data should be collected with a pilot study to assess the efficacy, accessibility, and logistics of a reimbursable hula and health program. Key researchers pioneering in hula research, such as those at the University of Hawaii John A. Burns School of Medicine, Department of Native Hawaiian Health would likely be the most relevant experts and the health insurance companies in Hawai'i.
 - Variables of interest identified by this report for this pilot study includes:
 - Return on investment to get employer buy-in
 - Billing capabilities and network adequacy
 - Definitions of eligibility, benefit criteria, policies, fee schedules, etc.
 - Federal and state regulations such as HIPAA and record keeping
 - Other variables as determined by key stakeholders

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SENATE RESOLUTION

REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

WHEREAS, obesity and chronic diseases, such as diabetes and heart disease, disproportionately affect Native Hawaiians; and

WHEREAS, in order to address the health of indigenous people, Hawaii's policies, programs, and services must focus on economic and social conditions that influence group differences in health status; and

WHEREAS, the Department of Native Hawaiian Health, as part of the University of Hawaii John A. Burns School of Medicine, recently completed a two-year study entitled "Assessment and Priorities for Health and Well-Being in Native Hawaiians and Other Pacific Peoples"; and

WHEREAS, these findings were presented to a joint legislative committee on September 23, 2013, along with recommendations and priorities to improve the health and well-being of the State's indigenous and Pacific Islander populations; and

WHEREAS, the study also detailed successful programs that have led to reduced risk factors for diabetes, heart disease, and stroke, and these programs include weight and blood pressure management; and

WHEREAS, it is necessary to address the findings and recommendations of the Department of Native Hawaiian Health's study by creating a task force to formulate policies and procedures to eliminate the disproportionate impact of the social determinants of health and chronic disease on all individuals, with particular focus on Native Hawaiians and other Pacific peoples; now, therefore,

BE IT RESOLVED by the Senate of the Twenty-seventh Legislature of the State of Hawaii, Regular Session of 2014, that the University of Hawaii John A. Burns School of Medicine is requested to establish a Native Hawaiian Health Task Force to be administratively attached to the University of Hawaii John A. Burns School of Medicine; and

BE IT FURTHER RESOLVED that the task force is urged to include:

(1) The Chair of the Department of Native Hawaiian Health of the John A. Burns School of Medicine, or the Chair's designee;

(2) The Director of Health, or the Director's designee;

(3) The Chief Executive Officer of the Office of Hawaiian Affairs, or the Chief Executive Officer's designee;
and

(4) Up to twenty additional task force members with demonstrated interest in and backgrounds beneficial to assisting the functions of the task force, including members with extensive knowledge, expertise, or experience in areas such as Native Hawaiian health or health care, and Native Hawaiian health care consumers, to be appointed by the Chair of the Department of Native Hawaiian Health of the John A. Burns School of Medicine;
and

BE IT FURTHER RESOLVED that the Native Hawaiian Health Task Force is requested to:

(1) Create data sharing policies between state agencies to improve access for Native Hawaiian and other Pacific peoples;

(2) Propose cost-effective improvements to the environments where Native Hawaiians and other Pacific peoples live, learn, work, and play;

(3) Propose legislation to address social determinants of health in Hawaii;

(4) Raise awareness and propose programs to advance health equity;

(5) Propose programs and legislative action that will address barriers to access to health care;

(6) Guide the use of existing collaborations, systems, and partnerships to leverage resources and maximize outcomes;

(7) Propose activities that will support community organizations promoting their own health; and

(8) Propose initiatives that will increase preventive services available in Native Hawaiian communities; and

BE IT FURTHER RESOLVED that the Native Hawaiian Health Task Force is requested to report its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2016; and

BE IT FURTHER RESOLVED that certified copies of this Resolution be transmitted to the Director of Health, Chief Executive Officer of the Office of Hawaiian Affairs, and Chair of the Department of Native Hawaiian Health of the University of Hawaii John A. Burns School of Medicine.

A BILL FOR AN ACT

RELATING TO HEALTH.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

SECTION 1. The legislature finds that Native Hawaiians are more likely to develop chronic disease and die an average of ten years earlier than people of other ethnic groups in Hawaii. Native Hawaiians have among the highest rates of obesity, hypertension, diabetes, cardiovascular and cerebrovascular diseases, and certain cancers. Nationally, Native Hawaiians have among the highest mortality rates. Studies indicate that many Native Hawaiians feel alienated from and have a mistrust of the present health care system, preferring more culturally acceptable means of managing their health.

