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E Ola Mau:

*An Update on the
Health and Well-Being
of Native Hawaiians*

DECEMBER 2023



HALE 'IMI HAWAII'



Papa Ola Lōkahi





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Mo'okū'auhau

In 2019, Papa Ola Lōkahi, along with our partners in Native Hawaiian health, published *E Ola Mau A Mau*, as an update to the first *E Ola Mau* Report published in 1985. Since 1985, we have witnessed our traditional diets and practices utilized to prevent chronic diseases and in 2019, we celebrated our resilience. A resilience not crafted by chance, but by our kūpuna workforce that meticulously designed and built a kahua for the next generation of traditional and contemporary healers to restore the health and well-being of Kānaka after decades of mistreatment and oppression onset by colonialism. Just a year after the publication of *E Ola Mau A Mau* in 2019, COVID-19 devastated the world and taught us new, yet old lessons on how to mālama ourselves and each other during a time of crisis and fear. After all, it was not too long ago that our kūpuna survived foreign infectious diseases and viruses.

COVID-19 presented a high risk of hospitalization and death and exacerbated the pre-existing conditions impacting Kānaka health. As our economy fell and imported supplies became scarce, we looked to each other for ways to survive. While we collectively grieved and moved in fear, we also watched and joined our lāhui in organizing and mobilizing to ensure the safety and survival of our people. Community health workers rallied together across the pae 'āina to feed, vaccinate, advocate for visibility and data disaggregation, translate and provide important health information, and create cultural responses, demonstrating the resilience of our lāhui. Although the impacts of COVID-19 will be felt for generations it also symbolized an important turning point characterized by the collective force of the lāhui's desire for greater ea. It became even more apparent that the

memories, lessons, and practices of our kūpuna would guide the types of solutions needed to sustain us through the pandemic and beyond.

One of the ways our kūpuna survived and maintained their intimate relationships with akua, 'āina, and kānaka was in their practice of kilo. Through this practice and many others, we argue that our kūpuna were researchers, documenting change through meticulous observation and adapting. *E Ola Mau 2023* serves as a formal way to kilo the health and well-being of Kānaka, consider the greater needs of the lāhui, and shift our health solutions as necessary. In this iteration, we remained guided by the words of Mary Kawena Pukui, *i ka wā mamua, i ka wā mahope*—the future is secured by the past—a proverb often passed down to younger generations. Kame'eleihiwa explains, "It is as if the Hawaiian stands firmly in the present, with his back to the future, and his eyes fixed upon the past, seeking historical answers for present-day dilemmas." Therefore, *E Ola Mau 2023* utilizes *i ka wā mamua, i ka wā mahope* as a methodology and serves as an added pōhaku to the kahua laid by our kūpuna to serve our Kānaka health workforce for generations. In this iteration we are regrouping and regrouping ourselves as we prepare for the changes ahead. Mahalo for joining us!

I ka wā mamua, i ka wā mahope.
The future is secured by the past.
-Mary Kawena Pukui, 'ŌN #6

Ka Wā Mamua

As our kūpuna have taught us, health and well-being is not simply the absence of disease, but the balance of relationships and wellness between akua, 'āina, and Kānaka. Throughout Hawai'i's history, attempts have been made to sever these relationships, creating imbalances that have been detrimental to our health as Kānaka. In this iteration of E Ola Mau, we reflect on the structural injustices that have caused inequitable opportunities for optimal health and well-being. One of the fundamental causes of structural racism is the embeddedness of settler colonialism and white supremacy in our welfare and public health systems and policies.

White supremacy is the belief that the norms of whiteness are superior to all other cultural and physical attributes, rewarding those who align with white norms and standards and oppressing those who do not. We define settler colonialism as a structure of dominance set on the domination and exploitation of Indigenous lands and bodies (Arvin, 2019; Trask, 1999). Its power is reliant on and operating through the economy, law, and European ideology. The roots of settler colonialism and white supremacy in Hawai'i can be traced to our initial (and ongoing) contact with colonial forces, which introduced religious and capitalist ideals that served to dismantle Kānaka cultural and political lifeways.

The influence of Western, namely American, politicians, businessmen, and missionaries led to racist policies that outlawed many Kānaka systems and practices such as 'Ōlelo Hawai'i (Hawaiian language), hula, and surfing. The church was perhaps the most influential in dismantling Kānaka culture. For over 100 years starting in 1820, the use of lā'au lapa'au (Kānaka medicine) was subject to persecution by missionaries who believed it was black magic and "evil"; the practice later fell under the jurisdiction of U.S. law that banned openly

performing and teaching lā'au lapa'au (Donlin, 2010). These historical trauma events, alongside the privatization of land in Hawai'i, exacerbated the already declining health of Kānaka as these concepts were countercultural (Kaholokula, 2021). Altogether they resulted in limited access to cultural foods and healing sources, ignoring the benefits of subsistence lifestyles and disrupting the spiritual and ancestral connection to 'āina (land).

Under continued U.S. occupation, Kānaka have experienced higher rates of mental and physical illnesses, including hypertension, diabetes, depression, and suicidality compared to all major ethnic groups in Hawai'i (Braun et al., 2017, Kaholokula, 2018). Kānaka have one of the lowest life expectancy rates in Hawai'i and spend fewer years in good health (Wu et al., 2017). They also experience higher rates of poverty (15.5%) and food insecurity (27%) and comprise nearly 50% of the houseless population in Hawai'i (Demographic, 2018; OHA, 2018). While much research has been conducted on health and social disparities, western methodologies in health and research initiatives pose significant barriers to increasing well-being and creating tangible benefits in communities. Past studies have reported on unethical and exploitive research practices done with Kānaka such as the experimental medical procedures conducted on Kānaka with Hansen's disease that were forcibly sent to Kalaupapa, and issues with researchers displaying disrespectful and discriminatory behaviors (Au, 2015; Ka'opua et al., 2017). There is also deep mistrust directed towards healthcare institutions due to historical trauma and perceived discrimination. As a result, Kānaka remain in poorer health when compared to other ethnicities in Hawai'i.

To address such health disparities among Kānaka, researchers and health professionals have advocated for culturally-grounded health programs and approaches. Various studies have demonstrated that the use of 'ōiwi-centric values like 'ohana and traditional practices like hula have favored well in Kānaka communities, positively impacting indicators of physical health. Additionally, there is an ongoing policy movement to institutionalize traditional healing methods. Institutionalization may allow for traditional healers to be compensated for their work through insurance companies and for traditional practices like hula, surfing, and paddling, to be covered by insurance similar to fitness benefits. However, as we try to combine our traditional practices with our modern health system, we are reminded by our kūpuna to do so with caution and care.

Traditionally, healers in Hawai'i utilized spirituality in their practice and committed to healing individuals without the expectation of compensation. They studied their practice intensely and rigorously

for years under the direction of their kumu that engaged in thorough oversight of their practice. Their combination of form and essence, or their combination of practice (lā'au lapa'au, ho'oponopono, lomilomi, etc.) and spirituality, set them aside from Western healers who operate with their expertise in form only. Spirituality is a fundamental factor of maui ola and the Hawaiian Worldview. Its presence created balanced relationships with Kānaka and 'āina to allow for a pono state of being. The absence of spirituality in healing creates an imbalance that contributes to the health disparities Kānaka face today. Therefore, as our traditional practices move in the direction of being institutionalized in western systems, it leaves us with large concerns for its regulation. For example, in 2019 a law requiring licenses for midwives was passed, requiring midwives to attend accredited schools to attain such licenses ([HRS 457J-6](#)). This policy left many traditional midwives in a contentious place as their traditional practice would now be regulated by state law, bearing tones of colonial tactics that once limited traditional healing practices and the use of 'Ōlelo Hawai'i in schools. Thus, in order to combine our traditions with our modern systems, it is imperative that we look to the source and the past. Doing so will ensure that as we proceed with our targeted health solutions for Kānaka, inclusive of policies and programs, we do so in a pono way.

Ka Wā Mahope

As convenings for this report took place during the drafting and revising phases a common principle amongst the chapter hui was the need to apply a strengths-based perspective to the way we talk about our people and when we dream up solutions. This is not to say that we ignore the hard conversations about our colonial history and its present day impacts. Rather it is a commitment that we balance our discussions about health disparities and gaps in services by celebrating all that we have achieved over the years and the efforts of our own people to serve their communities and beyond. Therefore, we hope this approach is apparent in each of the chapters and will commit to it in future iterations of E Ola Mau.

A strength of this report is the collection of recommendations by health experts who have contributed to Native Hawaiian health. This iteration

was also completed in the midst of the Maui fires and many of our contributors responded quickly to the social, emotional, basic, and physical needs of our people, limiting their capacity to work on projects like this report. Nonetheless, it is an honor and privilege to work alongside those who heed the call and we celebrate the health workforce that is able to respond quickly with expertise and strong relationships to communities. However, as many of our contributors have shared with us, there is a need for the E Ola Mau report to have a more systematic approach in garnering information. While we have cast our collective net to understand how our recommendations have progressed, in future iterations, we plan to conduct a thorough review of the literature and continue to bring in our contributors through bi-annual convenings to collect qualitative data on the status of prioritized recommendations. We will begin to build indicators of success that will demonstrate how the collective work we do promotes a thriving Native Hawaiian population. In addition, it is imperative that we restructure our report to be more holistic, where we can call out the cross-cutting strengths and challenges across disciplines.

To aid in this new direction, the chapters in this report are organized according to three main categories of recommendations: 1) recommendations that have been successfully addressed, 2) recommendations that are in-progress; and 3) new recommendations not mentioned in the past EOM reports. New to this report is the racism chapter. Racism was briefly discussed in past EOM reports throughout various chapters, but it was never the central focus or named as a root cause of health disparities. We felt that racism needed its own section as it is a complex topic, but especially overlooked and misunderstood in the context of Hawai'i. Moreover, recent global, national, and state level events, like the killing of George Floyd that sparked the Black Lives Matter movement, Covid-19, and Hawaiian-led movements, sparked increased awareness and discussions regarding the disparities and treatment of people of color, particularly those from Black and Indigenous communities.



Native Hawaiian Healing Traditions

By: Babette Galang, Loretta Hussey, Kia'i Lee, & Kim Birnie

As mentioned, prior to the arrival of settlers, traditional medicine was used to ensure well-being through pilina with 'āina and its myriad lifeforms and through prayer and devotion to one's akua and 'aumakua. While these values persist, the arrival of foreigners, through their understandings of religion, medicine, and health, deeply impacted Kānaka lifestyles and well-being. As a result of persecution from the government and medical institutions, traditional healers were forced to operate in secret. It was not until the Hawaiian renaissance in the 1970's that traditional medicine resurfaced. Thus the creation of Papa Ola Lōkahi, founded in 1988, was not only a response to improve the health and well-being of Kānaka, but to provide safe spaces for traditional practitioners to offer their knowledge and services. This was reinforced through the establishment of statewide Native Hawaiian Traditional Healing Kūpuna Councils affiliated with our Native Hawaiian Health Care Systems.

Created in 2019 through a state law, the Kūpuna Councils were a response to the ongoing difficulties practitioners experienced as they attempted to work alongside and within the Health Systems. It is our intention to promote greater advocacy and protection for traditional healers, as their practices were and continued to be stigmatized while facing issues with integration and implementation. Since the creation of the Councils we have observed greater acceptance from the Health Systems of traditional healing methods, and they have made great strides to address administrative hurdles such as navigating Federal and State policies, insurance reimbursements, and reporting. Despite this, traditional healers remain challenged by bureaucratic, westernized methods and policies that attempt to paternalize their practices. As such we remain committed to honoring the traditions and practices passed on to them by their kūpuna. May we continue to holomua within the current health systems and find truth within ourselves to pursue culturally appropriate and innovative solutions.

Recommendations

SUCCESSSES

Overall the recommendations from 1985 and 2019 are still relevant. Some of the original task-force members are still involved in the health field and continue to contribute to this analysis. Since the 1985 EOM report, many more health organizations are driven by a Kanaka worldview and values, and offer programs and activities that are culturally informed. To support this shift, there exists a greater and growing body of research demonstrating that culturally grounded health initiatives improves Indigenous well-being. As mentioned, several impactful studies have already been conducted with, by, and for Kānaka. It is important to note the efficacy of culturally based programs, research, and activities is due to the generous guidance of various kumu and practitioners. This emphasizes that not only is cultural connectedness integral to Kanaka well-being, but that the successes of these efforts are reliant on and in large part due to the preservation of cultural practices by practitioners and their sustained inclusion in such spaces.

