Improving the health and well-being of Native Hawaiians

May 28, 2025

The Honorable United States Senator Lisa Murkowski, Chair
Senate Committee on Indian Affairs

The Honorable United States Senator Brian Schatz, Vice Chair
Senate Committee on Indian Affairs

Honorable Members of the United States Senate Committee on Indian Affairs

Via: testimony@indian.senate.gov

Subject: Written Testimony for the Congressional Record re: Oversight Hearing, entitled Delivering Essential Public Health and Social Services to Native Americans – Examining Federal Programs serving Native Americans across the Operating Divisions at the U.S. Department of Health and Human Services, held on May 14, 2025, Washington, D.C.

Aloha e Chair Murkowski, Vice Chair Schatz, and Members of the United States Senate Committee on Indian Affairs (collectively, the "Committee"),

Mahalo (thank you) for providing the opportunity to participate, in the above referenced oversight hearing in person and on behalf of Papa Ola Lōkahi ("POL"), the Native Hawaiian Health Board ("NHHB").

POL was congressionally and statutorily created in 1988 to improve the health status of Native Hawaiians, through the passage of the Native Hawaiian Health Care Act, which was later reauthorized as the Native Hawaiian Health Care Improvement Act ("NHHCIA"). The implementation of the NHHCIA provides for: 1) Coordination, implementation and updating of a comprehensive Native Hawaiian health care master plan (operationally known as "E Ola Mau"), including identification and research of diseases most prevalent among NH; 2) Establishment of a network of health resources, services, and infrastructure, through five island community-based health organizations, commonly known and referred to as the Native Hawaiian Health Care Systems[1] ("NHHCS" or "Systems"); and 3) Administration of scholarships via the Native Hawaiian Health Scholarship Program ("NHHSP"). **POL is authorized, in and by, the NHHCIA to do the described work, and there are no other entities named to do this statutorily, legislated, Trust responsibility related work.**

[1] Comprised of Hoʻola Lāhui Hawaiʻi - Kauaʻi Community Health Center, a federally qualified health center; Ke Ola Mamo, island of Oʻahu; Hui No Ke Ola Pono, island of Maui; Na Puʻuwai, islands of Molokai and Lanaʻi; and Hui Mālama Ola Nā ʻŌiwi, Hawaiʻi Island

Federal Trust Responsibility to Native Hawaiians

Similar to American Indians and Alaska Natives, Native Hawaiians ("NH") never relinquished the right to self-determination despite the United States' involvement in the illegal overthrow of Queen Lili'uokalani in 1893 and the dismantling of our Hawaiian government. As such, Native Hawaiians are owed the same trust responsibility as all Native groups in the United States. The federal trust responsibility extends to all Native Hawaiians, a population that grew nationwide by 29.1% from the 2010 to the 2020 census data.[2] To meet this obligation, Congress—through landmark, bipartisan work of this Committee and its Members—created policies to promote education, health, housing, and a variety of other federal programs intended to build, maintain, and better conditions for the Native Hawaiian Community ("NHC").

The federal government needs to recognize that federal Trust responsibility, and policy implementation and program funding is: Congressionally and statutorily authorized and appropriated; NOT discretionary spending that Native Americans need to "apply" for; exists beyond the U.S. Department of Health and Human Services' ("HHS"), Indian Health Services ("IHS") operating division; and NOT a state obligation (i.e., state funding should supplement not supplant federal funding).

Please note that Native Hawaiians do not receive IHS services as provided to American Indians and Alaska Natives, therefore, HHS services, through other operating divisions, are vital for the federal government to meet its Trust responsibility to Native Hawaiians, including the following points:

A. First, the federal Trust Responsibility to Native Hawaiians is based on the unique political status of Native Hawaiians, codified in hundreds of Congressional Acts, particularly NHHCIA, and is NOT race based.

B. Second, the IHS clearly identifies the eligibility for IHS, "The Indian Health Service is the health care system for federally recognized American Indian and Alaska Natives in the United States", which does not include the NHC.

C. Third, therefore, the current funding and programming provided via HHS, including the Health Resources and Services Administration ("HRSA") operating division, IS the mechanism for the fulfillment of the federal Trust Responsibility to Native Hawaiians; and any disruptions of such funding and programming potentially is a breach of such responsibilities.

