

E OLA MAU A MAU

THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

COMPENDIUM OF EXECUTIVE SUMMARIES

E OLA MAU A MAU – THE NEXT GENERATION OF NATIVE HAWAIIAN HEALTH

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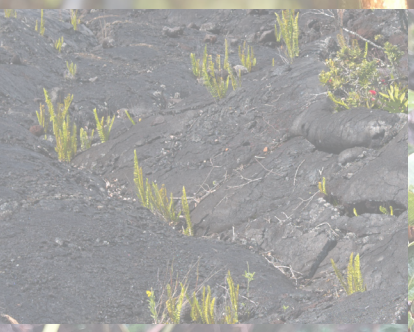
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This report is dedicated to Dr. Kekuni Blaisdell for his steadfast beliefs in raising the health of our lāhui through his hard work, dedication, and inspiration of others and of the coming generations of Native Hawaiians.

WELINA – A MESSAGE FROM PAPA OLA LŌKAHI

Despite the hectic life we live sometimes, there's an essence of peace when the eye catches a plant, like that of the budding ʻamaʻu fern puka through the earth's ground, serving as a sign that a new generation of life is upon us. It is the privilege of Papa Ola Lōkahi to present *E Ola Mau a Mau – The Next Generation of Native Hawaiian Health*, an updated summary of achievements and challenges across key areas in Hawaiian health and well-being

This work honors those kūpuna whose ʻike Hawaiʻi forged the path for this and future generations of our lāhui. Through the vision and work of pioneers, such as Dr. Kekuni Blaisdell, the landmark 1985 study set the foundation for Hawaiian health in identifying key areas and disparities that plagued our people. It has also been the catalyst for change in health policy, Native Hawaiian healing traditions, research and data ethics, health care, programs, and services.



SHERI-ANN DANIELS
EXECUTIVE DIRECTOR

E Ola Mau a Mau could not have been completed without the many hands, knowledge, and passion of our kānaka for their well-being. That is the Hawaiian way—to come together around a common goal, building upon the ʻike of those who came before us who also visualized a thriving island people. Our lāhui is made up of Native Hawaiians who are responsible, capable, worthy, creative, motivated, and engaged family and community members. We collectively develop and effectively deploy resources from ancestral, cultural, linguistic, and traditional healing knowledge and practices. We wisely manage our natural resources; blend traditional, western, andcomplementary medicine; practice responsible science and research; and efficiently optimize use of private, public, and personal resources.

Mahalo for the brilliance of our ancestors!

This report is the joint creation of many in the community whose contributions enable us to partner efficiently to address the recommendations in each of the chapters. These recommendations provide measurable goals that will lead to an overall improvement of Native Hawaiian health and well-being.

We know that when we thrive, all of Hawaiʻi thrives. Our deepest mahalo to all who devote themselves to Native Hawaiian health and well-being.

E ola mau!



On June 1, 2016, Papa Ola Lōkahi hosted a meeting in Honolulu bringing together more than 100 people devoted to uplifting Native Hawaiian health and well-being. It was from that initial meeting that the task force working groups were formed and moved forward toward updating the 1985 report which has become *E Ola Mau a Mau – The Next Generation of Native Hawaiian Health*.

It has been an honor coordinating this compilation made possible by the commitment and dedication by task force chairs – Hardy Spoehr, Naleen N. Andrade, Sheri Daniels, Deborah Goebert, Earl Hishinuma, J. Keaweʻaimoku Kaholokula, Martina L. Kamaka, Selene LeGare, Heather Haynes, Claire Hughes, Jodi Leslie Matsuo, Kim Kuʻulei Birnie, Mikako Deguchi, Emi Eno Orikasa, Emily Makahi, Jaclyn Kanilehua Kim, Stephanie Bell and Thomas Chock – along with supporting authors.



TERCIA KU
PROJECT COORDINATOR

We acknowledge the many hours of writing, research and editing that has gone into this publication. Within each chapter lies the mana and the ʻike of these contributors.

Ua lehulehu a manomano ka ʻikena a ka Hawaiʻi.
Great and numerous is the knowledge of the Hawaiians.

Our journey is of self-determination, our destination is mauli ola! E Ola Mau a Mau provides guidance as we address the challenges ahead.

ʻIke no i ka lā o ka ʻike; mana no i ka lā o ka mana.
Know in the day of knowing; mana in the day of mana.
Knowledge and mana – each has its day.
Another day may bring greater knowledge and greater mana than today.

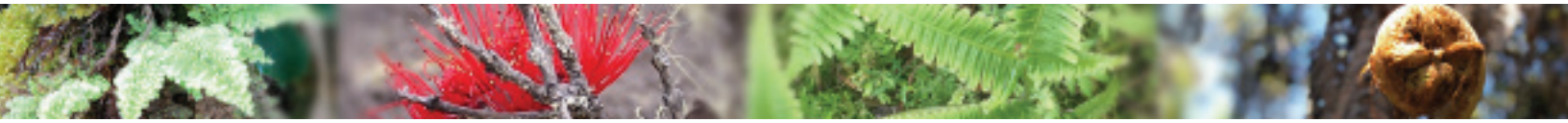


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ʻŌlelo Haʻi Mua

ʻŌlelo Haʻi Mua[1]

Hardy Spoehr

As I was driving here this morning, I could see the noe lani[2] o nā Koʻolau, that mist on the Koʻolau. The semen falling from our Sky Father, Wakea, onto the kuahiwi[3] to Papa Honua, giving life, impregnating, fertilizing the earth, our Earth Mother. Out of that union comes all in our cosmos…And so it is with reverence that we respect the beginnings of our traditions and cosmos. We learn that we are all descendants of Haloa, one of the first products of the conception of Wakea and Papa. Hāloa ʻekahi[4] is our kalo,[5] our oldest sibling, hiapo,[6] who was born a mea alualu[7] and when kanu[8] in the ground, up sprouted the first kalo plant. And the next born was Hāloa ʻelua[9] from which all of us Kānaka Maoli[10] are descended. Our hiapo. The kalo plant's obligation is to feed us, but kalo can feed us only as long as we malama[11] the ʻāina[12] and have wai, water, so that kalo can grow large enough to be harvested. And so it is the ʻāina, our sacred environment, which embodies all of the great forces of our cosmos and invigorates us so that we feel stirring within us…the great thriving life force…

We know it is not enough to narrowly focus on physical health, for health means total well-being. And total well-being means connecting spiritually with each other…i ke kahi i ke kahi[13]…and with our sacred ʻāina[12]. We have to mālama, care for, not merely the lepo,[14] but also the wai,[15] the kai,[16] and the air to be ola[17] and pono.[18] The task is a big one but we are on our way. Let each of us hoʻomanaʻo,[19] hoʻohaliʻaliʻa,[20] recall special people, mea hiwahiwa,[21] healers who have shared their wisdom and their skills to help us on this long journey…Amama. Ua lele. Ua noa.[22] Let the kapu[23] be lifted. Mahalo no.[24]"

R. Kekuni Blaisdell, MD
Opening Statement at Ka ʻUhane Lōkahi,
Native Hawaiian Health and Wellness Summit, March 1998

Comments by beloved kanaka maoli[25] physician Dr. Kekuni Blaisdell set the stage for numerous reports and gatherings of many concerned with improving the health and well-being of Native Hawaiians. Dr. Blaisdell's contributions continue to live with us as we move well into the 21st century. He led by example through reinvigorating our use of the honi,[26] re-instilling in us the use of the identifier Kanaka Maoli[25], always reminding us of the critical importance of our cultural connotations and understanding of health and well-being in the world around us and firmly asserting the unique standing our Pae ʻĀina[27] holds in the world.