We have observed that overall community awareness and value for culture in spiritual, physical, and mental well-being, has increased and appears across media platforms as well as in policy and planning conversations at the highest levels. Cultural and historical messaging has been successful in public health education campaigns. These combined efforts have resulted in an increase in federal and state funding for Hawaiian health, which shows the value and support for Kanaka culture and research to measure related activities.

IN-PROGRESS

An ongoing challenge is that there has been less contact with the original 1985 task force members, which means less access to their valuable contributions and vision. It is important to emphasize when presenting the recommendations that we maintain form and essence (Paglinawan et al., 2020). Form refers to things we physically see in plain sight while essence is the spiritual symbolism and connection to a higher power. In the context of recommendations, we must honor the recommendations as given, and in plain language, while not losing their cultural and spiritual significance. Meanwhile, we continue to strive to bridge traditional values with advancements in technology, changes in leadership, and systemic challenges due to statutes, regulations, and funding sources. We must acknowledge structural barriers to educating policy makers, funders, non-Hawaiians and our Hawaiian community and stress the importance of Hawaiian culture in healing and well-being. If these are done in a pono manner then what is good for Hawaiians will be good for all of Hawai'i.

Another recurring challenge is the siloing of the task forces as we developed these recommendations, which often resulted in redundant or overlapping recommendations. Future reports and efforts should require collaborative discussions about these overlaps, specifically those regarding data and policy. There also remains a lack of clarity for who will be responsible for this task, as well as the monitoring and evaluation of recommendation. Additionally, recommendations in this chapter were made without knowing funding and operational capacity, which are barriers to identifying and building relationships among programs, health organizations, and cultural practitioners. Ideally this can be resolved with more transparency and collaborative discussions. We have attempted to address this concern in the recommendations below.



NEXT STEPS

S.M.A.R.T. goals will be created in the next iteration as we hope to develop mechanisms of evaluation. Above all else, our hui stresses that fostering pilina with the contributors of EOM is the foundation for sustained engagement, and recommendations that reflect the priorities of statewide practitioners. With this comes the kuleana of reciprocity and acknowledgement that the information gathered is sensitive and therefore reliant on trust and transparency regarding how the information is disseminated. Below are a set of foundational recommendations that are applicable in perpetuity followed by more specific goals pertaining to traditional healing.

Engage. Keep the EOM chapter members engaged throughout the sharing and implementation process, maintaining relationships so that they will stay involved with, and provide continuity for, subsequent updates. This recommendation entails maintaining engagement with prior chapter members and fostering engagement with non-kupuna practitioners.

Evaluate. Develop and implement a tool to measure impacts from this report, specifically as it applies to traditional healing and culturally grounded activities. POL, in collaboration with the Health Systems and Kūpuna Councils, should develop evaluation tools.

Validate. Use results from the evaluation process to refine and continue validating the important role of Traditional Healing and cultural activities in public health.

Collaborate. Support and strengthen relationships among practitioners of Native Hawaiian healing traditions and health providers. Strengthen POL's network with stakeholders in public health to develop culturally appropriate health strategies to improve Kānaka health and well-being.

- Conversations about the potential oversight of POL and its Health Systems regarding the use of traditional healing practices and cultural practices in other fields should precede future reports.

Purpose. Stay the course to preserve, protect, and perpetuate traditional Hawaiian healing practices.



NEXT STEPS CONT.

1.1 Since pride in culture is paramount, there should be a focus on learning from our kūpuna, engaging in cultural activities to activate our connection to who we are, where we come from, and the 'āina that sustains us.

- Include strengths-based perspective to reconstruct health ideology.
- POL should have the integrative power to build pilina among important stakeholders.

1.2 Data sovereignty. POL should coordinate a data warehouse among organizations tracking Native Hawaiian health data. Will be referenced in Data Governance.

1.3 Clearly define realistic, meaningful, and actionable goals for Native Hawaiian health programs that emphasize health education and health promotion, disease prevention, and health protection.

- Develop, instill, and integrate Native Hawaiian practices, cultural traditions and concepts into the following areas: nutrition, physical fitness, substance use prevention, stress-coping, self-care, understanding of common illnesses and complications, sexual identity, death and dying concepts, prenatal and childbirth care, optimal use of healthcare resources, capitalist consumerism, and excessive dependence on professionals.

1.4 Distinguish the difference between familial instruction and mentoring/workforce development within health care, and develop a flow chart of implementation and instruction.

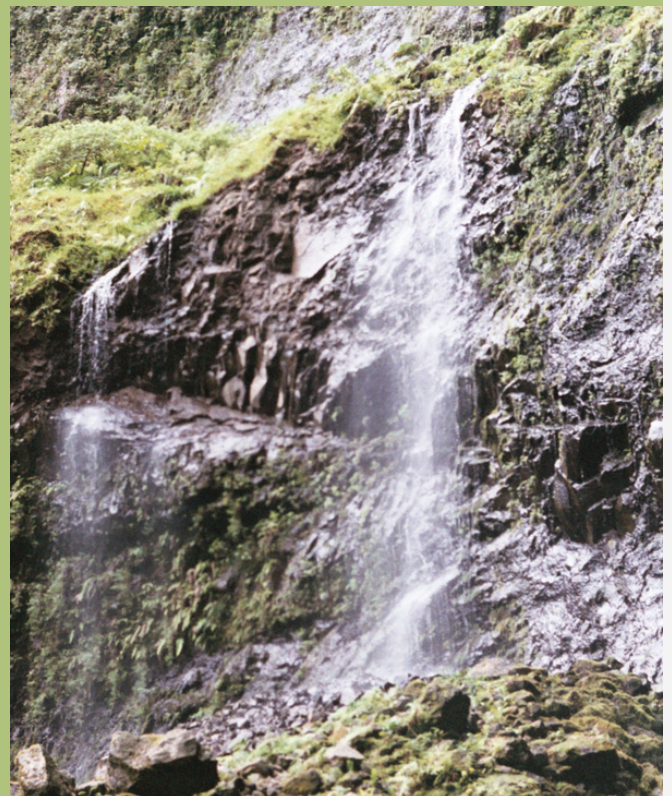
1.5 Determine who makes up the Native Hawaiian health care workforce (practitioners, NHHCS, and private providers) and strengthen connections (i.e. Ahahui o nā Kauka), determine their needs to improve the workforce. Offer technical assistant (i.e. developing Native Hawaiian, culturally-sensitive curriculum).

1.6 Strengthen coordination among existing health agencies and institutions in their service delivery to the Native Hawaiian community.

1.7 As a result of improved connections with practitioners and the NHHCS, we can then strengthen and improve the delivery of services for the community which include developing health programs in conjunction with concerns relating to land, urbanization, law, the justice system, self-determination, economic self-sufficiency, environmental protection, education, housing, transportation, energy, historic and archaeological sites, lawai'a 'ana (fishing), mahi'ai 'ana (farming), and language and culture.

1.8 NHHCS and other health care agencies and organizations should have strategic program planning, development, and policies that align with cultural values and the needs of the communities that they serve.

1.9 Utilize strategic planning to involve Native Hawaiian Health Care Systems EDs, POL board members, POL's CEO and Alaka'i in a shared creative space to discuss ways to utilize funding that will enhance the delivery of statewide quality care in a collaborative way among POL, the NHHCSs, and traditional healing Kūpuna Councils.



NEXT STEPS CONT.

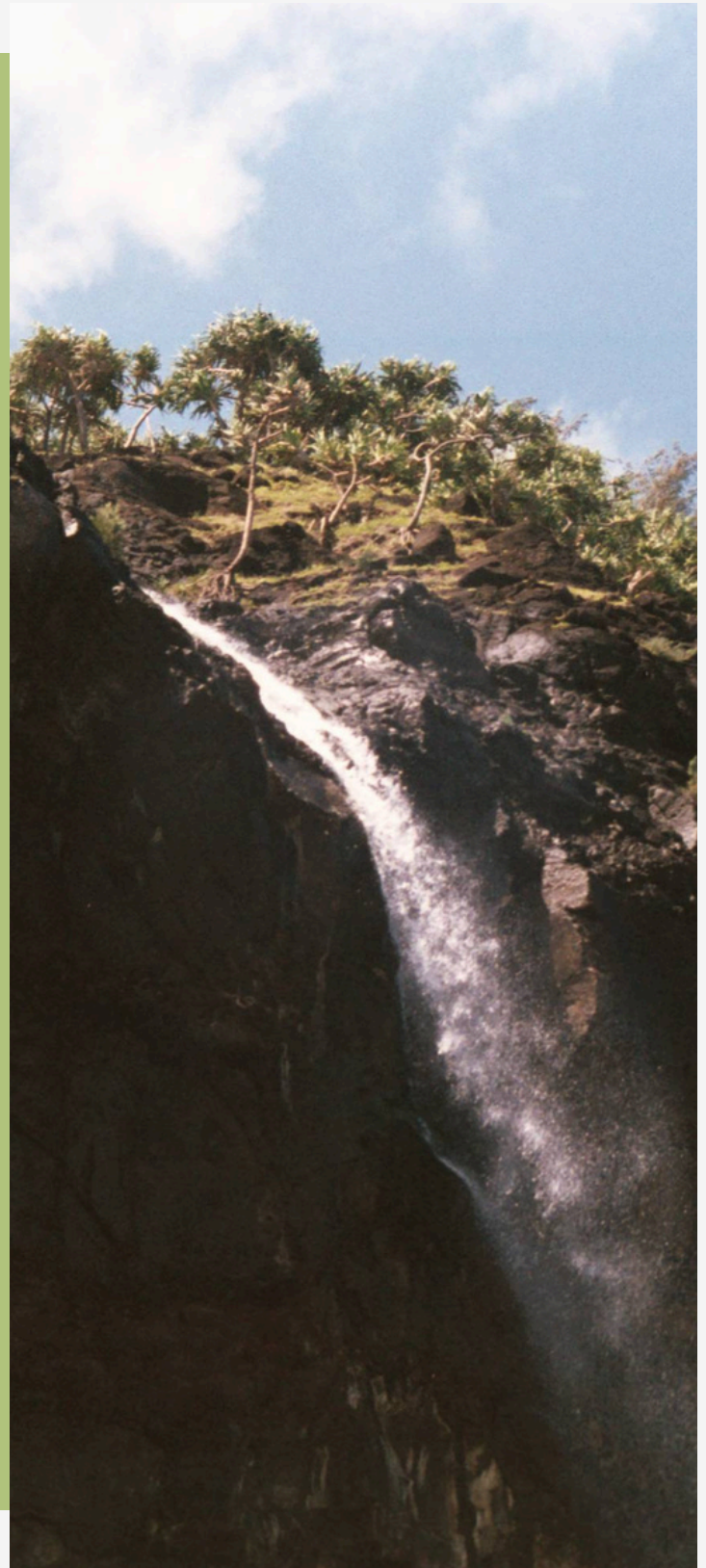
1.10 Increase culturally based and culturally adapted interventions.

- Improve the network among practitioners, creating safe spaces for them to talk about traditional healing (i.e. Native Hawaiian Health and well-being Summit), and how it can be utilized within the lifespan of the 'ohana.
- Come to a consensus about expectations for the business relationship and the use of traditional Hawaiian healing in collaboration with the NHHCS. Come to agreements that will be mutually understanding between: POL, NHHCS, and the traditional healing kūpuna councils.
- Increase traditional healing education in the training of health professionals serving Native Hawaiian communities (DOH, JABSOM, School of Nursing, Public Health, etc.) Document/report on activities performed.

1.11 Connect Native Hawaiian health educational programming to 'āina that incorporates traditional Hawaiian styles of teaching and learning. Partner with 'āina-based programs and stewards to allow access to 'āina.

1.12 Expand funding and resources.

- This is an administrative task and will defer to Sheri and the POL Board.
- Develop a process to expand and enhance POL's relationships with Traditional Healing Practitioners and cultural practitioners to collaborate with POL and the NHHCS-health related activities.
- Dedicate a department within POL to oversee/monitor the progress of the recommendations.
- Build pilina to create a network of Native Hawaiian health professionals, NHHSP scholars/alumni, cultural practitioners, and traditional healers.



Racism & Well-Being

By: Sharde Freitas, Melissa Kahili-Heede, Hepua Hermosura, Liana Honda, Jaclyn Kim, & Maddy McKeague

The link between settler colonialism and poorer health outcomes is well-established for Indigenous communities (Reid et al., 2019). Likewise, the effects of colonization in Hawai'i created health disparities for Kānaka Maoli that persist today (Sai, 2018). While these structures likely took hold before the illegal annexation (1898) of the Hawaiian Kingdom, the overthrow of the government in 1893 was pivotal in securing the White oligarchy that continues to maintain control today alongside Asian leadership. This is the first E Ola Mau report to document the impacts of racism, more specifically, how structural racism relates to adverse Native Hawaiian health outcomes. This section will identify, clarify, and highlight how racism permeates across each of the other chapters and on multiple levels.