Improvements in fulfilling the federal Trust Responsibility ("FTR") to Native Hawaiians by HHS is needed, particularly in three areas:

A. **Policy.** Despite the congressional and statutory basis of the Act, the HHS Advisory Opinion 25-01, dated February 25, 2025, on "Application of DEI Executive Orders to the Department's Legal Obligations to Indian Tribes and Their Citizens" **excludes the NHC; therefore, the Advisory Opinion should include Native Hawaiians for consistency with the FTR.**

[2] https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-nhpi-population.html, retrieved May 7, 2025

B. **Funding.** Funds for Native Hawaiians are congressionally and statutorily authorized and appropriated, therefore, funds are NOT discretionary spending that Native Americans need to "apply" for; programming and funding exists beyond the scope of HIS; and are NOT state obligations, as NH are dispersed in all 50 states (i.e., state funding should supplement not supplant federal funding).

C. **Consultation Practices.** Implement meaningful consultation practices with Tribal nations, tribal citizens and the NHC, including HHS reorganization activities (e.g., consolidation, elimination of operating units HRSA, Substance Abuse and Mental Health Services Administration ["SAMHSA"]), funding and/or programming changes (e.g., bills, appropriation) and process changes (e.g., work requirements, reduction in service locations, no in person servicing).

Native Hawaiian Health Network

We recognize and are grateful for the commitment and work of the NH Health Network ("NHHN") collaborators across the eight major islands of the State of Hawai'i, including the Systems, federally qualified health centers ("FQHCs"), community health centers ("CHCs"), community-based organizations ("CBO"), Native Hawaiian serving organizations ("NHO"), and the State of Hawaii (Department of Health and the Department of Human Services).

POL invited NHHN collaborators to also provide follow up written testimony for the Congressional Record, and provides herein POL's additional written testimony, including responses to questions for the record and reports of continuing health and wellbeing needs of NHCs organized into the following sections:

I - Impacts of HHS Funding Cuts to Native Hawaiian Communities

II - Continuing Needs of Native Hawaiian Communities, Implementing Master Plan Recommendations and the Native Hawaiian Health Network

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I – Impacts of HHS Funding Cuts to Native Hawaiian Communities

Impacts of HHS funding and programming cuts relate to unfulfilled FTR in HHS operating divisions such as the Health Resources and Services Administration ("HRSA"), Substance Abuse and Mental Health Services Administration ("SAMHSA"), Centers for Medicare & Medicaid Services ("CMS"), and the Administration for Children and Families ("ACF"), major operating divisions of the U.S. Department of Health and Human Services ("HHS"), including their respective bureaus and offices.

A. Impact of HHS > HRSA Funding Cuts – Unfulfilled Federal Trust Responsibilities

We highlight the following four impact areas, if HRSA cuts funding to the NHHCIA and constrains POL, as its statutorily named implementor.

1. Impact Area 1: Unfulfilled Federal Trust Responsibilities to Native Hawaiians – 1 Year - Overall POL Statutory Appropriations - $27MM –Appropriations.

Current FY26 appropriations request for the Native Hawaiian Health Care Program is at $27 million, via HHS, HRSA, and historically funded:

Organization	HHS Operating Division	$
a. Papa Ola Lōkahi, Native Hawaiian Health Board	Via HRSA >BPHC[3]	$10,000,000
b. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Scholarship Program via HRSA>BHW[4]	$2,200,000
c. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Health Care Systems Via HRSA>BPHC	$14,800,000