Dr. Blaisdell was one of the original contributors to the original *E Ola Mau - The Native Hawaiian Health Needs Study* in 1985, and it is in his remembrance and to those original contributors that this health study, *E Ola Mau a Mau*, is dedicated. It is particularly noteworthy and heartwarming that Naleen Naupaka Andrade, Claire Kuʻuleilani Hughes, Lynette Paglinawan, and Benjamin Young are involved in revisiting the original study, as all played important roles in the initial study.

It has been a generation since the groundbreaking *E Ola Mau*; the first comprehensive report of the health status of Native Hawaiians was completed by the Native Hawaiian Health Research Consortium under the sponsorship of ALU LIKE, Inc., a Native Hawaiian community-based corporation founded in 1973.[i] Financial support to undertake this study was provided by the U.S. Department of Health, Education, and Welfare at the urging of Senator Daniel K. Inouye and Hawaiian leadership headed by Myron B. Thompson. Many of the advancements, which are common in medical practice today, were then either

[1] preface
[2] mist
[3] mountain top
[4] one
[5] taro
[6] first born child
[7] premature
[8] to plant
[9] two
[10] Native Hawaiian
[11] to care for
[12] land
[13] one another
[14] dirt, earth
[15] water
[16] sea
[17] life, health, healing, well-being
[18] well-being, equity, righteous, in perfect order
[19] to remember
[20] to fondly recall
[21] precious and beloved things or people
[22] The prayer is said. The taboo is over.
[23] taboo
[24] Thanks indeed.
[25] Hawaiian native
[26] to kiss; to exchange one another's essence in greeting
[27] archipelago

just emerging or still unknown. Telemedicine and the use of computers for public and personal health diagnosis were unknown; prescriptive authority was limited to licensed medical physicians; the relationship between public and personal health and the environment was just emerging, though intrinsically known already by Native Hawaiians; and indigenous healing and wellness practices were generally not accepted by allopathic medical professionals. This initiative takes many of these advancements into consideration.

Despite its limitations, the seven-volume *E Ola Mau* has served well as the benchmark study and blueprint for Native Hawaiian health since its completion in 1985;[ii] and, as such, has had a remarkable impact nationally on the Native Hawaiian community in health care delivery, traditional healing practices, workforce development, public policy, and community awareness.

Health Care Delivery

E Ola Mau noted that Native Hawaiians generally viewed the delivery of health care as something to be feared. Most health professionals were not of Native Hawaiian ancestry, and hospitals were viewed as places to go to die. Therefore, Native Hawaiians accessed health care late in the progression of diseases, and outcomes were generally not the best.

This finding has led to the establishment of a health service delivery system developed throughout all the major Hawaiian Islands administered by Native Hawaiians for Native Hawaiians. Each major island has its own Native Hawaiian Health Care System. Most of the health professionals employed by each System are of Native Hawaiian ancestry.[iii] Additionally, the only national Native Hawaiian health organization, Papa Ola Lōkahi, has worked closely with the only national Native Hawaiian community association, the Association of Hawaiian Civic Clubs, to extend health and wellness activities to Native Hawaiians across the continental United States.

Traditional (Indigenous Peoples) Healing Practices

The *E Ola Mau* study found that there was a growing interest within the Native Hawaiian community to access traditional healing practices, yet most of the existing health care providers, including hospitals, had health professionals with no or little knowledge or ability to provide traditional healing services.

This finding led to the identification of traditional healing practices as valid health practices in federal legislation for the first time in 1988 in the Native Hawaiian Health Care Act (P. L. 100-579). Since that time, the critical importance of traditional healing practices has been recognized in international law, in federal statutes by other Indigenous Peoples of the United States, and in the State of Hawai‘i Constitution.[iv] Today, traditional healing practices are available through many health care providers including the Native Hawaiian Health Care Systems, community health centers, and hospitals.[v]

Health Workforce Development

The *E Ola Mau* study found that there were very few practicing health care professionals of Native Hawaiian ancestry. There were fewer than ten Native Hawaiian physicians licensed in the 1970s.

This finding led to the establishment of the Native Hawaiian Health Scholarship Program (42 USC 122: Section 11709) modeled on National Health Service Corps Scholarships and those offered by the Indian Health Service. Today, this program has enabled almost 300 Native Hawaiians to receive advanced professional degrees in medicine, dentistry, clinical psychology, nursing, public health, and pharmacy.[vi] Professional associations of Native Hawaiian health professionals, ʻAhahui o Nā Kauka (Native Hawaiian Physicians Association) and I Ola Lāhui (Native Hawaiian Psychological Association), have formed and continue to grow in membership.

Public Health Policy

The *E Ola Mau* study was silent on federal public policy as it related to the health of Native Hawaiians, though it did recognize Native Hawaiian traditional healing practices as a “traditional and customary practice” protected by the State Constitution (Article 12, Section 7).

This finding led to the codification in federal law of the health policy “to improve the health status of Native Hawaiians to the highest possible level” (42 USC 122; Section 11702). This was articulated in 1988 in the Native Hawaiian Health Care Act (P. L. 100-579) and its reauthorizations in the 1992 Native Hawaiian Health Care Improvement Act (P. L. 102-396) and in 2010 (P. L. 111-148). Relatedly, in 1998, spearheaded by Senator Daniel Akaka, the federal government also recognized the unique ethnic and racial characteristics of Native Hawaiians for the purposes of health and general data collection, analysis, and reporting. The Office of Management and Budget (OMB) disaggregated the former designation “Asian Pacific Islander (API)” into two separate categories – “Asian Americans (AA)” and “Native Hawaiians and Other Pacific Islanders (NHOPI).” The use of these identifiers has been

reinforced by the U.S. Census Bureau and the U.S. Department of Health and Human Services.

Finally, the special standing of Indigenous Peoples in international law and in Hawai‘i state law has been recognized in the United Nations Declaration on the Rights of Indigenous Peoples and the Hawai‘i Revised Statutes (Chapter 10 H), respectively.[vii]

Community Awareness

The *E Ola Mau* study found that most printed health materials were not written for Native Hawaiian community audiences. Materials were generally published by national organizations that had minimal if any knowledge of Native Hawaiians and other Pacific Islanders. Additionally, there was no national Native Hawaiian health organization which could mount or oversee the development, distribution, and advocacy necessary for specific community awareness around health and well-being. The study did, however, emphasize the link between the environment and public health. It was one of the first health reports to do so.

This finding led to the creation of Papa Ola Lōkahi, the Native Hawaiian Health Board composed of representatives from public agencies and Native Hawaiian health organizations, with specific tasks of enhancing community awareness around health and well-being, supporting culturally appropriate training and technical assistance, assisting practitioners of traditional Native Hawaiian healing practices, and advocating for the improvement of Native Hawaiian health and well-being and those of other Indigenous Peoples.