Since 2021, the Center for Disease Control (CDC) has recognized racism as a public health threat (Office of Health Equity, 2023). Racism is a system of structures, policies, practices, and norms that determine opportunities based on how people look or their skin color. It is a system of structuring opportunity and assigning value based on the social interpretation of how one looks ("race") that unfairly disadvantages some individuals and communities and is unfairly advantageous to other individuals and communities, thus undermining the integrity of society as a whole (Jones, 2002).

Racism in Hawaii is complex and multifaceted due to its unique history (e.g., colonialism, militarization, geopolitics, imperialism) and diverse communities. While Hawaii is often celebrated for its cultural diversity and inclusiveness, these attributes have been used to conceal inequity and racial tensions. Racism and discrimination are fundamental determinants of health that contribute to social and economic inequalities among various racial and ethnic groups. For Indigenous peoples, the connection between colonialism and racism has led to significant health inequities, including a life expectancy of more than five years lower than that of non-Indigenous peoples in the United States (GBD US Health Disparities Collaborators, 2022). In Hawai'i, Native Hawaiians live ten years less than



Japanese and Whites (Wu et al., 2017). In 2021, the Hawai'i State Legislature also declared racism as a public health crisis (Declaring Racism as a Public Health Crisis, 2021).

METHODS

A variety of methods were used for the preparation of this report. A literature review was conducted to establish generally accepted definitions, frameworks, and associations or correlations between racism and health. When possible, literature specific to Native Hawaiians is noted. Additionally, in light of the purpose of this update to EOM, this hui found it appropriate to follow similar methodologies as the other chapters in looking at prior recommendations in past EOM reports.

We 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.

Today, we continue the call to address the organizational, structural, interpersonal, and internalized levels of racism that perpetuate disparities and maintain oppression in our communities. Below are the four levels of racism to guide our understanding of its impacts (Jones, 2000).

- Structural racism refers to the systems of society, such as housing, education, employment, health care, and criminal justice, that have created and continue to perpetuate discriminatory patterns and practices toward certain groups of people.
- Institutional racism is organizations' unfair policies and practices that create inequitable opportunities for individuals.
- Interpersonal racism is the manifestation of intentional and unintentional racism between individuals through interactions such as racial slurs, harassment, or racial jokes.
- Internalized racism occurs when members of stigmatized races accept and internalize the negative messages about their abilities and intrinsic worth.

RACISM & HISTORICAL AND CULTURAL PERSPECTIVES

Racism against and colonization of Indigenous populations have resulted in historical trauma. Historical trauma is the "cumulative and collective emotional and psychological injury both over the lifespan and across generations," which emanates from massive group trauma (Brave Heart et al., 2011). This type of trauma is derived from "cataclysmic, massive collective traumatic events, and the unresolved grief," impacting individuals and communities personally and intergenerationally (Brave Heart et al., 2011).

Historical trauma (HT) operates intergenerationally across three levels, individual, familial, and communal (Riley et al., 2023). Individual HT impacts a person's mental and physical health. Familial HT involves the transference of trauma to subsequent generations and impacts parental bonding. Communal HT encompasses the breakdown of culture and health

disparities. In Hawai'i, historical trauma can be traced back to the implementation of racist policies aimed at stripping Native Hawaiians of their cultural identity and heritage. For example, children were often removed from their families as part of forced assimilation programs, separated from their parents, siblings, and extended families for months or even years at a time. The Hawaiian language was outlawed leaving Hawaiians unable to speak their own language. Hawaiians were also banned from participating in their spiritual and cultural traditions.

RECOMMENDATIONS

1. Helping NHs understand historical trauma in a culturally safe space.
2. Helping Native Hawaiian people process the grief of past traumas.
3. Creating and fostering new historical narratives.
4. Supporting programs and initiatives to reconnect Native Hawaiians to the vibrant strengths of their ancestry and culture (e.g., reconnecting with 'āina).

RACISM & MENTAL AND BEHAVIORAL HEALTH AND WELL-BEING

There is a significant amount of literature that indicates racism is significantly related to poor health, with the relationship being particularly strong for mental health (Paradies et al., 2015). Racism is a mental health issue because racism causes trauma. And trauma paints a direct line to mental illnesses, which need to be taken seriously. Past trauma is prominently mentioned as the reason that people experience serious mental health conditions today (Brave Heart et al., 2011). But obvious forms of racism and bigotry are just the tip of the iceberg when it comes to racial trauma. Every day, Native Hawaiians experience subtle and/or ambiguous traumas. For example, being exposed to school curricula that ignores or

minimizes Hawaiian contributions to Hawai'i's history or judges Native Hawaiians based on common stereotypes that have permeated society.

Research suggests that racism affects health and well-being by increasing unhealthy psychological responses, contributing to poor health behavior, physiological dysregulation, sleep disruptions, and higher rates of substance use (Schouler-Ocak et al., 2021). However, depression was the most commonly reported negative mental health outcome (Paradies et al., 2015). Native Hawaiians report higher rates of post-traumatic stress disorder and alcohol dependence than any other ethnic/racial group. Unfortunately, the full extent of the health status of Native Hawaiians and Pacific Islanders (NHPs) in the United States are often hidden due to aggregated data collection methods. As a form of structural racism, aggregated data contributes to systemic issues by masking the true extent of health disparities amongst aggregated groups (Morey et al., 2022).

RECOMMENDATIONS

1. Demonstrate advocacy for social justice movements and center racial equality as the standard amongst mental health professionals through anti-racist policies and procedures.
2. Hire professionals representative of communities.
3. Provide anti-racism and cultural competency training for mental health professionals.

RACISM & MEDICINE

Historically, medical racism has frequently hinged upon the fallacy that people of color possess dissimilar, and often inferior, physiological characteristics. One notable example of this is phrenology, a belief that gained popularity in 19th century Europe and America, which claimed that personality traits could be discerned through the examination of differently shaped skulls. This misguided belief served as a justification for some slave owners to argue that African American individuals were inherently submissive, which justified their enslavement. Historically, Hawaiians were often likened to African Americans and portrayed in the media to have animal-like or savage qualities.

Even Hawai'i's history is marked by a troubling chapter of segregation related to leprosy (Hansen's disease) which was misunderstood and severely stigmatized. The government of the Kingdom of Hawai'i and later the Territory of Hawai'i implemented strict policies of segregation to isolate those afflicted with leprosy from the rest of society. This was driven by fear and misconception of the disease's contagiousness. Forced relocation of individuals with leprosy to Kalaupapa, Moloka'i had a disproportionate impact on Native Hawaiians. Many of those that were sent to the colony were of Hawaiian descent, and this disrupted Hawaiian families and communities. Residents of Kalaupapa endured harsh living conditions, including overcrowding, inadequate medical care and limited access to basic necessities. The isolation had lasting cultural implications for Native Hawaiians. The forced separation of individuals from their cultural practices, and traditions can be viewed as a form of cultural erasure and discrimination.

Nationally, prominent professional organizations, such as the American Medical Association (AMA) acknowledges the profound impact of racism on health disparities within historically marginalized communities. Without fundamental system and structural change, these inequities will persist, detrimentally affecting the overall health of the nation. The AMA recognizes that declaring racism as an urgent public health threat is a pivotal step toward advancing equity in medicine and public health, while fostering truth, healing and reconciliation. The path forward seeks to shift from inaction to urgency, from vague language to explicit dialogues addressing power dynamics, racism, gender biases, class disparities, and various forms of discrimination and exclusion. It calls for active measures, including resource redistribution and infrastructure changes, as opposed to mere rationalization and well-intentioned, but passive efforts.





RECOMMENDATIONS

1. Gain a comprehensive understanding of the historical and contemporary role of settler colonialism in contributing to health disparities among Native Hawaiians and indigenous populations and recognize how “blood quantum” requirements can be detrimental to Indigenous peoples.
2. Embrace anti-racist approaches that recognize the intersection of race, gender, and class oppression, as well as other forms of discrimination and exclusion.
3. Promote the development, implementation and evaluation of undergraduate, graduate and continuing medical education programs and curricula that foster a deeper understanding of the origins, influences and repercussions of system, cultural, institutional and interpersonal racism, as well as strategies to prevent and alleviate its health effects.
4. Identify a set of current best practices for healthcare institutions, physician practices and academic medical centers to recognize, address and mitigate the impacts of racism on patients, and healthcare providers.
5. Advocate for equitable representation of Native Hawaiians and other Black, Indigenous and People of Color in medical school admissions, as well as leadership positions within medical schools and hospitals.
6. Recognize the importance of and implement disaggregated health data.

RACISM & NUTRITION

Racism has had significant and enduring impacts on many aspects of Kānaka life including nutrition. Settler colonialism has created deeply rooted systems of oppression and discrimination through dispossession of land and resources. Cultural disconnection, socioeconomic factors, and even geography such as food deserts and environmental racism, exacerbate Native Hawaiians’ ability to access healthy, culturally significant foods. More research demonstrates an increased density of fast food restaurants, areas termed ‘food swamps’, in neighborhoods most likely to be homes to Native Hawaiians, a contributing factor to racial disparities in obesity rates (Cooksey et al., 2020, Cooksey-Stowers et al., 2017, Hager et al., 2017, & Sanchez-Vaznaugh et al., 2019).

Food sovereignty is seen as a way to address inequities and restore cultural pride and positive health outcomes for Kānaka. The Declaration of Nyéléni (2007), defines food sovereignty as “the right of people to healthy and culturally-appropriate food produced through ecologically sound and sustainable methods and their right to define their own food and agriculture systems.” It is an initiative to combat the injustices faced by communities in relation to nutrition and individual food choices. Food sovereignty has highlighted the importance of Native Hawaiians having control over their food systems, including the production, distribution and consumption of traditional foods (kalo, ‘uala, i‘a). Prior to the introduction of the SAD (Standard American Diet) diet, Native Hawaiians had a diverse and highly nutritious diet based on living in harmony with native plants and animals, Polynesians introduced plants and animals, and ocean foods. However, due to dispossession of land and resources, as well as the introduction of Western foods including processed foods, Hawaiians have faced significant health issues and chronic diseases like Type 2 Diabetes, heart disease, and obesity. Food sovereignty advocates argue (and have proven) that reclaiming our traditional food systems improves the health and well-being of Native Hawaiians by reconnecting with cultural knowledge and practices related to food production, preparation, and land management. This will play a crucial role in healing the wounds of colonialism.

RECOMMENDATIONS

1. Address root causes (e.g., racism, land dispossession, cultural disconnection) of racial disparities in nutritional status.
2. Increased support for food sovereignty research and initiatives.
3. Restore access and support traditional food cultivation.
4. Encourage broader policy, systems and environmental changes amongst nutrition educators and public health professionals to address and work towards dismantling barriers harmful to Indigenous people.



RACISM & ORAL HEALTH

Evidence at a global level shows that racially marginalized groups experience a higher incidence of oral diseases (Jamieson et al., 2021). Racism impacts oral health through structural, interpersonal, and internalized levels of racism. At the structural level, racism has created inequitable access to oral health services and in some cases, has impacted the quality of care received (Jamieson et al., 2021). People facing discrimination experience psychological and physiological outcomes that directly impact their oral health. When people experience racism, it can lead to psychosocial stress, which in turn affects health behaviors and ultimately undermines service provider-patient relationships (Jamieson et al., 2021). Structural racism persists through workforce development shortfalls, and lack of culturally competent training for oral health personnel (Jamieson et al., 2021).

RECOMMENDATIONS

1. Increase incentives for oral health personnel to work in communities (e.g., neighbor islands) in which a high proportion of NH reside and ensure that the oral health workforce represents the communities they seek to serve.
2. Create policies that recognize the historical, cumulative impact of racism on education, occupation, and income, factors which in turn determine access to dental care insurance.
3. Address systemic racism in dental educational settings through the inclusion of Native Hawaiian students, faculty, and staff, especially in historically White institutions.

RACISM & DATA GOVERNANCE

Racism impacts data governance with the lack of visibility of the true health disparities experienced and continued mischaracterization of accurately collecting, analyzing, and interpreting the data to be told in a culturally safe manner to develop the best and most efficient use of resources to address said health disparities. This masking of data is not unique to Native Hawaiians and has also been well-studied and established with Native Americans and other under-resourced communities and populations. For Native Hawaiians, it was the E Ola Mau report that is often pointed to as the first report of the health disparities experienced by Native Hawaiians. This connects back to health disparities being disguised by coupling Native Hawaiians with Asian Americans.