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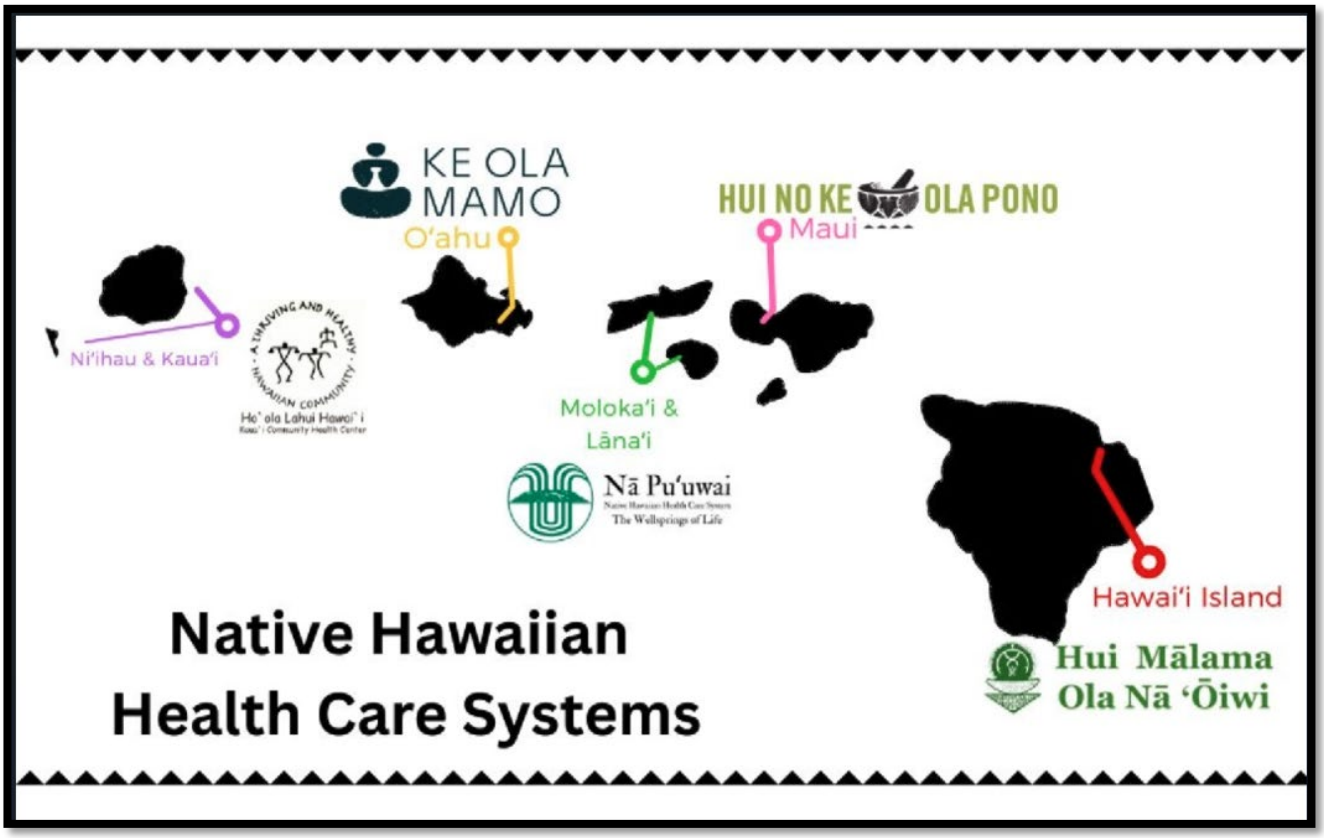
[3] Bureau of Primary Health Care (BPHC)
[4] Bureau of Health Workforce (BHW)

2. **Impact Area 2: Unfulfilled Federal Trust Responsibilities to Native Hawaiians – 1 Year, $14.8MM - Native Hawaiian Health Care Systems, (Sub-Set of $27MM)**

   Collectively, based on the most recent program funding year, the Systems: distributed over 41,900 health education materials; hosted 376 events, and reached more than 39,400 individuals across Hawai‘i.

   Traditional healing services played a vital role, with over 3,200 people receiving care rooted in Native Hawaiian cultural practices. For example, Hui Mālama Ola Nā ‘Ōiwi (“HMONO”) on Hawai‘i Island, reached more than 17,000 individuals through just 3 major events, while Ho‘ola Lāhui Hawai‘i (“HLH”) on Kaua‘i provided traditional healing services to 1,571 individuals across 131 events. Ke Ola Mamo (“KOM”), Oah‘u, Nā Pu‘uwai, Molokai, and Hui No Ke Ola Pono (“HNKOP”), Maui, also made notable contributions, with HNKOP engaging more than 15,400 community members through its 173 events, primarily a result of the Lahaina, Maui, wildfires in August 2023.



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3. **Impact Area 3: Unfulfilled Federal Trust Responsibilities to Native Hawaiians – 1 Year, $2.2MM – Healthcare Workforce via Scholarship, Sub-Set of $27MM, HRSA > BHW, Interruption of 100% of the Cohort in education, in-service and in-community—a 12-year pathway to community.**

   There is already an administrative delay in the release of the Notice of Funding Opportunity ("NOFO") impacting the related agreement and funding for the workforce program. Not funding the health workforce program will constrain and diminish the ability of POL to track the active awards, of which almost 40% are in education, the most intensive time needed for POL supports; with an anticipated 8-10 new awards, increasing the cohort size by over 20%.