Dr. Benjamin Young, Native Hawaiian physician and Hawai‘i historian, shared this model in a gathering of Native Hawaiian kūpuna[28] sponsored by Papa Ola Lōkahi in Waimea, Hawai‘i, on March 9, 2017. Noted is the “four Ps & E” model that Young articulated, a path for moving forward to improve the health and well-being of the Native Hawaiian community given the ways that Native Hawaiians have internalized historical events in their understanding of Ola[29] through the generations:

POWER: *King Kamehameha commanded the medical kahuna[30] of his day to be trained by foreign ships’ doctors in attempting to stop the disease known as ma‘i ‘ōku‘u,[31] the squatting disease. This was because it was a foreign disease, and he believed that kahuna could not stop this foreign disease. It was a dysentery, possibly cholera or typhoid. He felt that since this was a foreign disease, perhaps foreign kauka[31] could stop it. Unfortunately, even foreign physicians could not stop it. The school to train kahuna was located in Nu‘uanu on O‘ahu. Interestingly, this could be called the first “Post Graduate Residency Program in Hawai‘i”! Fortunately, this disease was self-limiting and on O‘ahu. King Kamehameha almost died from ma‘i oku‘u. The father of his wife, chiefess Ka‘ahumanu, Ke‘eaumoku, did die from this affliction. The point is noteworthy because someone, in this case, Kamehameha, had the power to command everyone to take some action to stem the epidemic.*

Today we must have the “power” to act on what is needed to improve the health and well-being of Native Hawaiians and their families.

PROTECT: *It was the missionary Sereno Bishop who observed in 1838 that “No child in these islands lives beyond the age of 2.” Queen Emma was born in 1836 and, fortunately, she was protected by her physician father, Dr. Thomas Rooke. Emma was one of the very few children two years old to survive. In her adult life she was to make major contributions to the health and well-being of her people.*

Today we must be able to protect the next generation of Native Hawaiians and their families.

PREVENT: *During the 1853 smallpox epidemic, immunizations had mixed results since some of the vaccines were ineffective. Alexander Liholiho expressed his frustration in his letters found in the Archives when he describes so tragically discovering many Native Hawaiians, dead from smallpox, that were found alone in their homes on the windward side of O‘ahu. While Jenner's observations and findings about inoculations were in 1799, the techniques in perfecting vaccines were still imperfect. Nonetheless, those who were vaccinated with viable batches of vaccines were protected from smallpox.*

Today we must focus on prevention of illnesses, based on good nutrition, appropriate and continuing exercise, elimination of use of street drugs, continuing to keep the integrity of the family unit, and, especially, utilizing cultural immersion activities such as working in the lo‘i,[32] dancing hula,[33] paddling canoe, and catching waves and surfing; all of which help to maintain healthy lifestyles which, ultimately, improve the health and well-being of Native Hawaiians and their families.

[28] ancestors, elders
[29] life, health, well-being
[30] expert, priest
[31] squatting disease
[31] doctor
[32] irrigated terrace
[33] Hawaiian practice of dance

PERPETUATE: *The tragedy of so many families being torn apart in the late 19th through the mid-20th centuries because of the leprosy epidemic still haunts our history today. Leprosy was called the "Separating Sickness" for good reason, as its shattered families. The family was and continues to be the essential unit that needs to be perpetuated. A number of decades ago an international gathering entitled "The Lost Generations of Hawaiians" was sponsored by the University of Hawai'i Native Hawaiian Center of Excellence which focused on the disintegration of Native Hawaiian families because of drug use, sexual exploitation, incarcerations, and the sad result of so many kūpuna, or elders, having to care for so many mo'opuna, grandchildren, because the generation between them was incarcerated.*

Today we must stress the importance of a strong family unit if we are to improve the health and well-being of Native Hawaiians and their families.[viii]

EDUCATE: *When the missionaries arrived and began to transform Hawai'i's oral tradition to one of writing and the ability to read, Native Hawaiians were smitten by these developments. In 1825, the new King, Kauikeaouli, Kamehameha III, declared that, "'O ko'u aupuni, he aupuni palapala ko'u (My kingdom shall be a kingdom of literacy)," and his support for literacy continued through his reign. In 1832, the New Testament of the Hawaiian-language Bible was published, and in 1838 the first medical text, Anatomia, was printed at Lahainaluna School's press. By 1861, it was thought that the literacy rate of the Hawaiian population surpassed that of all other nations except New England and Scotland.*

Today that same fervor experienced over one hundred seventy years ago needs to be rekindled among Native Hawaiians and their families to educate themselves to value and select healthy life choices for today's living.

Benjamin Young, MD
Former Dean of Students
John A. Burns School of Medicine
Native Hawaiian Kūpuna Gathering, March 2017

And, so, given the advances in health and wellness over the past thirty-two years, while keeping in mind Dr. Young's lessons learned through experiences by Native Hawaiians throughout Hawaii's history, it is entirely appropriate that new benchmarks and a blueprint for health and well-being for Native Hawaiians be identified by Native Hawaiians for this, their generation. Those benchmarks with its blueprint continue to drive efforts toward the realization of federal health policy "to improve the health status of Native Hawaiians to the highest possible level" in concert with international declarations and federal and state laws.

It is critical for the success of this revisit that efforts have been made to ensure that this new study be holistic, consistent with and enwrapped within Hawaiian culture as defined by traditional values and interpreted and embraced by this generation. While much has been accomplished, more remains to be done if the goal as articulated in federal health policy is to be realized. If successful, this report, *E Ola Mau a Mau*, will enable this generation of Native Hawaiians and their families to make great strides toward that goal within the true sense of **ola pono**[34] in this, their island home, and elsewhere.

The path has been made clear by those who have gone before us; let us now all together take the next steps.

E Kū me Hina
E Kāne
O Lono
Kū'au mai i ka ola
I nā pōmaika'i
A e aka lani ka honua
Ea iā Kāne-i-ka-wai-ola

E ola mai kahi pae a kahi pae
E ola mai luna a lalo
E ola a ola loa no

O Kū with Hina (in healing)
O Kāne (of the living waters)
O Lono (in peace)
Let down the gift of life
And all of the blessings with it
Till the heavens and earth be heaped
Let them be raised up
by Kāne of the living waters
May there be life from one end to the other
From above to below
May there be life, everlasting life

Ka'upena Wong
Sharing an oli from the collection of Mary Kawena Pukui

[34] well-being

Notes

[i] The Native Hawaiian Research Consortium consisted of 15 members and numerous other researchers. The chair/co-chair of each of the Task Forces were:

ALU LIKE Coordinator/Convener: Bella Zi Bell, MA; Winona E. Rubin, MA
Historical and Cultural Task Force: Kekuni Blaisdell, MD
Medical Task Force: Laurence Kolonel, MD; Elden Wegner, PhD
Mental Health Task Force: Anthony Marsella, PhD
Dental and Nutrition Task Force: Ofelia Dirige, DrPH; Claire Hughes-Ho, MS
A Preliminary Plan Task Force: Kiyoshi Ikeda, PhD; Hardy Spoehr, MA

[ii] *E Ola Mau – Native Hawaiian Heath Needs* reports, 1985:

a. *E Ola Mau – Compendium of Executive Summaries*, 1985.
b. *E Ola Mau – Historical and Cultural Task Force Report*, 1985.
c. *E Ola Mau – Medical Task Force Report*, 1985.
d. *E Ola Mau – Mental Health Task Force Report*, 1985.
e. *E Ola Mau – Nutrition/Dental Task Force Report*, 1985.
f. *E Ola Mau – A Preliminary Plan for Improving the Health of Native Hawaiians*, 1985.
g. *E Ola Mau – Proceedings of the Native Hawaiian Health Needs Study Conference*, 1985.

[iii] The Native Hawaiian Health Care Systems are:

a. Hoʻōla Lāhui Hawaiʻi, serving the islands of Kauaʻi and Niʻihau.
b. Ke Ola Mamo, serving the island of Oʻahu.
c. Nā Puʻuwai, serving the islands of Molokaʻi and Lānaʻi.
d. Hui No Ke Ola Pono, serving the island of Maui.
e. Hui Mālama Ola Nā ʻŌiwi, serving the island of Hawaiʻi.