Progress and improvements for Native Hawaiian data governance have included efforts at the county, local, state, and federal levels. Native Americans have experienced a similar struggle with being masked with aggregated data. Similarly, Native Americans have led initiatives advocating for disaggregated data. The COVID-19 pandemic sparked increased advocacy of disaggregated

data by Indigenous peoples as its impact was felt disproportionately. The call for disaggregated Native Hawaiian data was included in the initial E Ola Mau report, where Native Hawaiian health disparities were recognized in a published congressional report. Health disparities, by definition, describe the unique and distinct impact on one group compared to others, which can be made visible to drive the strategic and equitable distribution of resources through disaggregated data.

Most recently, advancements have been made at multiple levels in furtherance of disaggregated data. At the federal level, a White House initiative developed the Commission and Working Group on Asian Americans, Native Hawaiians, and Pacific Islanders. Under this Commission, there is a sub-committee focused specifically on data disaggregation. Additionally, since the last update in 1997, comments and feedback have been gathered to update the Office of Management & Budget (OMB) Directive, which currently includes “Native Hawaiian and Other Pacific Islander” (NHOPI) as a standardized data collection category. Under this OMB Directive, states are encouraged to disaggregate further as long as it can be reported back to the federal government in the group of NHOPI.

In Hawai‘i, the most recent advancement prompted by the Senate Concurrent Resolution 5 not only calls for disaggregated Native Hawaiian and Pacific Islander data but also calls for the convening of certain state agencies to streamline processes for data governance – including data collection, analysis, reporting, and sharing (Delafield et al., 2023).

Community groups, such as the Native Hawaiian and Pacific Islander COVID-19 Response, Recovery, and Resilience Team (NHPI 3R Team), have also been critical leaders in creating a ground-up and NHPI-focused standardized list for disaggregating NHPI data. Similar to the national trends and context of the COVID-19 pandemic, Hawai‘i’s progress with data disaggregation was also sparked by the COVID-19 pandemic. In particular, thanks to relationships and collaborations built between key champions within the Hawai‘i Department of Health and the NHPI 3R Team, DOH has been spotlighted nationally for their work in the COVID-19 Equity Report and the MMWR (Quint et al., 2021).

With that contextual update of the progress made as it

relates to racism and data, the messaging, reporting, and storytelling of data is just as, if not more, important. Shared across many Indigenous peoples, storytelling is an ancestral wisdom and practice. How data is defined is also very broad for Indigenous peoples, and for Native Hawaiians, this includes ‘ike kūpuna (ancestral wisdom).



RECOMMENDATIONS

1. Continue progress towards disaggregated NH data.
2. Continue educational efforts for health care providers to continue learning of the importance of disaggregated data.
3. Many have encouraged the enforcement of the OMB15 Directive to see if it is working.
4. Making improvements with diversity, equity, and inclusion of those part of the data team - data collection, data analysis, data interpretation, and data reporting.
5. Governmental support and sustained allocation of resources to support data modernization efforts – not only beneficial for Native Hawaiians but for the state as a whole.
6. Centralized hub to share data across different agencies to improve the health and well-being of Native Hawaiians.
7. Collecting measures that align with a Hawaiian worldview (e.g., social determinants of health).

RACISM & WORKFORCE DEVELOPMENT

Native Hawaiians are often underrepresented in jobs that offer reasonable compensation, stability, and resistance to automation. This underrepresentation can be traced to historical and ongoing racism, which has created barriers for Native Hawaiians in various professions, including healthcare.

The healthcare sector is not exempt from these challenges. Native Hawaiians, as a historically excluded group, face difficulties in recruitment and retention within health professions (Palakiko et al., 2022). Structural racism poses significant obstacles to achieving diversity in the healthcare workforce, which can impact health outcomes and access for Native Hawaiian communities. Structural racism also contributes to pay disparities within the healthcare sector. Native Hawaiian health professionals may experience lower salaries compared to their white counterparts. Additionally, educational debt can be particularly challenging for individuals from historically excluded groups, limiting their economic opportunities.

The absence of Native Hawaiians in the healthcare workforce affects representation and hinders the ability to understand and address the unique healthcare needs of Native Hawaiian patients (Taparra & Deville, 2021). Diverse healthcare teams are better equipped to provide culturally responsive care. Native Hawaiian students and healthcare providers frequently report experiencing racism and discrimination within healthcare education and workforce settings. The ongoing discrimination can negatively impact their physical and mental well-being, potentially leading to decisions to leave healthcare.

The cumulative effects of racism and discrimination can result in decreased retention of Native Hawaiian healthcare providers. This loss of talent affects the overall diversity of the healthcare workforce and diminishes the cultural knowledge and understanding needed to provide adequate care to their communities. It is imperative to support comprehensive approaches that include policies and initiatives to promote diversity, equity, inclusion, and social justice in healthcare to dismantle the historical and contemporary impacts of racism.

RECOMMENDATIONS

1. Acknowledge historical roots - Recognize that the foundation of medicine in the United States and Hawai'i is intertwined with histories of slavery, segregation, colonization, and military occupation. Confronting historical foundations is essential for understanding the legacy of racism in healthcare.
2. Combat explicit and implicit racism - Implement more robust workforce policies to address explicit and implicit racism from patients, other providers, and faculty within health organizations and create more inclusive and respectful organizational climates.
3. Promote diversity in leadership - Examine hiring and promotion policies and practices to actively increase the diversity of individuals holding positions of authority within the healthcare sector. Increase minority representation in executive and board positions.
4. Invest in schools that graduate more Native Hawaiian, Pacific Islander, and other people of color, such as charter schools, Hawaiian language immersion schools, and other schools with a high population of Native Hawaiians.
5. Develop collaborative partnerships to expand pipeline programs - Recognize that interventions beginning in high school or college may not be sufficient, and efforts should extend earlier in the educational journey to ensure access for all students, regardless of their resources.
6. Create collaborative partnerships between healthcare organizations, educational institutions, and communities to address multifaceted challenges.



RACISM & RESILIENCE

Racism, in this chapter, refers to the systemic discrimination and injustices that manifest in Kānaka ‘Ōiwi as health disparities and trauma. Resilience is defined as a person's (individual's) ability to cope with and adapt to adversity due to trauma and stress. For indigenous people, as descendants of collectivist cultures, it is essential to consider community-based, holistic approaches. Suslovic and Lett (2023) discuss the “mismatch” in resilience-based interventions at the individual level because they do not adequately address the structural systems that caused the trauma and resulted in resilience. However, Antonio et al. (2020) identified resilience in Kānaka as multi-dimensional using the Ad-hoc Resilience Enhancing Construct (AREC). AREC measured individual and external coping sources (such as social support and cultural identity). For Kānaka ‘Ōiwi, a strengths-based approach to health promotion and prevention that recognizes and leverages the importance and role of community, culture, and indigeneity is imperative.



RECOMMENDATIONS

1. Indigenize interventions and measures.
2. De-center the individual in approaches to public health, understand the social, economic forces that generate the trauma in pursuit of an alternative framework, ex. Holistic trauma framework by Alvarez and Farinde-Wu (2022).
3. Engage in collaborative, deliberate, and thoughtful approach to research.
4. Imperative that design and refinement of measures occur in collaboration with community.
5. Involve communities and build relationships with the community - Community-based participatory research (CBPR) approach - to research, treatment, etc.
6. Acknowledge, honor, and incorporate Hawaiian culture (ex. Piliinahā).
 - Connection to place
 - Connection to community
 - Connection to past and future
 - Connection to your better self
7. Foster and build a workforce reflective of the NH communities.



Mental & Behavioral Well-Being

By: Lilinoe Kauahikaua, Palama Lee, Deb Goebert, Kate Kahoano, Melissa Data, & Liane Filipo

The wisdom from 1985 remained priorities and were adopted into the 2019 recommendations. Since these priorities were difficult to measure, we were challenged to determine how they were achieved and to describe what matters in a way that illustrates progress and reflects the interests of groups engaged in these efforts. A primary shift from the initial reports was the approach to discussing mental and behavioral health. In this chapter we wanted to emphasize that the underlying causes of mental and behavioral health issues are multifaceted and intertwined. This shift reflects the broader intention of future EOM reports to view all aspects of health and well-being as interconnected.

Recommendations

SUCCESSES

As shown in the 2019 report and recent published works, progress has been made in determining mental health and substance use prevalence, treatment needs, and to a lesser extent, assets among Native Hawaiians. Importantly, several models of Native Hawaiian health have been created, and some progress has been made to implement them in programs and services. Additionally, culturally-grounded interventions are being developed and applied, primarily by community-based organizations. These interventions integrate the teachings and wisdom of kūpuna and Native Hawaiian cultural practitioners as a key healing strategy. Unfortunately the successes, challenges, and lessons learned from these interventions often get housed in gray literature. This results in their limited dissemination and contributions, especially in ways that complement and challenge the predominantly Euro-American theories and practices that inform our healthcare interventions.



Below are some of the many ways Native Hawaiian interventions, practices, and programs enhance well-being.

- There are clear protective and resilience factors, such as a strong sense of hope, and positive 'ohana and community support.
- Hawaiian well-being models can guide care for individual, family, community, and lāhui.
- Hawaiian cultural activities promote healthy lifestyles and decrease stress. More than three-quarters of Native Hawaiians believe it is important to live and practice culture on a daily basis.
- Programs have increased capacity to address the growing mental and behavioral healthcare needs of rural Hawai'i through training and clinical service (e.g. I Ola Lāhui, NHHSP), and integrating cultural and community-based perspectives.

- Commonalities among wellness and treatment programs for Hawaiians that have proven effective include a focus on strengths and assets, community, and incorporate Indigenous and culturally informed approaches. These programs provide a balance between Western practices and cultural teachings and activities. They foster a sense of belonging and place, and strengthen cultural identity.
- Increasingly culture is recognized as health, and Native Hawaiian ways of measuring health and well-being are emerging.
- Culturally-grounded programs are frequently initiated and led by Native Hawaiians as key stakeholders. While the focus of many of these programs is on Native Hawaiians, the individuals they serve are multicultural. Programs tailored to the needs of Native Hawaiians are beneficial to all stakeholders.

It is important to note since 1985, societal beliefs and norms have nudged in a positive direction. For example, there is increased acceptance of mental and behavioral health conditions, increased recognition that these conditions are chronic and that care must be integrative and continuous rather than episodic. We have also observed an expansion of treatment options (e.g., culture-based practice) reimbursed by health insurances, and an increase in culturally-based providers. Although positive, these shifts remain insufficient and provide reason for the continuation of the four recommendations below.

IN-PROGRESS

A predominant challenge in the mental and behavioral health field, as well as the broader health arena, is the Euro-American conceptualization of health that focuses on deficits, pathologizes the individual and family, and compartmentalizes health conditions into diagnostic, treatment, and funding silos. Privileging a Native Hawaiian model recognizes a holistic conceptualization of health that is strengths-based and utilizes interactive components that have multiple and overlapping solutions and causes. Framing health as holistic implies that at its center does not lie a disease or cure, but rather healing, balance, and well-being.

As mentioned, a positive trend is the increase of culturally based programs that appropriate holistic health models and practices. These have been found to be successful at improving well-being, however many culturally based and culturally adapted mental and behavioral health interventions have not been formally evaluated. Furthermore, many programs do not have the resource capacity to disseminate their findings and meet the standards of the journal review process, thus limiting the transference of promising practices, lessons, and implications for the field. While a fair amount of evidence is available via published journal articles, the knowledge is often not accessible to the general public due to journal article paywalls. A sizable amount of evidence, especially those from community-based organizations, are relegated to gray material such as reports, archival documents, and on an organization's website.

This remains problematic because research indicates that Native Hawaiians continue to manifest greater mental health challenges than non-Hawaiians and deal with multiple stressors and external factors that impact their overall health, including individual and social challenges, perceived racism, oppression, and social injustice in their own lands. While these challenges persist, we offer below a list of opportunities to advance overall well-being that relate to data and evidence.