   In addition, without a NOFO, it is unclear what will be allocated to the scholars themselves which represent almost 90% of the annual budget appropriation of $2.2MM.

4. **Impact Area 4: Unfulfilled Federal Trust Responsibilities to Native Hawaiians $10MM – Per Program Year for POL Work, Including COVID-19, ARPA Funding and Other HRSA Related Funding**

   a. ***Program Commitments, Spending.*** Described in further detail below, the following table summarizes the financial program impacts by HHS operating **divisions from 2022 to 2024 which may be at risk for continuing work, pending further HHS' reorganization, funding and/or programming reduction details:**

Organization	Act, Program Impacted	HHS Operating Division	$ Funding Impact
a. Papa Ola Lōkahi, Native Hawaiian Health Board	American Rescue Plan Act ("ARPA")	HRSA	$1,566,000
b. Papa Ola Lōkahi, Native Hawaiian Health Board	Community Health Workers, Perinatal Health	HRSA	$801,000
c. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Health Program (NHHP), including Native Hawaiian Scholarship Program	HRSA, including BPHC, BHW	$9,576,000
d. Papa Ola Lōkahi, Native Hawaiian Health Board	Center of Excellence, Tobacco, Aging, Transportation Equity Working Group	Via the State of Hawaii, Department of Health	$92,000
		Total HRSA Related	**$12,035,000**

b. ***HHS>HRSA>ARPA-COVID-19 Funding Service Impacts.*** The following are community impacts of ARPA – COVID-19 funding, as reported to POL by its community partners for the 2023-2024 service period: Almost 17,000 families; and a little under 123,000 individuals were served; over 165,000 clinical and non-clinical appointments reported; over 1,200 events hosted and over 1,000 new and existing partners. Community health work reported initially reaching over 560 families, over 1900 individuals, via six events, 30 training sessions with over 800 local professionals and over 60 local organizations.

B. Impact of HHS > SAMHSA Funding Cuts – Risk Emergency Relief, Mental Health Services, Disaster Areas

Impact Area 5: SAMHSA Emergency Relief Grants (SERG) Funding – Intermediary Funding with the State of Hawaii, Department of Health ("DOH") – cutting funding would severely disrupt communities' recovery efforts, particularly mental health needs in the disaster area of Lahaina, Maui.

Organization	Act, Program Impacted	HHS Operating Division	$ Funding Impact
Papa Ola Lōkahi, Native Hawaiian Health Board	SAMHSA Emergency Response Grant (SERG)	SAMHSA, via the State of Hawaii, Department of Health	$4,537,000

1. ***SERG – Year 1.*** Maui SERG accomplishments, from the initial, delivery period of February to September 2024, as collected and reported by on the ground collaborators: Community Served – 7,298 families and 20,413 individuals; Clinical Care – 8,152 urgent trauma and mental health clinical appointments; Community Outreach – 452 events and 2,133 non-clinical appointments; Workforce Development – 94 training sessions attended by 2,229 local professionals; Collaborative Engagement – Strong partnerships with 14 local organizations ensured tailored and effective services, especially for under-served populations.[5]
2. ***SERG – Year 2.*** Currently in Year 2 of the implementation of SERG grants, beginning November 2024, and the six-month period reporting in progress, emerging data includes (pending final review and confirmation): Over 5,400 families served in the community, associated with almost 14,400 individuals; About 4,400 urgent trauma and mental health clinical appointments; Almost 475 events, over 3000 non-clinical appointments; Over 90 training sessions attended by almost 1,700 local professionals; and over 140 unduplicated organizations.

[5] https://kawaiola.news/columns/i-ola-lkahi/collaborating-to-support-mental-wellbeing-on-maui/, retrieved May 12, 2025

C. Impact of HHS > CMS Funding Cuts – Med-QUEST, Medicaid

Impact Area 6: CMS Funding and Service of Native Hawaiians in Fulfillment of the Trust Responsibility

POL understands the following about Native Hawaiian and part-Hawaiian members served by the Hawaii Medicaid Program administered by the State of Hawaii's Department of Health: Total Hawaiian population currently receiving Medicaid equals almost 77,000 which represents 19% of all Med-QUEST members; Almost 26,000 (34%), children including over 1,400 current and former foster care children; over 400 pregnant women; over 14,000 (18%) parents or caretakers; about 26,500 (34%) adults; about 8,800 (11%) aged, blind or disabled adults; and over 1,100 other individuals.