[iv] The United Nations Declaration on the Rights of Indigenous Peoples recognizes the critical importance of traditional healing and health practices of Indigenous Peoples. Federal statutes recognizing the importance of traditional healing practices for the Indigenous Peoples of the United States are found in 42 USC 122: Section 11711 (Native Hawaiians) and 25 USC 16: Section 1621 (American Indians and Alaska Natives). The State of Hawai`i recognizes the importance of Native Hawaiian traditional healing practices in the State Constitution under Article XII: Customary and Traditional Practices.

[v] Practitioners of traditional Native Hawaiian healing practices are exempt from state licensure under state law (Hawaiʻi Revised Statutes [HRS] 453-2).

[vi] The Native Hawaiian Health Scholarship Program (42 USC 122: Section 11709).

[vii] See HRS 10H.

[viii] Dr. Benjamin Young shared this model in a gathering of Native Hawaiian kūpuna sponsored by Papa Ola Lōkahi in Waimea, Hawaiʻi, on March 9, 2017.



Chapter One:
Historical and Cultural Perspectives

Historical and Cultural Perspectives

Naleen N. Andrade, Deborah Goebert, Earl Hishinuma, Earl Kawaʻa,
Tercia L. Ku, Lynette Paglinawan, Chelsey Ruth, Benjamin B.C. Young,
Malia Tector-Agustin, Joy K. Andrade, Helen Kaleleonālani Blaisdell-Brennan,
Kim Kuʻulei Birnie, Sheri Daniels, Shaylin Chock, Anaeliz Colon,
Hailama Farden, Babette Galang, Blane Garcia, Pearl Ulunuikamamalu Kanakaʻole Garmon*,
Loretta Hussey, Betty Jenkins, Nanette Kapulani Mossman Judd, Aletha Kaohi, Momi Lovell,
Stanley Lum, George Makini, Eli Nāhulu, Asia Olivieri, Mark Patterson,
Adriano (Puna) Sabagala, Dexter Soares, Hardy Spoehr, DeDe Young

**Haliʻa Aloha[1]: Pearl Ulunuikamamalu Kanakaʻole Garmon, an esteemed kupuna[2] and Traditional Native Hawaiian cultural practitioner, ua hala[3] on May 10, 2018.*

Executive Summary

Increased Understanding

In 30 years, about 5,000 publications, video/audio recordings, and reports on Native Hawaiian history and culture impacting heath, well-being, and healing practices have been produced. Findings include:

- Native Hawaiians were ocean wayfinders from Tahiti and the Marquesas who made Hawaiʻi landfall from the late 3rd c. C.E. They sailed to the South Pacific and back, bringing more people, domestic plants and animals, and implements to create a distinct society, culture, and ethnocultural identity.
- *Hōkūleʻa* and its sister voyaging canoes proved the accuracy of non-instrument navigation and the prowess of Hawaiian wayfinders. *Hōkūleʻa* completed its circumnavigation of the world in June 2017.
- By the 11th c. C.E., Hawaiʻi consisted of well-developed island kingdoms. By 1810 C.E., King Kamehameha I established a monarchy and multi-island nation state. Native Hawaiians are the lineal descendants of these first-nation people who currently make up 21% (294,000) of Hawaii's total population of 1.4 million.
- A Pew Research Center study showed: When Captain Cook arrived in 1778, Hawaii's non-moneyed socioeconomic system of agriculture, aquaculture, and optimal land and water resource management supported an estimated population of 683,000 Native Hawaiians.
- Europeans and Americans brought infectious disease epidemics and changes to the Hawaiian socioeconomic, political, and religious-spiritual system, lifestyle, and food production, decimating the native population by 84%. Between 1836-1838, virtually no native child lived beyond 2 years. By 1840, only 109,280 Native Hawaiians remained.
- Despite the adverse European-American impact on pre- and post-contact Hawaiʻi that attempted to diminish the Native Hawaiian culture, cultural practices, and language, from 1985 to the present there has been a resurgence of Native Hawaiian language use and a demonstrated commitment by schools at the preschool, K-12, and college levels to teach and perpetuate Native Hawaiian language, cultural practices, and scholarship.
- History has revealed the ways in which distrust, disparities, and injustice in healthcare stemming from foreign desires, diseases, and oppression can be overcome by Power, Protection, Prevention, and Perpetuation of Intact Families:

In 1804, Kamehameha I used his power to direct ships' doctors to train kāhuna[4] (Hawaiian healers) and stopped the maʻi ōkuʻu, "squatting disease," possibly cholera. From 1836 to 1838, when no Hawaiian child lived beyond 2

[1] to remember fondly
[2] elder, ancestor
[3] passed away, died
[4] healer, master, sorcerer, priest

years, a little girl was protected by her physician father and lived…to be Queen Emma, wife of Kamehameha IV—founders of The Queen's Hospital and Health Systems. In 1853, the smallpox epidemic introduced immunization and prevention. The 1866 quarantine law fractured families to halt the ravages of leprosy. It spawned deep distrust and disparities of healthcare that continue today. It taught us that perpetuation of intact families is essential to the health and well-being of our people. Power, protection, prevention and perpetuation…It's about our history and culture being taught and practiced in Hawaiian families.

Benjamin B. C. Young, MD
Kupuna and History of Medicine Scholar

Effective and Promising Approaches

- Papa Ola Lōkahi[5]—with limited resources and statutory authority—fulfills its purposes to sustain the cooperation of a statewide network of public and private organizations that form the Native Hawaiian Health Care Systems.
- Federal, state, and private organizations have provided funding and developed programs that have moderately advanced, and inconsistently sustained, Native Hawaiian culture, biomedical, psychosocial, and disparities research, and health promotion, prevention, and interventions, including traditional Hawaiian cultural interventions.
- Hawaiian organizations (e.g., Office of Hawaiian Affairs, Papa Ola Lōkahi, E Ola Mau, ALU LIKE, Kamehameha Schools, Pūnana Leo, The Queen's Health Systems, Queen Liliʻuokalani Trust, Association of Hawaiian Civic Clubs, and King William Charles Lunalilo Trust) have developed and are executing strategic plans advancing Native Hawaiian education, social services, cultural practices, and the health and well-being of parents/prenates, infants, children, adolescents, adults, and elders.
- The University of Hawaiʻi has implemented strategic plans advancing Hawaiian studies, language and culture, a School of Hawaiian Knowledge, a College of Hawaiian Language, and a Department of Native Hawaiian Health, Native Hawaiian Centers of Excellence in the Schools of Law and Medicine, a Native Hawaiian and Indigenous Health specialization in the School of Social Work and Public Health, and a program within the School of Nursing to promote, mentor and prepare nursing professionals to support the health, well-being, and recovery of Native Hawaiians/Pacific Islanders. Hawaii's private universities have also committed to the advancement of Native Hawaiian culture and education. Chaminade University is a Native Hawaiian-Serving University with a dedicated programmatic focus on advancing Native Hawaiians along with Native Hawaiian culture. Hawaiʻi Pacific University's Windward Oʻahu campus has a program that teaches the cultivation of wetland taro, a major Native Hawaiian crop staple that grows in the communities within the windward district of Oʻahu.
- Increasing numbers of cultural and sacred sites have been restored and are now protected through state, federal, and private funding, including robust volunteerism, throughout the Hawaiian archipelago. Healing sites are maintained.
- Multimedia communications on cable television programs and online websites, platforms, and online applications have significantly increased access to education and practical training in Native Hawaiian language and culture.

