

THREE DECADES OF
Workforce
DEVELOPMENT



IMPACT REPORT

Mauli Ola Mālamalama
2024-2025





Welina Mai Kākou

The Native Hawaiian workforce development initiatives designed and implemented by Mauli Ola Mālamalama (MOM) and led by Papa Ola Lōkahi are showcased in this report; each one illustrates a powerful example of culturally grounded public health advancement grounded in intergenerational knowledge, cultural practices, and community

empowerment. As the organization at the forefront of Native Hawaiian health policy, Papa Ola Lōkahi is committed to addressing professional gaps in healthcare and human services while alleviating systemic health inequities that have disproportionately affected Native Hawaiians for generations.

In Hawai‘i, these initiatives have bolstered the presence of culturally-prepared professionals across the islands – individuals who bring a deep understanding of mo‘omeheu (culture), ‘Ōlelo Hawai‘i (language), and Traditional Healing practices into clinical, community, and educational settings. By supporting education pathways, internships, and mentorships rooted in Native Hawaiian values and practices, Papa Ola Lōkahi has fostered a new generation of leaders who are better equipped to address the holistic health and wellness needs of their communities. This investment contributes to improved trust and patient outcomes in rural and underserved areas, while also revitalizing Indigenous knowledge systems.

Through collaborations with federal agencies, Native-serving institutions, and national Native health organizations, Papa Ola Lōkahi has positioned Native Hawaiians within broader conversations around Indigenous health sovereignty, representation, and equity. Nationally, the ripple effect of this work is evident and impactful.

Ultimately, this report affirms that building capacity among Native Hawaiian professionals is not only an economic or educational priority – it is an act of lāhui (Hawaiian nation/community) restoration. It underscores how workforce development can serve as a form of resistance, resilience, and renaissance for Indigenous peoples across the pae ‘āina (Hawaiian archipelago) and worldwide.

A handwritten signature in black ink, appearing to read "Sheri Daniels".

Sheri Daniels, CEO



2024 NHHSP Awardees test their freshly-carved papa kōnane at a cultural learning experience with Lo'ihoa (Kula, Maui – July 20, 2024).



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Layout

Salted Logic™

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Workforce Lead Coordinator Lisa Ka'ano'i, MPH greets 2021 NHHSP recipient Awapuhi Lee at the 2025 John A. Burns School of Medicine (JABSOM) Kihei Ceremony (Honolulu - May 16, 2025).

Origin Story

The Native Hawaiian Health Scholarship Program (NHHSP) was established in 1991 as part of the Native Hawaiian Health Care Improvement Act (Public Law 102-396), in response to the E Ola Mau: Native Hawaiian Health Need Study and Cultural Task Force Reports of 1985. These reports consistently recommended capacity-building and the development of Native Hawaiian Health Professionals to address the health care needs of the Native Hawaiian community, toward raising their health status to the highest possible level. In 2019, E Ola Mau a Mau (an update of the 1985 E Ola Mau report) was released and reiterates the same call to action - to build and develop, as well as broaden and maintain, a Native Hawaiian Health Professional workforce.

E Ola Mau a Mau expanded the call to include other non-degreed health professionals such as midwives, community health workers, medical assistants, nurse aides, medical coders, dental assistants, and emergency medical technicians—who all support primary care providers with outreach, health education, care coordination, billing, and emergency care services.

With this renewed call to action, the NHHSP was re-imagined into a full-scale workforce development department titled Mauli Ola Mālamalama (MOM) in 2019.





‘A‘ohe hana nui ke alu ‘ia.

No task is too big when done together by all #142

JABSOM graduates gather after their 2025 Kihei Ceremony.



2024 NHHSP Awardees and MOM Team share a sunset dinner to open the 2024 scholar orientation (Kihei, Maui – July 18, 2024).

35 Years

244 ALUMNI

Past. Present. Future.

2026 marks the NHHSP's 35th year and 35th cohort and MOM remains committed to serving future generations of the Native Hawaiian community through health pathways, allied health disciplines, and primary care. Our intent is to ensure that we respond to the needs of our lāhui in a meaningful and impactful way while providing the necessary resources and support to ensure that the number of Native Hawaiian Health Professionals reaches parity within Hawai'i.

Purpose

To support and facilitate the continued development of and economic prosperity for Native Hawaiian Health Professionals, and by extension the lāhui, Mauli Ola Mālamalama is guided by these four pillars:

- **PILINA** seeks to **build connections and relationships** with others through active engagement with others, one another, and oneself.
- **ULU** is the **ability to grow** professionally and personally.
- **'IKE** is to **learn** about your profession, from others, and how to be the best version of yourself through deep reflection.
- **NĀ MEA HAWAI'I** is our ability **to deliver this through our way, the Hawaiian way. ALOHA** (love/compassion/kindness), **MĀLAMA** (reciprocal care), **PONO** (goodness/rightness/righteousness), and **HŌ'IHI** (reverence/respect for sacredness).