D. Impact of HHS > ACF Child Welfare Funding Cuts

Impact Area 7: ACF Funding and Service of Native Hawaiians in Fulfillment of the Trust Responsibility

POL understands the following about child welfare conditions and programs as administered by the State of Hawaii, Department of Human Services: 33% of Temporary Assistance for Needy Families ("TANF") clients in June 2024 were Native Hawaiian. This is higher than Hawaiians' proportion of the total state population of 21%; In State Fiscal Year (SFY) 2024, 39.7% of confirmed victims of child abuse or neglect were Hawaiian; In the same year, 41.6% of children in foster care are Native Hawaiian and 42.8% of incarcerated youth were Hawaiian.

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II – Continuing Needs of Native Hawaiian Communities, Implementing Master Plan Recommendations and the Native Hawaiian Health Network

A. Continuing Needs of Native Hawaiian Communities

Despite Congress' declaration that it is the policy of the United States in fulfillment of its special trust responsibilities and legal obligations to the indigenous people of Hawaii, health disparities persist and programming needs in the following areas are at risk:

1. Rural Health Disparities in Hawai'i' – Native Hawaiian Health Systems (HHS, HRSA>BPHC, Federal Office of Rural Health Policy)

The following plain language summary is provided by the Economic Research Organization at the University of Hawai'i report "Rural Health Disparities in Hawai'i" [6], published in August 2024:

"Health can be different in rural and city areas for many reasons. For example, rural places might not have as many healthcare services. This makes it harder for people to get good care. But rural areas are closer to nature and often have close communities. This can be good for health. Studies on how rural living affects health in the US have shown mixed results. There have not been any studies for Hawai'i before. This report looks at health differences between rural and city areas in Hawai'i. We used data from a health survey done in June 2023: the UHERO Rapid Survey. We looked at things like age, gender, race/ethnicity, income, education, and disability to see how they relate to health and rural living. We found some big differences in health between rural and city residents in Hawai'i. Living in a rural area was strongly linked to overall health. The effect was bigger for physical health than mental health. People with disabilities and people with low incomes in rural areas faced the biggest health differences. Our findings suggest that health policies should aim to reduce differences between rural and city areas. It is especially important to help groups like people with disabilities and people with low incomes in rural areas. These groups need additional support."

Continuing supports via NHHN organizations (POL, Systems, FQHCs, CHCs, CBOs, NHOs, universities, State of Hawaii) can collectively address rural health disparities.

2. Missing and Murdered Native Hawaiian Women and Girls[7] (HHS>HRSA)

Pursuant to H.C.R. 11, the Hawai'i State Commission on the Status of Women (CSW) convened a Task Force to study Missing and Murdered Native Hawaiian Women and Girls (MMNHWG). The Missing and Murdered Native Hawaiian Women and Girls Task Force (MMNHWG TF) was administered through the Hawai'i State CSW and the Office of Hawaiian Affairs and was comprised of individuals representing over 22 governmental and non-governmental organizations across Hawai'i that provide services to those who

[6] Rural Health Disparities in Hawai'i - UHERO, retrieved May 12, 2025
[7] Cristobal, N. (2022). Holoi ā nalo Wāhine 'Ōiwi: Missing and Murdered Native Hawaiian Women and Girls Task Force Report (Part 1). Office of Hawaiian Affairs; Hawai'i State Commission on the Status of Women: Honolulu, HI.

are impacted by violence against Kānaka Maoli. The MMNHWG TF had the responsibility of understanding the drivers that lead to Kānaka Maoli women and girls to be missing and murdered, to propose solutions, and to raise public awareness about violence against Kānaka Maoli.

The findings and recommendations in the report were provided to members of the MMN-HWG TF for review and their insights were included. Any disparate agreement with the findings and recommendations will be noted.

a. 21% of Hawai‘i’s total population (N= 1,441,553) identifies as Native Hawaiian (U.S. Census Bureau, 2021).

b. 10.2% of the total population of Hawai‘i identifies as a Native Hawaiian female, with 47.6% of this population identified as females under the age of 18 (U.S. Census Bureau, 2021).

c. More than a quarter (1/4) of missing girls in Hawai‘i are Native Hawaiian (JJIS, 2001 2021).

d. Hawai‘i has the eighth highest rate of missing persons per capita in the nation at 7.5 missing people per 100,000 residents (Kynston, 2019).