Gaps

- Native Hawaiian health and wellness programs/activities form a quasi-health and wellness system made up of semi-autonomous components with inconsistent levels of effectiveness and quality.
- University curricula do not exist that would train Healthcare Administrators to develop and manage health care services, personnel, finances, facilities, and systems that serve Native Hawaiians and sustain networks of partnerships that appropriately combine traditional Native Hawaiian healing and cultural practices with Western allopathic and osteopathic models, and Eastern and alternative treatment protocols.
- Papa Ola Lōkahi's statutory authority and budget are insufficient to direct, coordinate, plan, and successfully execute the government, education, research, and clinical activities that can transform the present system into a clearly defined, effective Native Hawaiian Health System of Care. In addition, Papa Ola Lōkahi must have the

[5] "Board of Health, wellness, and unity in body, mind, spirit and environment"

funding to establish and successfully execute a plan to accelerate its inter-connectedness with previously described Native Hawaiian agencies to increase community engagement programs and culturally adapted interventions that could align strategies and leverage resources to create innovative models and projects to serve Native Hawaiians across the lifespan—both in Hawai‘i and on the continental U.S.

- The number of master-level kupuna[6] Native Hawaiian traditional healers and cultural practitioners is decreasing as these elders are lost to morbidity and mortality. Exacerbating this problem is that most Native Hawaiian, culture-centered health and wellness programs are not reimbursed by health insurers. There are insufficient outreach, funding, and resources to operate an effective process of certification (and re-certification) and advanced training for proficient Native Hawaiian traditional healers and cultural practitioners to sustain their practice.
- There does not exist a Native Hawaiian geriatric system of health and housing (e.g., designing kauhale[7] as multigenerational family-care environments) to protect and perpetuate the dignity and capacity of kūpuna[8] to maintain and transmit ancestral knowledge and wisdom.
- Native Hawaiian ‘ōpio[9] do not fully know and/or appreciate the extent and power of their indigenous Hawaiian ethnocultural identity. Moreover, there is no generative strategy to transform ‘ōpio[8] and their families into articulate, assertive citizens able to employ ancestral narratives that advance a resonating 21st-century ethnocultural identity.
- While outcomes research on traditional healing and cultural interventions has been conducted since 1985, the overall numbers and kinds of outcomes studied must be increased to determine the effectiveness, efficacy, and replicability of these interventions.

Recommendations for Impact

- **Increase Support for Community Engagement Programs.**
  - Enhance the statutory authority and increase the annual budget of Papa Ola Lōkahi, thereby strengthening its capacity to appraise, direct, coordinate, and consolidate effective/promising Native Hawaiian health and wellness activities/programs that produce a fully functional, high-quality Native Hawaiian Health System.
- **Increase Culturally Based and Culturally Adapted Interventions.**
  - Identify, evaluate, and sustain promising/effective culture-directed intervention approaches/programs (e.g., Board and Stone, Lomilomi, Ho‘oponopono, and La‘au Lapa‘au)[10] across the life span for parents/prenates, infants, children, youth, adults, and elders.
  - Continue to expand the work of the Kūpuna Councils on all islands to increase the exchange of information, authentication of competence, and continuing education and training for traditional Native Hawaiian healing and cultural practices.
- **Improve and Ensure Access.**
  - Partner with healthcare insurers/providers to complete due diligence for an optimal, affordable health insurance program that will shape Native Hawaiian population health strategies for care and wellness.
- **Develop and Train the Workforce for Traditional Native Hawaiian Healers and Culture Practitioners.**
  - Sponsor programs to educate, train and gather Native Hawaiian traditional healers and cultural practitioners.

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[6] elder, ancestor, singular

[7] group of houses comprising a Hawaiian home; a home, settlement; in modern vernacular usage, a community-based system of agencies/organizations that provide interconnected services for a specific population of clients/patients

[8] elders, plural

[9] youth, juvenile

[10] Board and Stone is a family-centered intervention in which a stone poi pounder and poi board are made, applying Native Hawaiian cultural practices that strengthen family relations between parents and their children, and within the community members. Lomilomi is Traditional Native Hawaiian massage therapy. Ho‘oponopono is a family- or group-based traditional healing therapy that identifies, manages, and resolves conflict, and initiates reconciliation that restores correct, healthy relationships among family or group members. La‘au Lapa‘au is a traditional Native Hawaiian healing practice that uses herbs and plants.

- Create curricula within Hawai‘i universities to educate and train Healthcare Administrators at the baccalaureate and master’s levels with a specific emphasis on managing health care programs, facilities, and systems that serve Native Hawaiians.

- **Expand Funding and Resources.**
  - Increase Papa Ola Lōkahi funding to adequately fund the provisions of the Native Hawaiian Health Care Improvement Act (P.L. 102-396).
  - Sponsor programs to educate, train and gather traditional cultural practitioners and healthcare administrators.
  - Fund quality improvement and health/wellness outcomes research that include evaluation of economic impact on health for traditional native health interventions.
  - Provide funding to develop a system of Native Hawaiian geriatric care—from aging in place to assisted living to nursing/intermediate care facilities—that is directed by Native Hawaiian cultural values.

E ‘ike ka hoku o ka nalu, o hoku ‘ula, o hoku lei.
Behold the stars of the waves, the red star, the wreath of stars.
When the rising and setting stars are near the ocean horizon, they provide clues to direction.
Paka‘a and Kuapaka‘a Chant



Chapter Two:
Mental and Behavioral Health and Wellness

Mental and Behavioral Health and Wellness

Naleen N. Andrade, Deborah Goebert, Earl Hishinuma
Kate Leilani Kahoano, Pohaokalani Sonoda-Burgess, Jessi Cadorna
Isabella Ahrens, Kalei Chandler-Ahsing, Melissa Hamada, Kauanoe Kamanā
Noella Kong, Sasha Madan, Nālani Minton, Deja Ostrowski, Charlie Schlather
Aukahi Austin Seabury, Jeanelle Sugimoto-Matsuda, Ian Chun, Mark Alapaki Luke
Anaeliz Colon, Ciera Pagud, Adriano (Puna) Sabagala
Kealoha Fox, Palama Lee, Jane Kaʻala Pang, William Rezentes

Executive Summary

Increased Understanding

There has been a tremendous amount of research over the last 30 years with nearly **20,000** scholarly publications and reports related to Native Hawaiian mental or behavioral health.

- The volume of publications increased with the disaggregation of Native Hawaiians from other Pacific Islanders and Asians, expanding our understanding of the scope of the issues as well as risk and protective factors.
- With few exceptions, Native Hawaiians manifest greater mental health challenges than do non-Hawaiians.
- Native Hawaiians are dealing with multiple stressors and external factors that impact their overall health, including individual and social challenges, perceived racism, oppression and social injustice.
- Native Hawaiian cultural activities can promote healthy lifestyles and decrease stress. More than three-quarters of Native Hawaiians believe it is important to live and practice Hawaiian culture on a daily basis.
- Despite the challenges that Native Hawaiians face, there are clear protective and resiliency factors, including a strong sense of hope, and positive ʻohana[1] and community support.

Effective and Promising Approaches

The primary value of our community is service. A community is not a community if nobody's giving of themselves. The value of family and togetherness only comes to light when people give unconditionally. The giving of oneself, which we loosely translate as Aloha, is at the heart of every thriving community.

C. Kimo Alameda, PhD
Clinical Psychologist
Hawaiʻi Island

Dr. Alameda, a Native Hawaiian clinical psychologist who has played a major role in public mental health services that incorporate Native Hawaiian cultural traditions and practices, succinctly captures the thematic focus of community engagement defined within the matrix of aloha (i.e., a core Native Hawaiian value and practice of empathic caring and compassion) which runs through the promising approaches, described below, that are effectively addressing mental and behavioral health disparities.