- Establish a single point of access (e.g., under one hale) to data, information, and resources on Native Hawaiian mental and behavioral health, and health and well-being in general; presently, data and information live in multiple places. Data on Native Hawaiian mental and behavioral health and well-being are challenging to find and not consistently or regularly collected and reported.
- Promote Native Hawaiian data sovereignty to ensure data is controlled by, with, and for Native Hawaiians to the highest extent possible. This ensures rights and interests of Native Hawaiians about their own data in ways that protect and promote lāhui health.
- Ensure data disaggregation in the collection of race and ethnicity categories according to OMB 15; government organizations must be held accountable to ensure complete, accurate, and timely Native Hawaiian data.
- Encourage reporting of race and ethnicity data by Native Hawaiians alone or in combination, and at minimum at the Native Hawaiian/Pacific Islander (NHPI) level. Avoid reporting Native Hawaiian as part of the Asian and Pacific Islander (API) category. Aggregation masks the health and social disparities experienced by Native Hawaiians and is a form of implicit racism.
- Widen the body of knowledge (e.g., evidence) to include "gray" material such as reports, dashboards, and mo'olelo as an appropriate method to track progress and challenges.

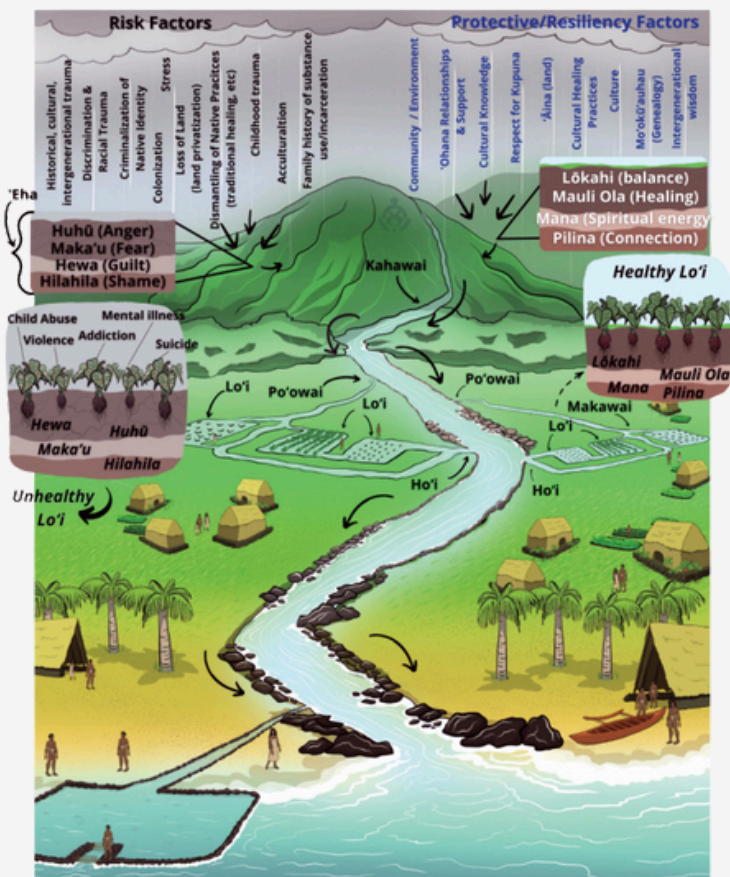
- Create a mental and behavioral health task force that meets regularly to re-establish goals, objectives, track progress and challenges in addressing this health concern. While EOMM is tasked with updating the EOM report, community relevant objectives need to be developed and monitored closely in order to tell a fuller story across time.

Our Native people thrived in Hawai'i for centuries before Western contact. As the impacts of colonization were felt, and continue to be felt, the paradigm of the Hawaiian perspective has become unbalanced. The balance of the Hawaiian perspective is maintained through reciprocal relationships between k  naka (people),    ina (land), and spirituality (Duponte et al., 2010). The current Western system continues to prescribe healing through individualistic or egocentric methods, which often are ineffective for Native folks who understand themselves to be eco-centric or socio-centric, defined by relationships to the land and other people. Therefore, Western practices addressing substance use or mental health concerns are often ineffective and at times create more harm (Kirmayer, 2007).

The Western standpoint relies on risk models whereas an Indigenous standpoint focuses on wellness. This Ahupua'a Model shown here demonstrates the implications of focusing on risks versus protective factors. The risk side illustrates a sick system and the wellness side a thriving community. Introduced by Papa Ola L  kahi in ["Conceptualizing a New System of Care in Hawai'i for Native Hawaiians and Substance Use,"](#) and released in 2022 in a subsequent published peer-reviewed article under the same name in the [Hawai'i Journal of Health and Social Welfare](#), both of which depict the ahupua'a model as an    aina-based systems model. The ahupua'a model (left) shows the impacts of cultural reclamation and healing on intergenerational, cultural, and historical traumas through symbolic representation of each element in a land-based system.

The ahupua'a was, and still is today, a system of many interconnected and interdependent systems. No one system functioned independently. K  naka tended these systems knowing that resources were finite and the land must flourish for us to survive. "He alii ka    ina, he kauw   ke k  naka," the land is chief, and the people its servant. If these systems were not functioning correctly, or not healthy, and if those who m  lama (to take care of) these spaces were not ma'a (accustomed, used to, familiar) to this understanding, no one would be fed.

On the right, we have our protective and resiliency factors, that which flowed freely prior to contact. Protective factors include, but are not limited to, culture, mo'ok  'auhau (genealogy),    ina (land), traditional healing practices. As they enter our ahupua'a, these protective factors create healthy layers of soil, rich with the values (l  kahi (balance), maui ola (healing), mana (spiritual healing), pilina (connection) important to a healthy, thriving l  hui. As these healthy values make up the soil, they feed for example, the next generation of kalo that emerge from our lo'i. On the left, we have our risk factors, cultural, historical, and intergenerational trauma, loss of land, criminalization of Native identities, loss of traditional healing practices, etc. As these factors fall, they create layers of    ha or hurt/pain in the soil. This    ha creates layers of huh   (anger), hewa (guilt), hilahila (shame), and maka'u (fear), which enter the ahupua'a just as the metaphorical rain feeds into the soil. This unhealthy soil then runs off into the kahawai (river) and is carried downstream, impacting the rest of our interconnected systems.



Through this model, practitioners can identify the root causes of trauma and develop effective, culturally informed interventions to engage in collective healing. Recognizing how Native Hawaiians experience the self through eco-centric, cosmo-centric, and socio-centric definitions provides a lens for understanding and developing impactful strategies to improve mental and behavioral health outcomes. The ahupua'a model provides a framework to implement not only cultural interventions at various places within the ahupua'a, but also envision the reclamation of cultural lifeways to inspire healing for the individual and their 'ohana and community as well. Interventions within the framework would aim to effectively decrease the intergenerational transmission of risk factors, cleaning our wai as it traverses throughout our interconnected systems and is reborn through the water cycle to fall as ua once again, reducing risk factors and increasing protective factors.

NEXT STEPS

The 2023 recommendations in progress are re-numbered and their language has been refreshed to privilege a Native Hawaiian strengths-based and a cultural assets perspective.

2.1. Expand Effective Culturally-Grounded Prevention and Treatment Interventions.

- Continue to design, develop, and implement cultural and holistic approaches centered around protective factors. These programs and services close the gap between the cultural values that Native Hawaiians possess and the expected behaviors of the healthcare system.
- This recommendation includes strategies such as grounding programming in a Native Hawaiian worldview, maximizing training and adapting current funding to support the sustainability of programs, the identification and availability of existing cultural programs, and creation of a community of practice to share cultural practices, outcome data, challenges, and lessons learned.
- Ensure the kapu of culturally-based programs by creating an inventory of kumu, practitioners and traditional healers, or cultural experts from whom those practices have originated or been passed down.

2.2 Increase Workforce Development and Training for Behavioral Health Providers Who Are Culturally Humble/Resonant and 'Ōlelo Hawai'i.

- One of the original themes of the 1985 E Ola Mau report was the acceptability of health care services, in addition to accessibility, affordability, and availability. Acceptability directly relates to the knowledge, skills, and training of the provider and especially how a provider shows up with ha'aha'a in Native Hawaiian contexts.
- Included in this recommendation are the areas of outreach, recruitment, training, and paid internships, compensation packages, and reimbursement for providers.

2.3 Establish well-being and strengths-based measures.

- Create assets and strengths-based measures that focus on the goals of overall well-being, which pushes against colonial metrics that are deficit-based and rely on a medical and disease-focused view.
- Utilize and maximize existing scales of resilience and 'āina connection as measurements of health as holistic.
- This goal also includes valuing mo'olelo, a critical way Native Hawaiians share forward knowledge and lessons learned.

2.4 Continue to develop research capacity in communities (note: collaborate with data governance and workforce development working groups as a possible shared goal).

- Strengthen the capacity and sustainability of research for, by, and with Native Hawaiians and Native Hawaiian communities based on Indigenous research methodologies that ensure authentic participation and ownership, test out real world community solutions, and build a pathway for future generations of leaders in research, evaluation, and assessment for the beneficence of Native Hawaiians.

Medical Care

By: Heather Haynes, Martina Kamaka, Keawe Kaholokula, Lehua Andrade, Alike Maunakea, Dee-Ann Carpenter

In this iteration of the E Ola Mau report several of the recommendations have been moved to other chapters such as those dealing with workforce development and data disaggregation. In assessing the 1985 and 2019 reports, this hui identified six recommendations currently in-progress while three recommendations were removed for reasons identified below. Our “next steps” fall into several domains but mainly entail recentring a Native Hawaiian worldview of health that is interconnected and expansive. Additionally, our overall recommendations for the future of EOM echo the desires of other contributors that we increase interdisciplinary collaboration, develop precise aims, and create mechanisms for evaluation.

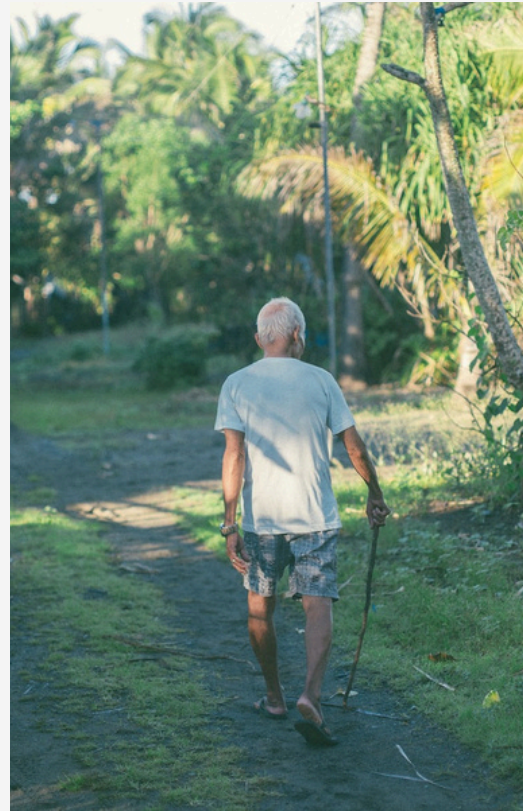
Recommendations

SUCSESSES

There were several recommendations that were successfully addressed and/or completed from the two reports. The formation of Papa Ola Lōkahi and the NHHCS was a goal from the 1985 report that was successfully implemented with the passage of the NH Health Care Improvement Act. Other successes occurred in the research realm with community based participatory research now as a norm for conducting research in Indigenous communities and with the genetics and epigenetics programs at UHM that are making major inroads into exploring these influences on our health disparities, especially with relation to chronic illnesses and stress. Finally, both the 1985 and 2019 reports mentioned the importance of traditional healing practices for the health of our lāhui (nation, communities). Although the path to accessing traditional healing practices and collaborating with other health care providers is still unclear, success can be seen in the increasing prominence of traditional healing practices in conversations about Native Hawaiian health.

IN-PROGRESS

Health Promotion and Prevention. There are several recommendations that the team thought were still relevant in 2023 but are in varying degrees of progress and implementation. Many of the 1985 recommendations request more preventative health interventions including more culturally grounded programs. In our current recommendations, we prefer to group these prevention interventions and recommend that prevention be looked at holistically and collectively. Certainly, the current emphasis on prevention versus previous models that looked at treatment or tertiary care is considered a success. Programs looking at maternal/fetal health, youth and adolescent health, the role of social and environmental determinants of health are seen in current initiatives but vary widely with regards to progress. These need to be sustained and in some cases expanded. While the focus of many recommendations was on prevention, there is an ongoing need to continue to address those dealing with chronic illnesses and related disparities in our Native Hawaiian population.



Significant challenges to our medical chapters recommendations remain. Despite attention paid to these areas, we continue to have large disparities in chronic illness and the social determinants of health. In spite of increases in prevention and health promotions activities, there is a lack of publicly accessible data around their impacts and outcomes. One solution would be the centralization of de-identified data that includes this information, as well as materials and curriculum used. Partnering more formally with the wide range of private, public and community organizations that fund, as well as do, the promotions work is critical. With this in mind, agreements need to be made to address who “owns” the data and what that means, accessibility of the data as well as who will be the repository of this centralized collection. An obvious candidate would be Papa Ola Lōkahi, assuming that there will be increased personnel and resources to be able to support and sustain this centralized repository for data and programs. Finally, the importance of culturally grounded programs should be a common component of all current and future initiatives.