e. The average profile of a missing child: 15 year old, female, Native Hawaiian, missing from O‘ahu (MCCH, 2022).

f. The majority (43%) of sex trafficking cases are Kānaka Maoli girls trafficked in Waikīkī, O‘ahu (Amina, 2022).

g. 38% (N= 74) of those arrested for soliciting sex from a thirteen-year-old online through Operation Keiki Shield are active-duty military personnel (Hawai‘i Inter net Crimes Against Children Task Force, 2022).

h. In 2021, the Missing Child Center Hawai‘i (MCCH) assisted law enforcement with 376 recoveries of missing children. These cases are only 19% of the estimated 2,000 cases of missing children in Hawai‘i each year (MCCH, 2021).

i. On Hawai‘i Island, Kānaka Maoli children ages 15-17, represent the highest number of missing children’s cases, with the most children reported missing in area code 96720, Hilo (Hawai‘i Island Police Department, 2022).

j. From 2018-2021, there were 182 cases of missing Kānaka Maoli girls on Hawai‘i Island, higher than any other racial group (N= 1,175) (Hawai‘i Island Police Depart-ment, 2022).

k. 57% of participants served through the Mana‘olana Program at Child & Family Services are Native Hawaiian females who have experienced human trafficking (Ma na‘olana, CFS, 2021-2022).

Continuing collaboration via NHHN organizations (POL, Systems, FQHCs, CHCs, CBOs, NHOs, universities, State of Hawaii) can address MMINHWG issues.

3. Hawai‘i’s – Health and Wellbeing Journey Over Time – Monitoring Equity and Access[8] - Strengthening Health Equity in Hawai‘i

Recently published by the Economic Research Organization at the University of Hawai‘i (May 21, 2025), POL highlights the Executive Summary here, particularly as it relates to the next steps and policy recommendations.

> *“The UHERO Rapid Health Survey is a statewide longitudinal study offering one of the most comprehensive real-time assessments of health equity in Hawai‘i. Launched in 2022, the survey has completed four major waves, with the most recent concluding in December 2024. It tracks over 2,000 adults and provides disaggregated data on physical and mental health, healthcare access, food security, housing, and employment. The findings highlight growing disparities that call for coordinated, equity-driven policy action.*
>
> ***Key Findings:***
>
> ***Worsening Self-Reported Health:*** *Only 40% of adults rated their health as excellent or very good in December 2024—a decline from 44% in mid-2023 and 83% reporting good or better health the year before. Among Native Hawaiian and Pacific Islander (NHPI) respondents and those below the poverty line, excellent/very good ratings dropped from 40% to 23% in just 18 months.*
>
> ***Mental Health Burden Remains High:*** *31% of respondents reported symptoms of depression, and 4% reported severe depressive symptoms. Rates were highest among young adults (18–34), NHPI, Filipino, and low-income groups. Notably, 10% of low-income individuals reported severe depressive symptoms.*
>
> ***Escalating Barriers to Mental Healthcare:*** *The proportion of adults missing needed mental health care rose sharply—from 5% in mid-2023 to 22% by late 2024. Among young adults aged 18–34, the rate jumped to 39%. This trend was consistent across all racial and income groups.*
>
> ***Persistent Food Insecurity:*** *Nearly 30% of adults reported low or very low food security, with the burden disproportionately affecting NHPI, Filipino, and low-income groups. Among those living near or below the poverty line, only 33% were food secure.*
>
> ***Widespread Healthcare Access Barriers:*** *Provider availability (79%) and cost (49%) were the most cited barriers to physical healthcare. In mental healthcare, 68% reported barriers to therapy, 50% to psychiatrists, and 31% to urgent care services.*
>
> *An interactive dashboard accompanies this report, enabling policymakers and stakeholders to explore trends across demographic*

[8] Hawai‘i’s Health and Wellbeing Journey Over Time, retrieved May 27, 2025

subgroups and survey waves. This dataset and dashboard offer critical infrastructure for timely, equity-centered public health planning and response across Hawai'i.

Next Steps and Policy Recommendations: Strengthening Health Equity in Hawai'i

The UHERO Rapid Health Survey reveals widening disparities in health, access to care, and basic needs like food and housing—particularly among Native Hawaiian, Pacific Islander, Filipino, Hispanic, and low-income communities. These inequities are not isolated; they stem from systemic barriers that demand coordinated, equity-driven action. Addressing them requires targeted investments in community-based mental health services, culturally competent healthcare providers, and expanded access to both primary and dental care—especially in underserved rural and outer islands.