- Commonalities among wellness, substance abuse treatment, and mental health treatment programs for Native Hawaiians that have been shown to be effective include strengths, community, indigenous, and culturally informed approaches.
- Most of these programs provide a balance between Western best practices and cultural teachings and activities. There is a need to experience a sense of belonging and sense of place. Integration of Native Hawaiian traditional approaches and practices is essential for developing paths for healing.
- Programs have increased capacity to address the growing mental and behavioral health care needs of rural Hawaiʻi through training and clinical service, integrating cultural and community-based perspectives.

[1] family

❖ These programs, designed to optimize Native Hawaiian mental and behavioral health, 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.

Gaps

Progress made within mental and behavioral health services and initiatives has helped clinicians and researchers identify important gaps. In the bulleted paragraphs below, we describe those that must be addressed to accelerate our understanding and further refine our assessments and interventions.

❖ Data on Native Hawaiian mental and behavioral health and well-being status are challenging to find and not consistently or regularly collected and reported. Indigenous data governance can assert Native Hawaiian data rights and interests; ensure that data for and about Native Hawaiians are protected; and require quality and integrity of Native Hawaiian data and their collection.

❖ Disparities are magnified by limitation in access and availability of services, particularly in rural, primarily Native Hawaiian communities.

❖ While some programs have been found to be successful at improving well-being, most culturally based and adapted mental health interventions for Native Hawaiians have not been formally evaluated.

❖ A connection between historically traumatic events (physical, emotional, social, and spiritual genocide) and contemporary stressors has been posited to impact physical and emotional well-being but has not been well-studied among Native Hawaiians.

❖ While primary care integration and co-occurring disorder treatment have made significant advances, there remains a lack of a wholistic[2] approach to well-being.

❖ Few studies focus on Native Hawaiians across the lifespan. There is limited information on keiki[3] and kūpuna.[4] Research needs to examine developmental trajectories of Native Hawaiian mental health, which would provide essential information on the mental health needs across the Hawaiian lifespan. Treatment also needs to span multiple generations.

❖ Systems of care remain in silos, resulting in fractured and inadequate coordination.

Recommendations for Impact

- ❖ **Promulgate Effective Community Engagement Programs**
  - ❖ Programs that promote community engagement improve reintegration and social networking.
  - ❖ When programs can engage families instead of individuals, programs are more effective and can improve mental health status for more than just one individual.
  - ❖ Communities want to help shape the direction and focus of efforts through collaborations.
- ❖ **Expand Effective Culturally Based and Culturally Adapted Prevention and Treatment Interventions**
  - ❖ There is a need for programs using cultural and wholistic approaches designed to foster healthy Native Hawaiian mental health and behaviors and that prevent mental health challenges before they occur.
  - ❖ Such interventions bridge the gaps that Native Hawaiians may experience between their behavior and their values.
- ❖ **Decrease Stigma and Ensure Access to Services**
  - ❖ The stigma of mental illness adversely impacts all levels of well-being, including prevention, help-seeking, access, recovery and resilience.
  - ❖ A responsive system of care will improve access to mental health treatment and will eliminate health disparities for Native Hawaiians, their families, and communities.
  - ❖ An effective behavioral health system must be capable of providing an array of prevention and treatment options in multiple settings, including services that are culturally responsive and that contribute to and support improvement of treatment outcomes.

[2] The term wholistic is used intentionally to refer to the whole person. Locally many see negative connotations with the term hole-istic, suggesting this approach is not superior.

[3] young children

[4] elders

- **Increase Workforce Development and Training for Behavioral Health Providers**
  - Shortages of mental health providers disproportionately impact residents from neighbor islands and other rural communities.
  - Treatment for Native Hawaiians can have lasting effects if the provider uses treatments or skills that are relevant to the beliefs and values of the person being treated.
  - Native Hawaiian practitioners, mental health care providers, community health workers, and educators have direct linkages to appropriate resources that make them essential wellness navigators for the Native Hawaiian community.
- **Enhance Funding and Resources for Mental Health**
  - Native Hawaiian community-engaged and culturally based programs led by well-trained providers require funding.
  - More funding and resources in health, education, justice, and other systems are needed for sustainable effects.
- **Incorporate a Systems Approach that Utilizes the Socioecological Model and Focuses on Long-Term Sustainability**
  - The socioecological model considers the complexity of well-being and mental health, including interdisciplinary factors at various levels: individual, family, social, community, and societal.
  - Effective leadership will be crucial to develop, implement, and evaluate efforts and plans that address mental and behavioral health from a system's and sustainability approach.



Chapter Three:
Medicine

Medicine

Martina L. Kamaka, Selene LeGare, Heather Haynes
Kapuaola Gellert, Laura Arcibal, Donna-Marie Palakiko
Elizabeth Kealiʻikuaaina Tam, Alika Maunakea, Andrea Hermosura
May Okihiro, Christina Minami, Anaeliz Colon, Blane Garcia, Kamuela Werner

Executive Summary

Increased Understanding

- Prevalence of chronic disease remains higher for Native Hawaiians compared to Hawaiʻi statewide rates.
- Mortality rates for Native Hawaiian babies remain high.
- Early prevention efforts, such as intense lifestyle interventions, can reduce the risk for developing diabetes.
- Research examining the social determinants of health now documents the impact of economic and cultural stressors on our health outcomes.
- Epigenetics has now begun to explain the intergenerational transmission of health risks.
- The impact of climate change and the rapid increase in our elder population provide new challenges for health care in the future.
- Cultural competency and cultural humility among health care providers results in a broader recognition of the importance of a wholistic approach to improving Native Hawaiian health.
- A wholistic approach towards Native Hawaiian health must include place-based and land-based interventions to improve Native Hawaiian spiritual well-being, mental health, and physical health status.
- Western health care functions in silos. Increased communication, collaboration and coordination could remedy this while improving patient experience and population health as well as reduce costs, also known as the Triple Aim approach.
- An organization (such as Papa Ola Lōkahi) would be needed to oversee and be held responsible for the systemic change required in this "Triple Aim" approach.

Effective and Promising Approaches

- Evidence for the effectiveness of culturally adapted health interventions exists; much of the information has been the result of Community Based Participatory Research initiatives in partnership with Native Hawaiian communities, the Native Hawaiian Health Care Systems and the University of Hawaiʻi John A. Burns School of Medicine Department of Native Hawaiian Health.
- The Native Hawaiian Health Care Systems have established effective models of service delivery that integrate community outreach and traditional healing practices.
- The Patient-Centered Medical Home Model of primary care, which provides interdisciplinary team-based care coordination, including Case Managers and Community Health Workers, shows promise in addressing the social determinants of health and providing more wholistic, patient-centered, accessible and effective care.
- Place-based and culturally adapted health promotion and disease management interventions tap into the strengths of the Native Hawaiian community.
- Telehealth and technology can help address primary care and specialist provider shortages in medically underserved areas.

Gaps

- Data: A complete picture of Native Hawaiian health status is only possible with disaggregated data specific to the Native Hawaiian population, inclusive of Native Hawaiians residing on the continental U.S., specific to all major diseases and disease risks, and inclusive of those who are not accessing medical care.
- Lack of a Native Hawaiian Institutional Review Board which specifically protects the rights and welfare of human subjects involved in Native Hawaiian research projects.

- Access to care: While gains have been made, gaps remain in affordability, availability and acceptability.
- Access to technology: The advantages of telehealth are limited by access to that technology.
- Economic and cultural stressors: High rates of poverty and homelessness and low rates of post-secondary education disproportionately affect our communities. These stressors are strongly linked to health risk behaviors and poor health outcomes.