The legislature further finds that section 226-20, Hawaii Revised Statutes, sets objectives and policies of the Hawaii state plan for socio-cultural advancement of health with specific language that requires the prioritization of programs, services, interventions, and activities that address identified social determinants of health intended to improve Native Hawaiian health and well-being consistent with the United States Congress' declaration of policy as codified in 42 United States Code section 11702, and to reduce disparities among disproportionately affected demographic groups, including Native Hawaiians, other Pacific islanders, and Filipinos. This law provides for the possibility that demographic groups other than Native Hawaiians may be reviewed for prioritization every ten

years and revised based on the best available epidemiological and public health data.

The legislature additionally finds that, to address these issues, the Senate of the Twenty-Seventh Legislature of the State of Hawaii adopted Senate Resolution No. 60, creating a Native Hawaiian health task force to specifically improve the health of Native Hawaiians, other Pacific islanders, and all the people of Hawaii. The goal of the task force was to articulate policy priorities that would advance health equity for Native Hawaiians and, in turn, the health of the State's entire population. The framework and recommendations discussed by the task force were embraced by community members, agencies, the state government, and representatives of native-serving institutions. The work of the task force was community- and land-focused and emphasized Native Hawaiian cultural values and aspirations.

The task force used nā pou kihi as the cultural framework to organize the task force's findings and recommendations. Consistent with the hale, or home, as a metaphor for establishing a health and vibrant Native Hawaiian population, nā pou kihi reflects the four corner posts of a hale necessary to support the weight of the hale and everyone residing therein.

The legislature also finds that one of the nā pou kihi, referred to by the task force as ka hana pono, focused on the lifestyle choices and aspirations of Native Hawaiians striving for optimal health and well-being in ways consistent with their shared cultural values and practices. Ka hana pono includes the physical activities and foods enjoyed, the health care services accessed and received, the health opportunities available, and the cultural values and practices that Native Hawaiians respect and live by. The legislature further finds that traditional Native Hawaiian practices, including hula, lua, and canoe paddling, have been shown to be effective in the areas of weight management, cardiovascular health, diabetes management, and chronic kidney disease management.

This Act reflects the position of the senate on Native Hawaiian health care. The senate supports:

- (1) Collaborative efforts to ensure that funding for Native Hawaiian health care continues;
- (2) Native Hawaiians and Pacific Islanders by focusing on essential social and cultural determinants that improve health outcomes amongst the State's indigenous population;
- (3) Options to improve health care for keiki and residents in rural areas; and
- (4) Collaborative efforts to provide better dental care for keiki and adults throughout the State's communities.

The purpose of this Act is to expand health insurance benefits to include coverage for traditional Native Hawaiian practices with proven and demonstrable health benefits.

SECTION 2. Chapter 431, Hawaii Revised Statutes, is amended by adding a new section to article 10A to be appropriately designated and to read as follows:

"§431:10A- Native Hawaiian culture-based activities benefits. (a) Every policy of accident and health or sickness insurance issued or renewed in this State on or after January 1, 2018, shall include coverage for Native Hawaiian culture-based activities, including but not limited to canoe paddling, hula, and lua activities, that have empirically shown to be effective in the management of weight, cardiovascular health, diabetes, and chronic kidney disease.

(b) This section shall not apply to policies that provide coverage for specified diseases or other limited benefit coverage, as provided pursuant to section 431:10A-102.5."

SECTION 3. Chapter 432, Hawaii Revised Statutes, is amended by adding a new section to article 1 to be appropriately designated and to read as follows:

"§432:1- Native Hawaiian culture-based activities benefits. (a) Every hospital or medical service plan contract issued or renewed in this State on or after January 1, 2018, shall include coverage for Native

Hawaiian culture-based activities, including but not limited to canoe paddling, hula, and lua activities, that have empirically shown to be effective in the management of weight, cardiovascular health, diabetes, and chronic kidney disease.

.(b) This section shall not apply to policies that provide coverage for specified diseases or other limited benefit coverage, as provided pursuant to section 431:10A-102.5."

