



E Ola Mau 2023 RECOMMENDATIONS

An Update on the Health and
Well-being of Native Hawaiians

The E Ola Mau report provides comprehensive recommendations aimed to address and improve the overall well-being of the Native Hawaiian community. It is generated through the efforts and commitment of a multidisciplinary collective of practitioners across the pae 'āina. The structure of this document follows the key areas of health and well-being covered in the EOM report, including the new addition of recommendations made in the racism, data governance, and workforce development chapters. The recommendations emphasize the importance of integrating Native Hawaiian culture with modern healthcare systems to create a holistic approach to well-being. This includes increasing the availability of culturally appropriate services and resources, and supporting community-based efforts. Additionally, the report advocates for a strengths-based approach to wellness, increased monitoring and evaluation of the recommendations, and interdisciplinary collaboration. The overarching goal of these recommendations is to reduce health disparities and promote a healthier, more vibrant future for Native Hawaiians. We hope to continue these efforts as we reimagine the potential of E Ola Mau to secure investment in Native Hawaiian health, and as a tool for the broader community and health workforce.

Native Hawaiian Healing Traditions

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-kūpuna 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.

RECOMMENDATIONS

1.1	<p>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.</p> <ul style="list-style-type: none">• Include strengths-based perspective to reconstruct health ideology.• POL should have the integrative power to build pilina among important stakeholders.
1.2	<p>Data sovereignty. POL should coordinate a data warehouse among organizations tracking Native Hawaiian health data. Will be referenced in Data Governance.</p>
1.3	<p>Clearly define realistic, meaningful, and actionable goals for Native Hawaiian health programs that emphasize health education and health promotion, disease prevention, and health protection.</p> <ul style="list-style-type: none">• 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	<p>Distinguish the difference between familial instruction and mentoring/workforce development within health care, and develop a flow chart of implementation and instruction.</p>
1.5	<p>Determine who makes up the Native Hawaiian health care workforce (practitioners, Native Hawaiian Health Care Systems (NHHCS), and private providers) and strengthen connections (i.e. Ahahui o nā Kauka), determine their needs to improve the workforce. Offer technical assistance (i.e. developing Native Hawaiian, culturally-sensitive curriculum).</p>
1.6	<p>Strengthen coordination among existing health agencies and institutions in their service delivery to the Native Hawaiian community.</p>
1.7	<p>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.</p>
1.8	<p>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.</p>

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.
1.10	<p>Increase culturally based and culturally adapted interventions.</p> <ul style="list-style-type: none"> • 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 understood 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	<p>Expand funding and resources.</p> <ul style="list-style-type: none"> • 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

Next Steps. 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.

RECOMMENDATIONS

RACISM: HISTORICAL & CULTURAL PERSPECTIVES

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 WELL-BEING

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

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 and 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 People of Color in medical school admissions, and leadership positions within medical schools and hospitals.

6

Recognize the importance of and implement disaggregated health data.

RACISM: NUTRITION

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

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

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 or not.

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.

7

Collecting measures that align with a Hawaiian worldview (e.g., social determinants of health).

RACISM: WORKFORCE DEVELOPMENT

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

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	<p>Acknowledge, honor, and incorporate Hawaiian culture (ex. Pili nahā).</p> <ul style="list-style-type: none"> • 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

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.

RECOMMENDATIONS

2.1	<p>Expand Effective Culturally-Grounded Prevention and Treatment Interventions.</p> <ul style="list-style-type: none">• 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	<p>Increase Workforce Development and Training for Behavioral Health Providers Who Are Culturally Humble/Resonant and 'Ōlelo Hawai'i.</p> <ul style="list-style-type: none">• 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	<p>Establish well-being and strengths-based measures.</p> <ul style="list-style-type: none">• 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	<p>Continue to develop research capacity in communities (note: collaborate with data governance and workforce development working groups as a possible shared goal).</p> <ul style="list-style-type: none">• 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

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.

RECOMMENDATIONS

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 aliʻi 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)).
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: <ul style="list-style-type: none"> • 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

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 across the United States as well. As such, it is imperative that we continue to train Native Hawaiians both in Hawai'i and across the diaspora to serve our lāhui.

RECOMMENDATIONS

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

4.7

Create legislation that allows the sale of traditional Hawaiian foods.

4.8

Develop age-appropriate nutritional guides and programming.

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 mākua 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.

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

Next Steps. 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.

RECOMMENDATIONS

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.

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

Next Steps. 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.

RECOMMENDATIONS

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

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

RECOMMENDATIONS

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.