To build a more resilient and equitable Hawai'i, we must also tackle the structural roots of health disparities. This means investing in affordable housing, strengthening local food systems, creating pathways to stable employment, and sustaining real-time data systems like the UHERO Rapid Health Survey to guide public policy. Above all, we must ensure that solutions are developed and implemented in partnership with communities most affected. Building a healthier Hawai'i is not only a policy imperative—it is a shared responsibility.

Continuing collaboration via NHHN organizations (POL, Systems, FQHCs, CHCs, CBOs, NHOs, universities, State of Hawaii) can strengthen health equity in Hawai'i.

4. **Report to the Legislature of the State of Hawai'i : Findings and Recommendations of the MĀLAMA 'OHANA Working Group, created by SB 295 SD 2 HD2 CD1, enacted as Act 86 on June 14, 2023[9], Published December 2024**

   The Mālama 'Ohana Working Group ("MOWG") fully came into being on June 14, 2023, when Act 86 was signed into law by Governor Josh Green, signifying the sate's commitment to uplift the voices of 'ohana and keiki affected by the child welfare system. The origins of the MOWG, however, go back to 2018, if not earlier. September 2018 was the first convening of Nā Kama a Hāloa, a community-based network striving to weave Native Hawaiian wisdom and perspective into the Hawai'i foster care system and improve outcomes for Native Hawaiian children and families involved in the child welfare system.

   A key data point provided in the report is: In State Fiscal Year 2022, 44% of children in foster care were Native Hawaiian and 39% of confirmed child maltreatment victims were Native Hawaiian. Native Hawaiian children comprise 33% of children in Hawai'i.

[9] MOWG Final Report — Mālama 'Ohana Working Group, retrieved, May 27, 2025

The MOWG Recommendations include the following:

a. ***Recommendation 1: Address Historical Trauma and Persistent Disproportionality.*** Acknowledge and address historical and present conditions and barriers that perpetuate the overrepresentation of Native Hawaiian and Pacific Island people in categories of need or distress.

b. ***Recommendation 2: Build Family Resilience.*** Prioritize thriving families above all other commitments by providing universal family supports aimed at ensuring a stable foundation and opportunities for growth.

c. ***Recommendation 3: Provide Comprehensive Specialized Support Services.*** Provide accessible, trauma-responsive, specialized supports and interventions outside the child welfare system for parents facing intense challenges.

d. ***Recommendation 4: Develop a Trauma-Informed System.*** When CWS intervenes in a family, ensure that the intervention is respectful and supportive, minimizes trauma, and does not create more harm than the original issue they hoped to address.

e. ***Recommendation 5: Build Excellence Through Accountability.*** *Ensure that systems, services, processes, and procedures are coordinated, accountable, and efficient with robust oversight, adequate funding, appropriate staffing, and high operational standards*

Continuing collaboration via NHHN organizations (POL, Systems, FQHCs, CHCs, CBOs, NHOs, universities, State of Hawaii) can implement the recommendations of the MOWG.

B. Implementing Recommendations of E Ola Mau – Native Hawaiian Health Master Plan (HHS, HRSA)

1. **E Ola Mau 2023 Recommendations Overview[10].** The E Ola Mau ("EOM") report (aka "NHH Master Plan") provides comprehensive recommendations aimed to address and improve the overall well-being of the Native Hawaiian community. It is generated through the efforts and commitment of a multidisciplinary collective of practitioners across the pae ʻāina. The structure of the 2023 report followed the key areas of health and well-being covered in the earlier report, including the new addition of recommendations made in the racism, data governance, and workforce development chapters. The recommendations emphasize the importance of integrating Native Hawaiian culture with modern healthcare systems to create a holistic approach to well-being. This includes increasing the availability of culturally appropriate services and resources, and supporting community-based efforts.

   Additionally, the report advocates for a strengths-based approach to wellness, increased monitoring and evaluation of the recommendations, and interdisciplinary collaboration. The overarching goal of these recommendations is to reduce health disparities and promote a healthier, more vibrant future for Native Hawaiians.