SECTION 4. Section 432D-23, Hawaii Revised Statutes, is amended to read as follows:

"§432D-23 Required provisions and benefits. Notwithstanding any provision of law to the contrary, each policy, contract, plan, or agreement issued in the State after January 1, 1995, by health maintenance organizations pursuant to this chapter, shall include benefits provided in sections 431:10-212, 431:10A-115, 431:10A-115.5, 431:10A-116, 431:10A-116.2, 431:10A-116.5, 431:10A-116.6, 431:10A-119, 431:10A-120, 431:10A-121, 431:10A-122, 431:10A-125, 431:10A-126, 431:10A-132, 431:10A-133, 431:10A-134, 431:10A-140, and [~~431:10A-134~~], 431:10A-_____, and chapter 431M."

SECTION 5. Notwithstanding any other law to the contrary, the mandatory coverage for Native Hawaiian culture-based activities required under sections 2, 3, and 4 of this Act shall apply to all health benefits plans under chapter 87A, Hawaii Revised Statutes, issued, renewed, modified, altered, or amended on or before the effective date of this Act.

SECTION 6. Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.

SECTION 7. This Act shall take effect upon its approval.

INTRODUCED BY: _____

Report Title:

Health Insurance; Mandatory Coverage Native Hawaiian Culture-based Activities

Description:

Requires all health benefits plans to include coverage for Native Hawaiian culture-based activities, including but not limited to canoe paddling, hula, and lua, that have empirically shown to be effective in the management of weight, cardiovascular health, diabetes, and chronic kidney disease.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

SENATE CONCURRENT RESOLUTION

REQUESTING PAPA OLA LŌKAHI TO ASSESS THE IMPACT ON SOCIAL,
FINANCIAL, AND CULTURAL INTEGRITY OF PROVIDING HEALTH
COVERAGE FOR CERTAIN NATIVE HAWAIIAN CULTURE-BASED
ACTIVITIES.

1 WHEREAS, Native Hawaiians have among the highest rates of
2 obesity, hypertension, diabetes, cardiovascular and
3 cerebrovascular diseases, certain cancers, and mortality rates
4 of any ethnic group in Hawaii; and
5

6 WHEREAS, studies indicate that many Native Hawaiians feel
7 alienated from and have a mistrust of the present health care
8 system, and prefer more culturally acceptable means of managing
9 their health; and
10

11 WHEREAS, section 226-20, Hawaii Revised Statutes, sets
12 objectives and policies of the Hawaii state plan for socio-
13 cultural advancement of health with specific language that
14 requires the prioritization of programs, services,
15 interventions, and activities that address social determinants
16 of health intended to improve Native Hawaiian health and well-
17 being and to reduce disparities among disproportionately
18 affected demographic groups; and
19

20 WHEREAS, traditional Native Hawaiian practices, including
21 hula and canoe paddling, have been shown to be effective in the
22 areas of weight management, cardiovascular health, diabetes
23 management, and chronic kidney disease management; and
24

25 WHEREAS, this body believes that coverage for certain
26 Native Hawaiian culture-based practices will substantially
27 reduce illness and assist in the maintenance of good health for
28 the people of this State; now, therefore,
29



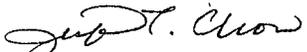
1 BE IT RESOLVED by the Senate of the Twenty-ninth
2 Legislature of the State of Hawaii, Regular Session of 2018, the
3 House of Representatives concurring, that Papa Ola Lōkahi is
4 requested to conduct an assessment of the impact on social,
5 financial, and cultural integrity of providing coverage for
6 Native Hawaiian culture-based practices, as well as Native
7 Hawaiian healing practices as referenced in section 453-2,
8 Hawaii Revised Statutes, that have shown to be effective in
9 managing weight, cardiovascular health, diabetes, and other
10 chronic diseases; and

11
12 BE IT FURTHER RESOLVED that Papa Ola Lōkahi is requested to
13 submit its findings and recommendations to the Legislature,
14 including any necessary implementing legislation, no later than
15 twenty days prior to the convening of the Regular Session of
16 2020; and

17
18 BE IT FURTHER RESOLVED that a certified copy of this
19 Concurrent Resolution be transmitted to the Executive Director
20 of Papa Ola Lōkahi.

I hereby certify that this is a full, true, and correct copy of the original filed in this office.

Dated: APR 18 2018


Assistant Clerk of the Senate
State of Hawai'i