Research. Research related recommendations from the past two reports have shown progress with respect to initiatives, innovation, and impact. Culturally tailored research by the Department of Native Hawaiian Health at the John A Burns School of Medicine and community partners in areas such as type 2 diabetes, heart disease, and weight loss are showing positive results. However, more funding and research is needed to expand these successful programs for the wider lāhui and ensure that they are conducted through a cultural lens.

Challenges fall into four major areas. First, there is a need for the widespread translation of successful research findings into initiatives that improve the lives of all Native Hawaiian patients and the sustainability of those efforts. Second, there needs to be increased sustainable funding for research to be conducted through a cultural lens and incorporates impacts of social determinants of health, climate change, environmental harm, trauma and social stressors. Third, increasing the Native Hawaiian research workforce is critically important. Finally, our research infrastructure and funding must be fluid enough to quickly address future health challenges, anticipated (childhood obesity impacts, youth mental health impacts) and unanticipated (new pandemics, new environmental or public health challenges).



Collaboration. Despite increased collaboration between various Native Hawaiian serving institutions, we recommend that there be a formal collaboration between Papa Ola Lōkahi, the NH Healthcare systems, and the Ali'i legacy organizations. We note that the latter are offering more health centered programs, especially culturally grounded programs. However, there needs to be a centralized, accessible repository for the the content and impacts of these programs, not only to avoid the loss of valuable work through changes in funding and staffing but also to avoid working in silos and doing duplicative work that may waste precious resources. The repository should allow for data sharing and to house (or have the ability to link to) curricula, program materials, budgets, data on impacts.

We recommend that Papa Ola Lōkahi be considered as the facilitator (kāko'o) for this collaboration and that the centralized collection of information on programs be housed there (assuming appropriate staffing and financing is available). In addition, once this collaboration is in place, other Native Hawaiian serving institutions could join this collaboration. Finally, this formal collaboration should encourage organizational self reviews that lead to revisions and modifications; these can help enable transparency and address community concerns regarding accountability, facilitate understanding and demonstrate how community needs are addressed.

Culturally-Adapted, Comprehensive Primary Care

Model. There are a number of culturally grounded models in outpatient clinics (i.e.NHHCS on all major islands), some privately owned clinics (i.e. Kukui Lifestyle Clinic), and those under health systems (i.e. Kipukaoha) that understand and

practice integrative medicine, incorporating traditional healing alongside western medicine. While these are examples of what culturally grounded healthcare could look like, these clinics are few in number and controversial at times. In addition, one model may not fit all as each community is different and each community may want to incorporate different components of these models. Nevertheless, there are pieces here and there that should be considered, developed, and enhanced.

With adequate funding and collaboration, followed by implementation, an Indigenous comprehensive primary care model (patient-centered, interdisciplinary, culturally grounded, 'āina-based medical home) could be piloted and assessed for feasibility and effectiveness. Best practices in cultural safety as well as federal, state, and private funding is needed for sustainability. An example of collaboration includes academia working with community to empower them to "grow their own" based on their own needs, to learn how to advocate for themselves, and to bring in their own funding through grant writing support (i.e. Kula No Nā Po'e Hawai'i partnering with UHM JABSOM Department of Native Hawaiian Health and Department of Psychiatry).

Considerations of culture need to be part of the comprehensive primary care model. There should be a sense of place with a connection to the 'āina in which the clinic is located, health related materials in 'Ōlelo Hawai'i, and a Native Hawaiian workforce. Staff who are trained in running a clinic steeped in Native Hawaiian values and beliefs is vitally important. Ideally, there is also a space for traditional healing within the clinic, available to the patient and their family, as well as community health workers to help guide the patient to/from the visit, as well as navigate through the healthcare system.



Furthermore, there continues to be a challenge in sharing information between electronic health records (EHR), despite the need for knowledge of the whole patient as a critical component of a comprehensive health care model.

Healthcare accessibility (Digital). With the advancements of the internet, cell phones and virtual technologies, telehealth has become more prevalent. Both telehealth and telephone visits were reimbursed during the COVID-19 pandemic. Mental health providers have also been more accessible with the newer technologies, covered by security and privacy HIPAA laws. Unfortunately, these changes were not permanent and some of these reimbursements will be discontinued as the pandemic "emergency declaration" ends. This is an ongoing challenge for healthcare providers as well as patients. In addition, access to technologies are ongoing problems. Many people lack equipment, broadband access or technical literacy required for effective telehealth. Privacy and security are important additional challenges. Finally, costs will continue to increase, as will the need for technology upgrades and training for healthcare workers, patients and families.

Traditional Healing. Since the 1985 EOM report, traditional healing has become more visible within our communities as an important component of Native Hawaiian health. Traditional healing is accepted and used by our communities, but the relationship with traditional allopathic or western medicine is unclear. Collaboration, "separate but equal" and "exclusively using" models all exist, and support for each option within our communities. Recommendations center on the importance of continuing conversations between traditional healers and a more western trained workforce. Philosophies and training requirements are different but the goals of both are the same, "superior" healthcare for our people. The questions are: how are the roles of each negotiated and defined and how do we work together to advance the health of our lāhui?

Recommendations not Pursued (1985 and/or 2019). Three recommendations were not pursued further because they were addressed by other entities (insurance and malpractice) or determined to be out of the realm of responsibility for EOM. The latter refers to a recommendation that a comprehensive health education curriculum be established in the public school system. While this is an admirable recommendation, it targets all Hawai'i students and decision making control over budget and content falls to the State Department of Education.

NEXT STEPS

Recommendations for “next steps” fall into several domains:

- Acknowledgement that the goal for EOM and NH health related efforts relate to the “attainment of superior health for our lāhui, our ‘āina, our environment and the generations that follow.”
- The Hawaiian worldview around health is holistic, incorporating the idea of balance between mind, body, spirit, ‘āina, ‘ohana and community. Future visioning needs to be reframed this way. Previous siloed chapters should be reconfigured into a holistic “whole” approach toward health.
- Shifting the perspective to a strengths based one, rather than a deficits one, will more easily enable the highlighting of culturally based perspectives, initiatives, and outcomes.
- SMART goals for recommendations should be required. This will allow for self review and more thoughtful modifications and changes as needed. For example, it will be easier to see and address gaps in knowledge, resources, etc. Reporting in a 3-5 year cycle should be the goal and enable evaluation of how each recommendation has been addressed.
- The impacts of racism affect each of the chapters and addressing not only its impacts, but how to address it, needs to be woven in throughout the document.

Below are specific recommendations regarding access to healthcare services and increasing the overall health status of Kānaka, and can fall under one or more of the domains listed above.

3.1 Develop policies and support advocacy work to increase resources for an inclusive NH culturally-adapted primary care system (including traditional health practices and community health workers).

3.2 Support health care organizations to include qualified NH on their boards and leadership.

3.3 Culturally comprehensive health screening and health promotion should be centralized through the Native Hawaiian Health Care Systems (NHHCS).

3.4 NHHCS should coordinate with the major health care systems on each island for outreach within Native Hawaiian communities.

3.5 Establish a collaborative between POL, NHHCS, and ali'i legacy organizations to develop a strategy to address Native Hawaiian health and well-being collectively.

3.6 Recommendation needs updating. See 3.5 (2023). Seek community input.

3.7 Continued conversations for both Western practitioners and traditional healers to increase mutual awareness and ways of working together to improve NH health.

3.8 Expand 3.3 (2023) to include family planning and maternal/infant/child health.

3.9 Expand 3.3 (2023) to include perinatal health.

3.10 Expand 3.3 (2023) to incorporate resources for NH-serving community health workers.

3.11 Update recommendation: Policies need to be enacted to funnel resources to NH health, including screening and referral programs. These policies should incorporate collaboration, communication, and resource-sharing with the NHHCS and POL (expansion of 3.3 (2023)).

NEXT STEPS CONT.

3.12 Expand 3.11 (2023) to include prevention programs.

3.13 Update recommendation: Increase resources for research on how to make services more accepted to NH from a values and culturally-based perspective.

3.14 Re-establish recommendation: All programs which target Native Hawaiians should conduct program evaluations in order to ascertain their effectiveness and house them in a central data epicenter.

3.15 Update recommendation: Increased resources needed to continue ongoing research efforts in genetic, epigenetic, and environmental health research.

3.16 Expand 3.15 (2023) to include social determinants of health and social stressors.

3.17 Update recommendation:
Increase resources needed to continue expansion of telehealth technology and outreach.

3.18 Expand 3.3 (2023).

3.19 Update recommendation: Expand 3.3 (2023) to include youth prevention programs.

3.20 Update recommendation: Allocate resources to develop and evaluate a culturally-adapted, comprehensive primary care system model for NH.

3.21 Update recommendation:

- Align with 3.3 (2023) and 3.20 (2023) to include interdisciplinary teams and continuing innovation.
- Send to data governance (data sharing).
- See 3.3 (2023).
- Expand 3.3 (2023) to include culturally-tailored telehealth.

3.22 Update recommendation: Expand 3.21 (2023) to include place-based care.



Nutrition

By: Marie Revilla, Claire Hughes, Jodi Leslie, Jessie Kai, Jackie Osorio, Colin Wills, Leihua Park, Christina Young, Beatriz Aurelio-Saguin, Ka'iulani Odom

The initial 1985 E Ola Mau report addressed the following four recommendation areas for nutrition: 1) Programs; 2) Policy and Advocacy; 3) Community Education; and 4) Research. Workforce Development was added as the 5th recommendation area in the 2019 E Ola Mau A Mau nutrition chapter. The primary focus of the 1985 recommendations were to increase knowledge of (i.e. prevalence rates, risk factors) and development and access to (i.e. community programs, state policies) culturally appropriate nutrition services at multiple levels of intervention while the 2019 chapter identified key stakeholders that could further advance both the 1985 and 2019 recommendations. The purpose of this chapter is to celebrate the numerous successes driven by state and community leaders in nutrition, identify our works in progress, and create cohesive, interconnected recommendations that reflect the broader intention of the 2023 report. It is important to mention that the reports were not created systematically and therefore we may not have captured all the successes and ongoing work in nutrition. The authors of this chapter are committed to creating future E Ola Mau reports that are holistic in nature with the understanding that Native Hawaiian nutritional well-being is impacted by all other disciplines of health found in the various chapters of this report.

Recommendations

SUCCESSSES

Significant work has been done to increase community-based programs that offer cultural approaches to improving maternal and child health, particularly in the realms of breastfeeding and child nutrition. While cultural programs may not be evaluated according to Western standards, the literature indicates that revitalizing traditional practices and foods is integral to improving Indigenous nutrition outcomes. Moreover these programs should be highlighted because they center the importance of 'ike kūpuna and community support in aiding nutrition efforts. Child nutrition programs facilitated through schools by the state have increased alongside

independent and collaborative efforts to foster keiki to kūpuna engagement with cultural food systems, awareness of current nutrition standards, and interest in nutrition related careers. Since the previous E Ola Mau reports there has been an increase in the availability of traditional foods. This has primarily been accomplished through school-based food services, community health programs, and the overall revitalization of Hawaiian food systems. Work in this area could not have been accomplished without 'āina-based organizations engaged in ahupua'a restoration that increases the production of and engagement with cultural foods. Their work became especially apparent in the wake of the Covid-19 pandemic as they mobilized to provide fresh foods through national programs and policies (i.e. Double Up Food Bucks [DA BUX], Prescription Produce, Supplemental Nutrition Program for Women, Infants, and Children [WIC]) intended to address the intersection of health disparities and food security for low-income populations. Another success for the lāhui is the increase of Native Hawaiian nutritionists and dieticians, which aids in expanding research and education of culturally appropriate standards and lifeways.



IN-PROGRESS

Disparities regarding nutrition still exist, as such the creation and evaluation of the programs mentioned above is ongoing. Practitioners in nutrition related fields are still working to challenge and destigmatize current health indicators like body mass index (BMI) as they are based on a subset of the population using White female and male individuals. The field must acknowledge how current standards are misleading and harmful and work towards creating consensus of appropriate nutrition and health indicators for Native Hawaiians. Additionally, there remains inadequacies in infrastructure across the state to ensure that nutrition recommendations are being met to advance the health and well-being of Native Hawaiians. To address this, practitioners must continue to collaborate across sectors to develop infrastructure that supports implementation, and the evaluation of nutrition recommendations presented in the E Ola Mau reports.