Recommendations for Impact

- **Ensure accurate data are available to assess health risks, status and outcomes.**
- **Expand the availability of disaggregated data.**
- **Support data-sharing agreements among agencies and programs.**
- **Support longitudinal data collection on education and employment, including vocational education.**
- **Further explore genetic influences on disease.**
- **Explore telehealth solutions and other innovative technologies.**
- **Increase understanding of the available technology and how it can be utilized to increase health care access and support community and team-based care.**
- **Draw upon Native Hawaiian traditional practices.**
- **Improve access to care by continuing to improve acceptability of care and integrating traditional healing practices.**
- **Allocate resources for prevention programs aimed at youth and younger adults.**
- **Increase resources to develop and support a Native Hawaiian culturally adapted primary care system:**
  - Inclusive of traditional healing practices.
  - Inclusive of Community Health Workers and patient navigators.
- **Prioritize incorporation of collaborative integrative care approaches as well as cultural competency training in training programs for health care teams.**
- **Increase reliance on community-based health care teams and technology.**
  - These measures also require resources to assist in coordination of team care, data and records such as electronic medical records.
  - Align resources to account for the expansion of telehealth.
  - Ensure that culturally tailored telehealth programs are developed.
- **Increase support for place-based care, incorporating communities and environments in which people live.**



Chapter Four:
Nutrition

Nutrition

Claire K. Hughes, Jodi Leslie Matsuo, Hardy Spoehr, Kim Kuʻulei Birnie
Billy Akutagawa, N. Kauʻi Baumhofer, Marie Kainoa Revilla Fialkowski
Joseph Gonsalves Jr., Noella Kong, Analika Nāhulu, Jacqueline Ng-Osorio
Sharon Kaʻiulani Odom, Donna Haunani Spix, Malia Tector-Agustin

Executive Summary

Increased Understanding

Over the years there has been a growing awareness in Hawaiʻi, the United States, and the world about the importance of nutrition on one's overall health and well-being. Native Hawaiians, the Indigenous Peoples of Hawaiʻi, have also been impacted by this growing awareness.

- Nutritional awareness has been facilitated by public policy emanating from federal and state governments and reinforced by initiatives from non-government organizations, including the United Nations.
- Nutritional policies, programs and initiatives continue to have direct impact on Native Hawaiians, their families, and their communities.

Effective and Promising Approaches

- Nutrition models focusing on Native Hawaiian culture and values related to traditional foods have proven to enhance the health and well-being of Native Hawaiian participants.
- Traditional food models have become a movement assisting in the reclamation of agricultural lands and aquaculture resources by Native Hawaiian and other community groups enhancing production for a growing demand for fresh local produce.

Gaps

- Despite the past 30 years of sincere effort, Native Hawaiians continue to experience increasing prevalence of chronic illness and premature death from health conditions that are treatable and preventable.
- There are continuing gaps in knowledge relating to nutritional education for Native Hawaiians and their families.
- There are challenges to food production and distribution of island foods by those Native Hawaiians utilizing traditional production practices.
- Native Hawaiians living in rural areas generally lack access to clinical providers and health educators (particularly diabetes educators) providing nutritional and healthy choice information and instruction.
- Throughout Hawaiʻi there is an increasing need for Native Hawaiians and all others in the island population to understand and support the importance of moving towards food security.

Recommendations for Impact

- **Provide Native Hawaiians and their families and communities with access to comprehensive nutrition programs and resources.**
- **Recognize and implement Traditional Hawaiian diets as health programs.**
- **Increase the knowledge of traditional Hawaiian foods and practices while enhancing access.**
- **Work towards establishing food security and economic self-sufficiency in the Native Hawaiian community specifically and the general island population generally.**
- **Increase the Native Hawaiian professional workforce in nutrition education and the production of traditional Hawaiian foods**
- **Increase access to healthy low-cost foods statewide, especially on the neighbor islands.**
- **Provide Native Hawaiians and their families with enhanced nutritional outreach and education focusing on food preparation and healthier eating.**
- **Develop specific public policy formulations relating to enhancing nutrition for Native Hawaiians.**
- **Enhance affordable technology and technology transfer for Native Hawaiian families and communities relating to good nutritional practices.**



Chapter Five:
Oral Health

Oral Health

Mikako Deguchi, Emi Eno Orikasa
Nancy Partika, Ciera Pagud, Kim Puente, Malia Tector-Agustin

Executive Summary

Increased Understanding

There has been increased research over the last 30 years, with more scholarly publications and increased interest in and understanding of oral health needs.

- Oral health affects the ability to eat and enjoy a full range of dietary choices. It also affects speech, communication, socializing, general health (diabetes and cardiovascular diseases), sleep, general well-being, learning, and employment.
- Vulnerabilities and risks for oral health diseases have changed over time. Oral health inequity persistently affects Native Hawaiian adults and children.
- Financial barriers are one of the primary reasons that patients are not able to see a dentist. Medicaid currently does not offer comprehensive dental care benefits for adults.
- To provide culturally competent oral health care to Native Hawaiians, there is a need for a dental workforce that represents the population.
- Fluoride occurs naturally in groundwater, and community water fluoridation can be one of the most cost-effective ways to deliver fluoride to the people of Hawai‘i.

Effective and Promising Approaches

- A full array of dental services is provided statewide by the Federally Qualified Health Centers and the Native Hawaiian Health Care Systems at two clinic locations, one on Kaua‘i and the other on Maui.
- Bringing preventive care to children instead of waiting for children to come to care is proven to be highly effective. School-based sealant and fluoride mouth rinse programs increase access to preventive care for children who otherwise do not access care.
- Linkage to dental case management promotes oral health for children needing specialized care.
- Linking patients to prevention and treatment through school-based oral health education, screening and referral programs, dental case management, and pediatrician’s offices is effective.

Gaps

- There is a lack of funding for capital expansion for Native Hawaiian Health Care Systems and Federally Qualified Health Centers to enhance access to services (dental care, screening, referrals, education, etc.) for all, including children, adults, kūpuna[1], and low-income families.
- School-based sealant and fluoride mouth rinse programs need to be expanded to more schools, especially schools with high needs.
  - Funding for school-based programs is lacking. Medicaid/MedQUEST needs policies and a billing system that are amenable to school-based programs.
- Medicaid adult dental benefits, which include prevention and treatment, have been discontinued.
- There are inadequate funding and programs to increase the number of Native Hawaiian dental professionals, especially in Native Hawaiian communities.
- Few programs and educational resources address oral health in terms of Native Hawaiian health concepts and values.
- Water fluoridation is proven to be cost-effective and reaches many but has not been implemented.

[1] elders

- There is a lack of oral health data across the lifespan, especially clinical data and information specific to Native Hawaiians.