Responsibility

- Implement a rigorous recruitment and selection criteria to identify Native Hawaiian scholarship candidates who are committed to improving the health of our communities, and once selected, provide the necessary support framework to ensure scholarship recipients' successes.
- Create a sense of 'ohana (family) among Native Hawaiian Health Professionals through the facilitation and development of a Native Hawaiian Health Professional association.
- Establish additional health scholarship pathways.
- Provide workforce development opportunities to improve the career trajectory and potential of Native Hawaiians to improve their economic opportunities and growth.
- Establish, nurture, and increase relationships with federal agencies, tertiary institutions, and employers.

Mission

- Increase our reach for health professionals in different phases of their careers.
- Increase retention of recipients who remain at Native Hawaiian-serving organizations.
- Establish a thriving network of Native Hawaiian Health Professionals.
- Develop and implement a short-cycle workforce development program to create, sustain, and retain a viable workforce.
- Increase scholarship awards through funding and recruitment.

Reviving THE HEALTHCARE LANDSCAPE **IN HAWAII'**

The Native Hawaiian Health Scholarship Program is helping to address the shortage of healthcare service providers in Hawai'i, in ways that consider the diverse needs and cultural and social backgrounds of patients across the state.

Barriers to Entry

Despite efforts to promote diversity, the racial and ethnic makeup of the United States' physician workforce does not reflect that of the national population, even though a more diverse workforce offers significant benefits (Bollinger, 2003; Holaday et al., 2023; Lett et al., 2019; Whitla et al., 2003). American Indian and Alaska Native, Black, Hispanic, Kānaka Maoli (Native Hawaiians), and Other Pacific Islander populations are significantly underrepresented in medicine, with even greater disparities observed in certain specialties (Mineo, 2021). The underrepresentation of these populations is due to a combination of factors, including historical and ongoing socioeconomic inequities, as well as exclusion from academic medicine and other educational opportunities (Holaday et al., 2023; Rodriguez et al., 2014). Due to structural racism and discrimination, underrepresented populations in medicine have faced restricted access to financial resources, fewer opportunities to accumulate wealth, and lower incomes despite achieving the same level of education (Bhutta et al., 2019).

Locally, Hawai'i's population is notably diverse with 26% of the residents identifying themselves as Kānaka Maoli (U.S. Census Bureau, 2020). However, only 4.5% of Hawai'i's physicians are Kānaka Maoli (Palakiko et al., 2022; Withy et al., 2022). Healthcare workers in Hawai'i are also predominantly women with

over 80% across all healthcare occupations except for physicians where women represent about 41%. Moreover, the majority of the healthcare workers are Asian, and they were not born in Hawai'i (Department of Business, Economic Development & Tourism [DBEDT], 2023). Representation in healthcare is crucial for delivering culturally responsive care and improving health outcomes, especially in Indigenous communities. The absence of culturally representative healthcare providers can lead to misunderstandings and miscommunication between patients and providers, adversely affecting the health of the patient and the community (Stanford, 2020). A diverse healthcare workforce ensures that providers can understand and respect the cultural backgrounds of their patients as well as provide care that is meaningful to the patient.

Impact of Healthcare Deserts

The healthcare industry will continue to face challenges in recruiting healthcare workers both locally and nationally (Bork et al., 2021; DBEDT, 2023). These challenges have further been exacerbated by the onset of the COVID-19 pandemic with healthcare workers reportedly facing high rates of burnout, elevated psychological stress, and even suicide (Gupta et al., 2021).

Evidence suggests that delayed access to or avoidance of healthcare leads to increased morbidity

and mortality connected to acute and chronic illnesses, including mental health conditions (Brînzac et al., 2023).

Rural vs. Metropolitan Health Outcomes

Numerous differences exist between health outcomes in rural vs. metropolitan communities. This is notable for our organization's purposes, as per a report by The Economic Research Organization at the University of Hawai'i (UHERO, 2024), Native Hawaiians and Pacific Islanders make up a higher share of the population in rural vs. non-rural areas in Hawai'i (23.1% vs. 14.7%, respectively). According to this same report, 21.7% of respondents living in rural areas rated their health status as fair or poor, in comparison to 14% of non-rural respondents rating their health at this level. The COVID-19 pandemic further highlighted the disparities faced by rural communities in Hawai'i and beyond – with capacity shortages including personnel, facilities,

and equipment (Lee-Ibarra, 2020). Further, a report by the U.S. Census Bureau found that at a national level, residents of rural counties lacked insurance at higher rates than urban counties by about 1.7% (Day, 2019).