NEXT STEPS

As mentioned previously, the findings presented in this report and prior reports were not gathered systematically. Therefore, a systematic review across the state needs to be conducted to more accurately determine the nutrition status of Native Hawaiians and applicable programs and resources. Adequate support and resources must be acquired to conduct a thorough review to inform the steps needed to enhance the nutrition status of Native Hawaiians. An important, and challenging factor impacting all health fields is the increasing number of Native Hawaiians in the diaspora. With the recent census bureau report of more Native Hawaiians living outside of Hawai'i, we need to think about how to serve Native Hawaiians here in Hawai'i and across the United States. As such, it is imperative that we continue to train Native Hawaiians both in Hawai'i and across the diaspora to serve our lāhui.

Programs

4.1 Continue to develop and disseminate culturally relevant lactation education materials for mothers and providers and community-level breastfeeding programs across all islands.

- Provide consistent nutrition education for mom, baby, and 'ohana.
- Encourage moms and 'ohana to start breastfeeding.
- Support baby-friendly hospital initiatives and integrate cultural knowledge, understanding and competency into them.

4.2 Increase healthy meals provided to school-aged children.

- Increase the number of public, Hawaiian Immersion and other charter schools who opt to participate in the National Breakfast and Lunch Program.
- Increase the number of government and private non-profit organizations participating in the Summer Food Service Program.
- Increase the number of Native Hawaiian students enrolled in programs that provide meals as part of the Summer Food Service Program.
- Develop a monthly food distribution program for eligible Native Hawaiian students and their families that will enable them to prepare nutritious and balanced meals
- Emphasize the importance of nutrition and exercise to overall health in schools.
- Increase research of and access to culturally relevant nutrition education for Native Hawaiians.

4.3 Include agriculture/food production as part of nutritional health.

- Increase research around food production processes and issues affecting food production in Hawai'i (water, land availability/leases, etc.).

4.4 Create programming that connects people to their food sources.

4.5 Create subsidies for farmers, fishermen, and other traditional Hawaiian food producers to sustain their practices (including access to water, ocean, land, etc.).

4.6 Work with the Department of Education (DOE) in adding vendors of traditional Hawaiian foods to their vendor list.

Policy & Advocacy

Act 175 says that the DOE will spend 30% on local foods to supply schools by 2030.

4.7 Create legislation that allows the sale of traditional Hawaiian foods.

4.8 Develop age-appropriate nutritional guides and programming.



NEXT STEPS CONT.**Community Education**

4.9 Develop nutritional education programs for Native Hawaiian 'ohana and community.

- Increase the participation of the number of eligible Native Hawaiian families in the Supplemental Nutrition Assistance Program (SNAP).
- Increase the participation of the number of eligible Native Hawaiian children and mothers in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Increase the participation of the number of eligible Native Hawaiian kūpuna in the Commodity Supplemental Food Program (CSFP).
- Develop Food Access programs, like produce prescriptions and food pharmacy, for eligible Native Hawaiian families to increase accessibility to healthy nutritious food and health education on disease prevention and treatment.
- Develop a "food and beverage tax" levied on food and beverages with minimal-to-no nutritional value combined with a removal of a 5% tax on water, fruits, and vegetables.
- Develop nutrition and health education materials for Native Hawaiians, to be distributed at locations such as schools, medical clinics, and other community-serving organizations.
- Support 'āina-based initiatives/programs that improve nutrition and health and well-being for Native Hawaiian communities.

4.10 Review existing Native Hawaiian health and nutrition curriculum and compile a resource binder for Hawaiian culture teachers in DOE schools. Expand to P20.

- Conduct a training for DOE Hawaiian cultural educators to implement these resources in the curriculum.
- Incorporate Native Hawaiian nutritional curriculum ('ai pono) with 'āina-based programming (gardens in schools, etc.) to be implemented by educators, such as Hawaiian cultural educators, in DOE schools.
- Integrate nutritional educational programming into mākuā meetings in DOE schools.

4.11 Enhance affordable technology and technology transfer for Native Hawaiian families and communities relating to good nutritional practices.

Workforce Development

4.12 Expand Indigenous peer-support breastfeeding counseling programs (e.g. WIC) to NHHCS, FQHCs, etc.

- Expand offering of Indigenous breastfeeding counselor training.
- Develop scholarships for Indigenous breastfeeding counselor trainings and encourage Native Hawaiians to apply for KUO for reimbursement of IBCLC exam fee.

4.13 Increase the Native Hawaiian professional workforce in nutrition and production, processing, and marketing of traditional Hawaiian foods.

- Increase the number of Native Hawaiian RDs and RDNs.
- Increase the number of traditional Hawaiian food producers in Hawai'i. (Farmers (lo'i, loko i'a, limu, etc.), fishermen, etc.).
- Increase the household production of food.
- Diversify the food products available.
- Incorporate knowledge of traditional Hawaiian foods and preparation in culinary training/programs.

4.14 Establish a nutrition advocacy/advisory committee of Native Hawaiian RD/RDNs, nutritionists, and other related health professions working in Native Hawaiian communities to oversee the fulfillment of the nutritional chapter recommendations.

4.15 Increase the accessibility of nutrition research and data to Native Hawaiian communities.

- Conduct and compile a systematic literature review of existing NH health and nutrition research into a centralized online database housed at POL.
- Systematize the process for updating the centralized online database to ensure it's up to date.
- Allow for the centralized online database to be used to identify gaps in Native Hawaiian nutrition and health research to inform future research.
- Increase the resources and support to conduct integrated research on Native Hawaiian nutrition on topics relevant to improving the health and well-being of the community.
- Increase the resources and support to conduct research to determine what foods can be grown to address the nutrition needs and promote the health and well-being of the community.

4.16 Increase understanding of Hawai'i food systems to establish food security and economic self-sufficiency in Native Hawaiian communities.

- Increase research that demonstrates how Native Hawaiian traditional practices for food are safe to consume.
- Support food prescription and farm to table programs to expand food production in Hawai'i.
- Increase traditional foods co-ops, Da Bux program.
- Promote the sale of traditional food crops.



Oral Health

By: Emi Eno-Orikasa, Patrick Donnelly, Diane Paloma, Deborah Mattheus, Andrew Tseu, Arielle Nagao, Kalei Tamashiro, Mai Hall, Gerraine Hignite, Paula Arcena, Shere Sanieshi-Kim

To develop detailed and accurate recommendations for Kānaka oral health we began by reviewing the recommendations from the 1985 and 2019 reports to assess for overlap, determine their status, and outline next steps. Our analysis is as follows: 1) from the 1985 E Ola Mau report, all six original recommendations were found to be undetermined or inactive, and 2) of the twenty-five recommendations outlined in the 2019 report, this task force found that more than half, thirteen, of the recommendations are actively in progress through various resources and investments across the state. Eleven of the 2019 recommendations are inactive or undetermined, and one is completed.

Recommendations

SUCCESSES

Adult Medicaid Benefits. The Hawai'i Oral Health Coalition (HOHC) worked with lawmakers for several years to introduce bills to restore funding for dental benefits for adults with Medicaid. In 2022, the Department of Human Services' MedQUEST Division (MQD) planned to request additional funding to their annual budget, just over \$10 million with federal matching funds, to provide basic diagnostic, preventive, and restorative services. Through ongoing collaboration between HOHC and MQD throughout the 2022 legislative session, and with support from then Representative Sylvia Luke, House Finance Chair, the Hawai'i State Legislature approved additional funding, totaling \$25.9 million with federal match funds, for MQD to expand dental benefits for those with Medicaid.

Another factor that significantly influenced the success of reinstating dental benefits was the overwhelming support from the community. HOHC was a driving force in promoting the bills, soliciting organizational support, creating advocacy trainings and resources to the public, and providing ongoing communication and updates regarding hearings and for individuals, community organizations and health centers, dental profession associations, and many others who diligently advocated through written and oral testimony.

Prevention and Education. Notable investments in preventive services and resources, and oral health education continue. However, further action is required in all areas. The most significant areas of need relate to workforce development and data collection and surveillance.

Collectively, Papa Ola Lōkahi (POL), Hui No Ke Ola Pono (HNKOP), Hawai'i Dental Service Foundation (HDSF), and Hawai'i Oral Health Coalition (HOHC) consistently invest in community education and oral health promotion efforts, workforce development projects, data and surveillance, and legislative advocacy aimed at improving oral health outcomes.



Hawai'i Dental Service Foundation is the primary resource for grants, oral health supplies, and developing and supporting community-based programs and outreach. Various community organizations work with HDS Foundation to develop and implement community programs and resource distribution, including, but not limited to, Hui No Ke Ola Pono, University of Hawai'i at Mānoa, and Hawai'i Oral Health Coalition (via Hawai'i Children's Action Network and Hawai'i Public Health Institute).

Investments in preventive services and resources and oral health education are being addressed in several primary ways and on different levels of intervention.

- First, POL convenes with community partners. The purpose of the convenings is to conduct ongoing assessment of the health goals and objectives outlined in the E Ola Mau (EOM) reports to identify data and systems that demonstrate the status and progress of the goals and objectives.
- HNKOP mentors students of Kamehameha Schools through the Health Occupations Students of America (HOSA) program and also sponsors a dental assisting certificate program through UH Maui College. Additionally, HNKOP supports the annual Give Kids A Smile event, providing free dental services to children on Maui in need of care, and most recently launched a virtual dental home partnership.
- HDSF provides scholarships to students pursuing careers in dental and dental hygiene and provides funding and supplies to non-profit community-based organizations to provide oral health education and prevention activities to patients, clients, and community members. HDSF directly supports school-based sealant initiatives carried out by the Hawai'i Keiki: Healthy & Ready to Learn program under UH Mānoa's Nancy Atmospera-Walch School of Nursing. HDSF provides additional training, outreach, and resources to primary care providers, as well as adult assisted living organizations, through their Dentist by One and Kūpuna Smiles programs. HDSF also established an Oral Health Coordinator 0.25 FTE position at JABSOM to integrate oral health into the medical curriculum.
- HOHC convenes community partners throughout the year, through various committees and working groups, to identify pressing oral health needs among the community and systemic gaps related to prevention and access, workforce development, data and surveillance, and legislative advocacy. Working groups address statewide and Island/County specific oral health issues. Since forming in 2019, HOHC has worked with lawmakers to pass three bills relating to access to care and workforce capacity. HOHC has also worked with the Department of Health (DOH) to develop the statewide oral health data tracker, managed by Hawai'i Health Data Warehouse. Additionally HOHC has worked with DOH, UH Mānoa, American Dental Association's Health Policy Institute, and other private entities to conduct research on oral health status and trends in Hawai'i.

IN-PROGRESS

One recommendation that was met in the Oral Health Section is to restore Medicaid adult comprehensive dental benefits. In order to sustainably fill the needs of adult Native Hawaiians on Medicaid, there needs to be advocacy for continuous/permanent funding, more comprehensive benefits, and increasing the provider network. It was found that one of the largest challenges of restoring dental benefits was the limited access to providers who accepted Medicaid. There exists a limited Medicaid dentist network in areas where Native Hawaiians reside.

Objectives in progress reflect a growing need to develop a culturally responsive oral health education program for Native Hawaiians and their families to improve oral health literacy and awareness. This includes educational literature that is easy to understand and is accessible through a variety of digital and physical media. Another objective in progress is to develop a culturally responsive training program for educators and dental health professionals to promote targeted programs and policies that address oral health disparities among Native Hawaiians. These two educational programs, one for families, and the other for providers, should ensure accuracy and cultural relevancy and be promoted through trusted community organizations who exist in our Native Hawaiian communities.

Another objective in progress reflects the needs in the dental community. There needs to be more Native Hawaiian dental health providers who reflect the community in which they serve. Therefore, there needs to be an increase in funding and opportunities for Native Hawaiians to pursue oral health careers.

Of the recommendations in progress, there needs to be disaggregation of Native Hawaiian data from other race/ethnicity data. We need to work with state departments who are collecting data and share use agreements. Current online data warehouses need to reflect the ethnicities of Hawai'i.

Challenges to statewide investments, policies and systems include a fragmented approach with no clear leader. Hawai'i does not currently have a designated Dental Health Director charged with the task of building a comprehensive oral health system that both supports providers and addresses the needs of families and communities. A Dental Health Director would also be able to collect and compile a National Oral Health Surveillance System which would inform national initiatives and reports. Hawai'i is currently one of 18 states without a state-funded school based sealant program, a proven prevention method to reach our most vulnerable children.