Recommendations for Impact

- **Address oral health in connection with overall health.**
  - Require continuing education on oral health for medical professionals, and on overall health (diabetes, coronary artery disease, HIV, pregnancy, stress) for dental professionals.
- **Increase oral health literacy and awareness.**
  - Create awareness through media about the importance of good dental hygiene.
  - Develop and implement oral health educational programs for health care providers, families, schools, and communities.
- **Develop a diversified oral health workforce, including rural areas.**
  - Create and implement workforce development programs and higher education programs to increase the number of Native Hawaiian dental professionals in Hawai‘i.
  - Provide funding for workforce development for Native Hawaiians.
  - Develop and establish policies at the state and organizational levels to support Native Hawaiian dental professionals.
  - Foster the development of a collaborative system among families, schools, universities, and workplaces.
- **Invest in prevention.**
  - Provide low income families with dental supplies (toothbrush, toothpaste, dental floss) through public and private means.
  - Develop policies and programs to promote prevention in the community.
  - Develop policies and practices that increase preventive care in dental clinics.
- **Increase access to care to decrease oral health care disparities.**
  - Restore Medicaid adult comprehensive dental benefits including prevention and treatment.
  - Develop school health policies that address and improve children’s oral health status.
  - Develop sustainable school-based sealant and fluoride mouth rinse programs.
  - Develop and implement community-based programs that improve the oral health of keiki, adults, and kūpuna, especially those who are from low-income families.
  - Provide funding for capital expansion to start up school-based and community-based programs, and establish Medicaid policy to make programs sustainable.
  - Strengthen collaboration among the State of Hawai‘i Department of Human Services Medicaid program, Native Hawaiian Health Care Systems, Federally Qualified Health Centers, schools, and communities to enact a policy that supports school-based and community-based programs; secure funding for these programs.
- **Implement culturally adapted programs and practices.**
  - Foster collaboration between Native Hawaiian health experts and dental professionals to develop educational materials.
  - Develop educational programs for dental and medical health care professionals to increase understanding of oral health in the context of Native Hawaiian health concepts and values, and how to adapt practices accordingly.
  - Revisit traditional practices and revitalize them to fit contemporary lifestyles.
- **Systematically improve data collection relevant to Native Hawaiian oral health.**
  - Establish policies and systems to collect data on Native Hawaiian representation in the dental workforce.
  - Improve data collection across the lifespan, especially with respect to clinical data and information delineating Native Hawaiians.
  - Analyze data to improve oral health programs and to support increased representation of Native Hawaiians in the dental work force.
  - Establish policies to ensure open and responsible data sharing among agencies.



Chapter Six:
Data Governance

Data Governance

Emily Makahi, Jaclyn Kanilehua Kim
Kamahanahōkūlani Farrar, Jessica Garlock, Sylvia Hussey
Lorrin Kim, Adriano (Puna) Sabagala, Erika Vincent, Kaʻanoʻi Walk
Lisa Watkins-Victorino, Māhealani Yamaguchi, Jared Yurow
Kanoe Enos, Jan N. Nakamoto, Matt Turnure

Executive Summary

Increased Understanding

- Data sovereignty is the right of the nation to govern the collection, ownership, and application of its own data.
- Data governance is a critically important component to improving Native Hawaiian health.
- Adverse societal-level factors complicate the issues regarding quality data and data sovereignty for Native Hawaiians.
- Qualitative data can be an integral part of Native Hawaiian health data.
- Availability and disaggregated use of quantitative data have increased for Native Hawaiian health data.

Effective and Promising Approaches

- Large existing health data sets allow for a relatively efficient way to gain information regarding Native Hawaiian health.
- Enhancing quantitative methodologies with more wholistic, qualitative, and mixed-method approaches increases the cultural meaningfulness and utility of Native Hawaiian health data.
- Collaborations and partnerships among Native Hawaiian-serving organizations and researchers increase the yield from Native Hawaiian health data.
- Advocacy on the part of organizations is beginning to change policies, practices, and laws regarding Native Hawaiian data practices.

Gaps

- The Office of Management and Budget Directive 15 (OMB 15), adopted in 1997, provides guidance on maintaining, collecting and presenting data on race and ethnicity across federal agencies. Specifically, OMB 15 distinguishes Asian American from Native Hawaiian or Other Pacific Islander, yet non-compliance is high among federal agencies. Many large data sets aggregate the two groups or present the data as one "API" rubric. Aggregated data misrepresents the needs of all groups.
- The Data Governance Task Force lacks resources, capacity, and continuity to sustain meaningful positive impact.
- There remains a lack of culturally meaningful, disaggregated data, both qualitative and quantitative, on Native Hawaiian health.
- There is insufficient organization and coordination of resources to optimize culturally meaningful data conceptualization, collection, storage, security, access, analysis, interpretation, dissemination, and use.
- There is insufficient workforce capacity to optimize the utility of Native Hawaiian health data.

Recommendations for Impact

- **Enforce use of OMB Statistical Directive 15 (1997) across all Federal agencies.**
- **Require State of Hawai'i agencies to similarly separate Asian American and Pacific Islander data. Furthermore, require the State to collect data as to whether client or beneficiary is Native Hawaiian, i.e. "Are you Native Hawaiian? YES or NO."**
- **Support, sustain, and expand the Native Hawaiian Data Governance Task Force.**
- **Strategically support and foster culturally meaningful, disaggregated data on Native Hawaiian health.**
- **Increase the coordination and governance of, and resources/funding for, Native Hawaiian health data.**
- **Establish a sufficient workforce to optimize the utility of Native Hawaiian data.**



Chapter Seven:
Workforce Development

Workforce Development

Stephanie Bell, Thomas Chock
Robert Bullen, Phyllis Dayao, Nālani Minton
Sandie Morimoto-Ching, Vicki Lau, Ciera Pagud, Nāpualani Spock

Executive Summary

Increased Understanding

- There has been an increase in the empirically based knowledge on workforce shortages, resulting in better data-driven decisions regarding a workforce for Native Hawaiian health.
- There has been greater acceptance of the broadening of the concept of the health care workforce for Native Hawaiians.
- Many socio-ecological factors impact the health care workforce in Hawai‘i.
- Interventions that improve career quality and economic security can enhance the health care workforce in Hawai‘i.

Effective and Promising Approaches

- Many different types of programs and organizations, including those with an emphasis on Native Hawaiian culture and identity, have helped to increase the Native Hawaiian health care workforce.
- Interventions that consider community and individual quality of life and economic realities will more likely increase workforce development for Native Hawaiian health.
- Community-academic collaborations increase the potential to improve workforce development for Native Hawaiian health.
- Student support programs are vital to increasing college graduation rates for Native Hawaiian students. Scholarship, STEM and pipeline programs abound and are increasing.

Gaps

- The workforce is insufficient to address Native Hawaiian health care needs.
- There is an insufficient tracking system for systematically collecting health care workforce data specific to Native Hawaiians.
- There is a lack of education and training programs and interventions to increase the workforce for Native Hawaiian health.
- There is a lack of culturally relevant efforts to increase the workforce for Native Hawaiian health.
- Current procedures, regulations, and policies do not fully support the workforce for Native Hawaiian health.
- There is concern over quality-of-life issues, especially in light of inadequate resources, to support the necessary workforce for Native Hawaiian health.
- An overall strategy and an organization to advocate for and advance the necessary workforce for Native Hawaiian health remain lacking.

Recommendations for Impact

- **Broaden and maintain a thriving workforce to address Native Hawaiian health care needs.**
- **Develop and maintain a comprehensive, centralized data-collection and tracking system of health care workforce data specific to Native Hawaiians.**
- **Support existing, effective, education and training programs and develop and sustain new ones that will create a thriving workforce for Native Hawaiian health.**
- **Increase the quality and quantity of culturally relevant efforts to expand and improve the workforce for Native Hawaiian health.**
- **Advocate for existing and new procedures, regulations, and policies that support a thriving workforce for Native Hawaiian health.**

- **Improve the quality of life, financial security, and resources necessary for a thriving workforce for Native Hawaiian health.**
- **Assemble a group of dedicated stakeholders who will develop and implement an overall strategy plan to fulfill the recommendations of the Workforce Development Task Force, and subsequently, modify the strategic plan as needed with the goal of a thriving workforce for Native Hawaiian health.**

ʻAʻohe hana nui ke alu ʻia.
No task is too big when done together by all.

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Papa Ola Lōkahi

894 Queen Street | Honolulu, HI 96813 • (808) 597-6550 • www.papaolalokahi.org