[10] https://www.papaolalokahi.org/wp-content/uploads/E-Ola-Mau-2023-Recommendations-all-workgroups.pdf, retrieved May 12, 2025

2. **Racism & Well-Being.** EOM teams reviewed the literature connecting racism with each chapter (e.g., oral health, behavioral health, historical and cultural context) that existed in previous EOM reports and identified specific recommendations for each section. While this chapter is new to the 2023 report, racism has been implicit in the previous reports. Recommendations from 1985 called for culturally sensitive approaches to health programs and interventions and the need to address Native Hawaiian concerns relating to land, urbanization, the justice system, self-determination, economic self-sufficiency, environmental protection, education, housing, transportation, energy, historical and archaeological sites, lawai‘a ‘ana (fishing), mahi‘ai ‘ana (farming), and language and culture. The 2019 report called for disaggregated data, Kānaka workforce development, and more culturally grounded ways of supporting Native Hawaiian health. There are recommendations for the following areas: Racism: Historical & Culture Perspectives; Mental and Behavioral Well-Being; Medicine; Nutrition, Oral Health, Data Governance, Workforce Development, Resilience; and Mental & Behavioral Wellbeing; Nutrition, Policy & Advocacy; and Community Education.

C. Native Hawaiian Health Network (HHS>HRSA, SAMHSA, CMS, ACF)

Continuing the work of the collective, the Native Hawaiian Health Network (NHHN), is vital for raising the health status of Native Hawaiians and Hawai‘i, and POL, the NHHB, acknowledges the following organizations and the long-standing commitment to Hawai‘i’s communities:

1. The Native Hawaiian Health Care Systems

a. Ho‘ola Lāhui Hawai‘i - Kaua‘i Community Health Center, also a federally qualified health center.

b. Ke Ola Mamo, island of O‘ahu;

c. Hui No Ke Ola Pono, island of Maui;

d. Na Pu‘uwai, islands of Molokai and Lana‘i; and

e. Hui Mālama Ola Nā ‘Ōiwi, Hawai‘i Island.

2. **Federally Qualified Health Centers (island)**, alphabetically and with multiple sites and modes within their communities [11]

a. Community Clinic of Maui (Maui)

b. Hāmākua-Kohala Health (Hawai‘i Island)

c. Hana Health (Maui)

d. Kalihi Palama Health Center (O‘ahu)

e. Ko‘olauloa Health Center (O‘ahu)

f. Kokua Kalihi Valley Comprehensive Family Services (O‘ahu)

[11] https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/hi/, retrieved May 12, 2025

g. Lanai Community Health Center (Lānaʻi)

h. Molokai Ohana Health Care (Molokai)

i. Wahiawa Center for Community Health (Oʻahu)

j. Waianae Coast Comprehensive Health Center (Oʻahu)

k. Waikīkī Health Center (Oʻahu)

l. Waimanalo Health Center (Oʻahu)

m. West Hawaii Community Health Center Inc. (Hawaiʻi Island)

n. WHCHC Hawaii Island Community Health Center (Hawaiʻi Island)

3. **Community Health Centers**

CHCs are the cornerstone of the health care system in Hawaiʻi, providing essential services to the most vulnerable populations. CHCs are non-profit organizations, and exist in federally-recognized areas, where residents have barriers to getting health care. They also actively reinvest in the development of the communities they operate in. A comprehensive array of services including: primary medical care, behavioral/mental health care, dental services, diagnostic services, prescription drugs, case management, language assistance, culturally-competent and sensitive care, health education, including nutrition counseling, and assistance with program applications, including housing and cash assistance.[12]

4. State of Hawaii, Department of Health and Department of Human Services

Both departments are individually and collectively, integral to working with each other and the community at large to accomplish public health goals and objectives.

5. **Native Hawaiian Organizations**

POL, the NHHB, recognizes the almost 200 NHOs currently on the U.S. Department of the Interior, Office of Native Hawaiian Relations' Notification List[13] which are vital, community and cultural connections to the NHC.

6. **Community Based Organizations**

Too numerous to name organizationally, the network of CBOs intersect with all of the above named and includes community collaborators in education, health, housing, social services, land and ocean at all governance levels---community, county, state, federal, international.

POL, the NHHB, acknowledges all who have been and/or are a part of the NHHN, individually and organizationally, and welcome all to strengthen the health status of NHCs and Hawaiʻi.

[12] https://www.hawaiipca.net/what-is-a-chc, retrieved May 12, 2025
[13] https://www.doi.gov/sites/default/files/documents/2025-04/nhol-complete-list-final-web.pdf, retrieved May 12, 2025