OVERVIEW OF RECOMMENDATIONS IN-PROGRESS:

Maintaining and focusing on a commitment to ongoing oral health recommendations, evaluations, and assessments, will help ensure our efforts to address the oral health needs of Native Hawaiians remain relevant, effective, and responsive to changes needed of our communities. Refer to the recommended areas to be addressed and further evaluated.

- **Community water fluoridation or alternatives.** Decisions on community water fluoridation or alternatives will involve the State, Counties, public health officials, legislators, community representatives and relevant stakeholders. The reevaluation of community water fluoridation or alternatives involves a balanced consideration of its benefits and potential drawbacks for our communities. Community fluoridated water is supported by a substantial body of evidence demonstrating its effectiveness in improving oral health across diverse populations. It's a valuable public health strategy that helps reduce the burden of tooth decay and associated oral health problems, especially in communities where access to dental care may be limited.
- **Development and implementation of school-based oral health policies.** Improving oral health care for children through school health policies is a valuable initiative that will have positive impacts on both oral health and overall well-being. Developing and implementing comprehensive health policies to improve oral health access and education for children requires careful planning, collaboration and ongoing evaluation by various stakeholders and agencies. By addressing the oral health needs of students in a school-based setting, this can contribute to improved oral health outcomes and equip children with lifelong oral health habits.
- **Culturally Adapted Programs and Practices.** Developing culturally appropriate oral health programs and practices for Native Hawaiians requires a commitment to understanding and respecting our unique cultural identity and historical context in our communities. By integrating cultural values, practices, and community input, these programs can better contribute to improving oral health outcomes and overall well-being for Native Hawaiians.
- **Structured collaboration between stakeholders.** Structured collaboration between private, public, and community organizations/agencies is essential to effectively address the oral health needs of the State, and specifically the Native Hawaiian population. By identifying and leveraging existing resources and working collaboratively, we can create a comprehensive and sustainable approach to have a lasting impact on improving oral health outcomes and overall well-being.

- **Native Hawaiian oral health data systems, collection, surveillance, and analysis.** Establishing oral health data systems, collecting, and analyzing oral health data specifically for Native Hawaiians is crucial for understanding our oral health needs and adapting effective interventions. By prioritizing the collection, surveillance, and analysis of oral health data for Native Hawaiians, policymakers and health care providers can gain a comprehensive understanding of our oral health needs and make evidence-based decisions in order to improve our oral health outcomes. This approach contributes to more equitable and effective healthcare interventions.
- **Legislative and administrative policy development.** Developing and utilizing legislative and administrative policies is an effective approach to address the oral health needs of Native Hawaiians. These policies can provide a framework for systematic and sustained efforts to improve oral health outcomes within our community.

NEXT STEPS

Overview. All 2019 recommendations remain necessary to improving the health and well-being of Kānaka today. The recommendations have been re-established and revised to be specific, measurable, achievable, relevant, and time-bound, and framed to be re-evaluated every two to three years. Additionally, two recommendations from 1985 that were not explicitly included in the 2019 report were also re-established as activities under the broader objectives of the 2019 report. Some recommendations were combined to eliminate potential redundancies, but data and workforce recommendations will likely continue to overlap with the corresponding chapters of this report.

For each of the 2019 recommendations, specific activities, programs, or campaigns are listed through which the goal can be achieved. The new

recommendations were designed to be achievable within the next two years. Specific organizations responsible for initiating and implementing these recommendations have been omitted due to their absence of participation in drafting this report.

Addressing Recommendations. In order to address these oral health recommendations in a concise and tangible way, determining an organization lead(s) is critical. To best assist Papa Ola Lōkahi in the coordination and implementation of these dental objectives, designating a leader(s) to advocate for Native Hawaiian oral health is necessary. An oral health lead(s) can best serve on the Native Hawaiian Health Task Force to aid in the medical-dental integration for Native Hawaiians. A lead(s) can ensure dental recommendations are at the forefront of the Native Hawaiian Health Task Force recommendations and can serve as a liaison between dental and other health advocates.

In addition, the creation of a clearinghouse to collect and monitor data specific for Native Hawaiians must be established. There is no efficient tracking system to monitor data specific to Native Hawaiians. Without a comprehensive and centralized data collection system, there is no way to trace whether these objectives are improving or declining. Oral health information should be added to such a clearinghouse.

Obtaining dental workforce statistics is also important to observe the supply and demand for oral health services in Hawai'i. Following a guideline like the Hawai'i Physician Workforce Assessment, the creation of a Hawai'i Oral Health Provider Workforce Assessment can observe shortages in the oral health specialties and Hawaii counties that need providers serving the population.



NEXT STEPS CONT.

Importance. Historically, it has been shown that Native Hawaiians consistently face the highest rates of poor oral health outcomes in nearly every available metric. Poor oral health affects one's ability to communicate, eat, work, learn, socialize, and lead a healthy life, while placing additional undue burdens on individuals, families, and communities. Native Hawaiian children have the highest prevalence of tooth decay in the United States, leading to more costly and devastating oral health treatments as adults. This highlights the need for primary prevention programs, and oral health literacy.

Oral health can no longer be treated separately from the rest of the body. Chronic untreated oral disease adversely impacts systemic health, quality of life, and economic productivity. Oral health status can affect people physically and psychologically, affecting their ability to chew, taste, and savor food; how they look, speak, and socialize, and their self-esteem, self-image and feelings of social well-being. There is an association between periodontitis and cardiovascular disease. Native Hawaiians are one of the highest-risk populations for cardio-metabolic diseases.

The traditional school of thought that separates oral health from whole body health has since been replaced by current research that suggests a strong link between the two. Worsening rates of obesity and diabetes in Native Hawaiians over the last twenty years, brings to light the symbiotic relationship between oral health and systemic health. It has become clear that oral health can no longer be treated separately from the rest of the body.

There are substantial oral health disparities that exist in Hawai'i largely affecting the Native Hawaiian community. Hawai'i's oral health system is fragmented and can provide only limited resources to many who need them. The integration of leadership, partnerships, and funding are paramount to repairing the system. The oral health task force recommendations are an essential step in overcoming barriers to care for those who have been continually marginalized. These recommendations also seek to bridge the gap between modern oral health care and traditional Native Hawaiian healing practices.



Data Governance

By: Ke'alo'hi Worthington, Tellie Matagi, & Josh Quint



Native Hawaiians are the Indigenous people of Hawai'i who lived in self-sustaining agrarian societies prior to Euro-American arrival. Prior to colonization, it is estimated that there were between 500,000 to 1,000,000 Native Hawaiians living across the 7 inhabited islands (Stannard, 1989; Kirch, 2007). For millennia, Native Hawaiians were scholars, navigators, and scientists that studied their surroundings in detail. They were constantly collecting various types of data from the environment and would pass that knowledge down verbally from generation to generation.

As knowledge keepers and experts of their 'āina, Native Hawaiians held a deep understanding of how to live harmoniously with their island environments and the practices that perpetuated a healthy lāhui. The original E Ola Mau report in 1985 called for a return to this Indigenous knowledge, recognizing that health is just one aspect Native Hawaiian well-being. This understanding is dependent on a holistic approach that considers the many environmental and upstream factors that impact health and well-being.

From 'Aha Ho'olokahi, the Native Hawaiian Health and Well-being Summit, there was a distinct desire to return to the 1985 kāhea and reground ourselves in the original goals and purpose of E Ola Mau. Since the 1985 recommendations there is still a need for Native Hawaiian data to be collected, analyzed, and led by Native Hawaiians. The following sections provide a more thorough overview of the progress made on previous recommendations and next steps for future EOM reports.

Recommendations

SUCCESSES

While the COVID-19 pandemic occurred right after the 2019 summit and brought about many challenges, it also opened the door to a plethora of opportunities for growth and advancement of Native Hawaiian and Pacific Islander (NHPI) health initiatives. The establishment of partnerships and networks such as the Native Hawaiian and Pacific Islander Response Recovery and Resilience Team (3R) and the Native Hawaiian and Pacific Islander Community Health Worker Collaborative (NHPI CHW Collab) brought together over 65 NHPI organizations, such as healthcare insurances, faith-based institutions, government agencies, community based organizations, social service providers, medical providers, and community members and advocates, with the shared goal of caring for the health of Hawai'i's people. It also brokered new relationships between organizations who may not have previously had opportunities to collaborate beforehand.

Additionally, there was an increase in health funding opportunities in the public and private sector, with grants offered at the local, state, and federal level. POL and many other institutions took advantage of these opportunities and were able to leverage funding for the health and well-being of Native Hawaiians.

Finally, there continues to be an increase in the number of culturally-based health programs and initiatives across the state of Hawai'i through numerous different organizations. The integration of Native Hawaiian cultural practices and recognition of their health benefits continues to increase through accomplishments such as the coding hula as a reimbursable cost for Medicaid.



IN-PROGRESS

In addition to the numerous accomplishments listed above, there are multiple goals that remain in-progress. There is continual effort being made to foster existing and new partnerships between organizations, increase collaborations in health programming, and better coordinate care given to Native Hawaiian communities.

There continues to be work done on the inclusion of Native Hawaiians in health data research and promoting leadership positions for Native Hawaiians to advocate for their own health data. Also, there are ongoing efforts in creating and implementing culturally-appropriate trainings for Native Hawaiian and non-Native Hawaiian health professionals. These training sessions are done in collaboration with community health partners.

NEXT STEPS

Moving forward in this next three year cycle, the following recommendations were made to continue to promote Native Hawaiian data sovereignty and governance at a local, state, and federal level.

1. Return to 1985 recommendations and ground future work in the original goals of the E Ola Mau report. Continual progress can be made on many of the original goals, with specific focus on the collection, analysis, and dissemination of Native Hawaiian health data by and for Native Hawaiians.
2. Publication of the 2022 Data Governance presentation and dissemination into the wider Native Hawaiian community for their use to advance Native Hawaiian health initiatives on a larger scale.
3. Reestablish a community IRB to protect Native Hawaiians and promote research practices that are ethical and beneficial to the Native Hawaiian community, and advance Native Hawaiian health.

Workforce Development

By: Lisa Ka'ano'i, Nalani Minton-Henderson, Malia Purdy, Jillian Freitas, Thomas Hao, Kamahanahokulani Farrar, & Kelley Withy

Workforce Development was a new addition to the E Ola Mau Report in 2019. In 2023, we revisited the recommendations of the 2019 report to determine achievements and plan our next-steps. We have determined that all five of our established recommendations from 2019 are still in-progress as they remain relevant to build a Native Hawaiian workforce that meets the demands of addressing serious health disparities. Through our discussions, we decided to build on our existing recommendations to include a goal of increasing the number of Native Hawaiians in the healthcare workforce and expanding a mentorship network that will support the anticipated growth.

IN-PROGRESS

Develop and maintain a comprehensive, centralized data-collection and tracking system of healthcare workforce data specific to Native Hawaiians.

To track growth and inventory of our Native Hawaiian healthcare workforce, it is imperative that we collect data. Currently, the physician workforce data is being collected by the University of Hawai'i at Mānoa; the nurse workforce data is being collected by the Center for Nursing; and Allied Health data is being collected by DBEDT.

Support existing, effective, education and training programs and develop and sustain new ones that will create a thriving workforce for Native Hawaiian health.

There are a few existing programs that we hope will be supported and expanded, including: Nalani's program, Imi Ho'ola, and NHHSP. The Queen's Health System is looking to expand programs for a Native Hawaiian healthcare workforce, and partnered with the University of Hawai'i at Mānoa's John A. Burns School of Medicine to monitor the progress of existing programs through the Apu Kaulike Task Force.

Increase the quality and quantity of culturally relevant efforts to expand and improve the workforce for Native Hawaiian health.

The Department of Health has taken the lead on incorporating cultural aspects of care regarding opioid use with a Native Hawaiian workgroup.

NEXT STEPS

Moving forward, we have re-established and updated our recommendations as follows:

1. Broaden and maintain a thriving workforce to address Native Hawaiian health care needs.
2. Maintain a database of Native Hawaiian healthcare students and providers by partnering with University of Hawai'i, Center For Nursing, Healthcare Association of Hawai'i, Hawai'i Pacific University and Chaminade University for tracking healthcare workforce data specific to Native Hawaiians.
3. Expand, create, support and document effective education programs for Native Hawaiians to pursue careers in health.
4. Support and promote activities and groups that increase the quality and quantity of culturally relevant efforts for the workforce for Native Hawaiian health.
5. Improve the quality of life, financial security, and resources necessary for a thriving workforce for Native Hawaiian health.
6. Work toward 25% of the Hawaii healthcare workforce being Native Hawaiian by 2030.
7. Develop/maintain mentorship/networking/HC career advising.