Impact of Patient-Provider Concordance

Much evidence exists to support the positive impact of representation in healthcare on patient outcomes across the continuum of care. For example, a 2019 study by Ma et al. found that racial/ethnic concordance between provider and patient significantly increases the likelihood of Hispanic and Asian patients seeking preventative care, of visiting their provider for new health problems, and continuing to visit their provider for ongoing medical problems. Further, a 2025 systematic review by Fabian et al. found that patient-provider race concordance was associated with higher medication adherence rates in BIPOC patients. A study by Jetty et al. (2022) found that emergency

Fewer Doctors. Growing Age Gap.

The Hawai'i Physician Workforce project reported a shortage of 820 physicians in 2019 with 23% of all active physicians in the state over the age of 65 (Withy et al., 2022). The Hawai'i Nurse Workforce Projections 2022-2037 from the Hawai'i State Center for Nursing (2025) projected steady growth for Registered Nurses, Nurse Practitioners, and Certified Nurse Midwives, with supply expected to exceed demand. In contrast, a continued shortage is expected of Licensed Practical Nurses and Certified Registered Nurse Anesthetists. The increase in Nurse Practitioners is one approach to address the primary care provider shortage.

To meet the health services demand in Hawai'i, a significant percentage of healthcare service providers are brought in from other states. For example, over 52% of the licensed physicians and surgeons, and over 41% of the registered nurses were brought to Hawai'i from other states in 2022 (DBEDT, 2023). Moreover, about 75% of physicians, surgeons, and registered nurses reside in O'ahu, skewing the availability of healthcare services. The per-capita number of healthcare workers, including physicians, surgeons, and registered nurses, is also higher on O'ahu compared to Hawai'i Island, Kaua'i, and Maui County, reflecting more significant challenges faced by healthcare worker shortages on the neighboring islands (DBEDT, 2023).

**> 41%
Out of State**

In Hawai'i 52% of doctors, and 41% of nurses come from out of state. While many are dedicated professionals, they may not fully understand the cultural, historical, or personal needs of the communities they serve, and this impacts the quality of care. (DBEDT, 2023)



department use was lower among Caucasian and Hispanic patients with race-concordant physicians (2.7% and 1.1% respectively). In addition, other findings from the report showed healthcare expenditures decreased among Black, Asian, and Hispanic patients with race-concordant clinicians (14%, 34%, and 20% respectively). Regarding quality of care, a study by Johnson-Jennings et al. (2015) found that Indigenous providers tended to rate Indigenous patients more congruently with the patients' self-reported pain ratings. The authors suggested this could be due to perceived similarities and lowered unconscious bias.

In contrast, research across the globe suggests that experiences of racism, in healthcare or otherwise, are associated with poor health outcomes. A scoping

review by Hamed et al. (2022) found that racialized minority groups have increased experience with dismissal in healthcare interactions, and inadequate access to healthcare overall. In Aotearoa (New Zealand), an analysis of multiple national surveys on young people aged 15-24 years found an association between racism and all negative health measures – including mental health, physical health, self-rated health, life satisfaction, unmet need for primary care, and identity (Harris et al., 2024). Among Native Hawaiians, a study by Kaholokula et al. (2011) suggested that racism appeared to be a chronic stressor for Native Hawaiians, increasing their risk for stress-related diseases, possibly through cortisol dysregulation.

Access & Insurance

Health Disparities

The effects of colonization such as militarization, agricultural land abuse, human development, and racism have created an increased risk of cancer, birth defects, infant mortality, and chronic diseases in Kānaka Maoli (Kawakami et al., 2022). Data illustrates that they are disproportionately affected by chronic diseases, mental health complications, access to healthcare, and other health outcomes compared to other ethnic groups in Hawai'i. According to the Hawai'i Health Data Warehouse (2020), Kānaka Maoli have the highest prevalence of diabetes among racial and ethnic groups in Hawai'i, with rates significantly higher than the general population. Further, 15.5% have been diagnosed with diabetes, compared to the state average of 9.3%. Kānaka Maoli and Other Pacific Islanders (NHOPI) in Hawai'i have a higher prevalence of heart attack (4.9%), stroke (4.1%), and asthma (22.1%) than Asian or Caucasian residents and are more likely to reside in obesogenic environments (Mau et al., 2008; Stupplebeen, 2019).

Mental health outcomes are another area of concern. According to 2023 data from the Hawai'i Health Data Warehouse in partnership with the Hawai'i Department of Health, rates of death by suicide among Kānaka Maoli are 14% and 5.3% higher than their Japanese and Caucasian counterparts, respectively (Hawai'i Health Matters, n.d.). This disparity is particularly notable in counties other than Honolulu. The cause of this can be directed toward a lack of access to culturally responsive mental health resources, and historical trauma from colonization and displacement from ancestral lands.

Kānaka Maoli are less likely to have health insurance and therefore, more likely to experience barriers to accessing care. Around 12% of NHOPIs are uninsured, which increased 2% from 2021 to 2022 (Artiga et al., 2024). The lack of access to health resources such as health screenings, preventive care, and culturally appropriate services contributes to poorer health outcomes among Kānaka Maoli. Socioeconomic disparities also play a significant role in their health outcomes with high rates of poverty, unemployment, and housing instability leading to the prevalence of these health disparities. Kānaka Maoli experience higher poverty rates than other populations in Hawai'i (Hofschneider, 2018). Nationally, in 2023 the data showed that 18% of NHOPIs experienced poverty compared to the 10% national rate (U.S. Census Bureau, 2023).

E ala! E alu! E kui lima!

Up! Together! Join hands! A call to come together to tackle a given task. #258



2021 NHHSP recipient Dr. Māhealani Lum, visits with a patient at the Ke Ola Mamo Clinic in the Kuakini Medical Plaza on O'ahu.

Leadership & COMMITMENT TO THE COMMUNITY



2021 NHHSP recipient Ashley Lee celebrates her graduation from JABSOM at the 2025 Kīhei Ceremony. Pictured with Dr. Lee are Native Hawaiian physicians Dr. Marjorie Mau (left), and Dr. Nathan Wong (right).

of ~\$200,000 per awardee). The NHHSP has strategically increased the number of providers in primary care and behavioral health disciplines to meet Hawai'i's health care professional shortage. From 2019-2024, the program consistently funded Physicians (both Allopathic and Osteopathic), at an average of 3 per year (30%). Nurse Practitioners were the second most consistent discipline funded, at an average of 2 per year (20%). Further, the number of NHHSP-funded Registered Nurses increased by 5x from 2019-2024. The number of Physician Assistants funded has also increased by 50% over the past 5 years. Finally, toward alleviating Hawai'i's severe mental health professional shortage, the NHHSP has funded an average of 2 mental health providers per year since 2019, except for 2023. A total of 9 mental health providers have been funded in the last 5 years, approximately 17% of awardees.

Along with prioritizing the funding of primary care and mental health providers, the NHHSP has strategically placed participants in high-need service areas. **The figure at right, shows the success of our efforts.**

Our recipients exemplify leadership, commitment, and suitability to the Native Hawaiian community.

NHHSP applicants who meet the minimum requirements are invited to submit a short 3–5-minute video in response to the theme of “advancing the health of our people.” The top applicants then advance to a panel interview. The panel interview includes a Mauli Ola Mālamalama staff facilitator, staff interviewer, and one external to the organization, often an NHHSP Advisory Board member, alumnus, or Native Hawaiian community member.

Since 1991, nearly 350 NHHSP awards have been made in 20 different primary and behavioral health care disciplines and sub-specialties. Across the 3 cohorts from 2022-2024, a total of \$6 million was disbursed across 30 awardees (an average



**MORE THAN
250**

providers placed into the workforce across six islands.

100

PERCENT

of O'ahu placements have been in health care professional shortage areas for mental health (100%), primary care (50%), or dental care (40%).

86

PERCENT

of O'ahu participant placements serve medically underserved areas and 61% serve in rural communities.

47.3

PERCENT

of participants placed on neighbor islands.

**MORE THAN
1/2**

of participants chose to stay in placement communities beyond the service commitment.

2011 NHHSP recipient Dr. Māhealani Lum leads a breakout group at the 2025 Traditional Healers Summit. She is flanked by Dr. Kyle "Kaliko Chang" of Wai'anae Coast Comprehensive Health Center (Psychologist and Kāko'o to their Kūpuna Council) on the left, and Aunty Malina Kaulukukui, Haku Ho'oponopono and former NHHSP Advisory Council member on the right.



Success Stories

INCREASING LOCAL PROVIDERS

The NHHSP has seen a 40% increase in applicants since 2018 and on average 10 students are awarded annually. Recipients are required to work in communities after graduation for the same number of years they received financial aid.



Dr. Marcus Iwane, President of 'Ahahui o Nā Kauka – Association of Native Hawaiian Physicians, greets graduates at the 2025 JABSOM Kihei Ceremony.



Dr. Cory Lehano

Pharm D

As a Native Hawaiian pharmacist and founder of Mauliola Pharmacy, I've dedicated my career to bridging the gap between modern medicine and culturally grounded care. When I opened our doors at the Cameron Center in Wailuku, I never imagined how far we'd grow. Today, our organization serves as a trusted health partner across Maui, Lāna'i, and Moloka'i – offering not just prescriptions, but education, home care, and chronic disease management tailored for our communities. Through Nohona Health, our nonprofit sister organization, we're also nurturing the next generation of community healers by blending traditional wisdom with hands-on cultural learning at Ho'ōla, our farm in Waikapū, and through our Kilohana Mālama 'Āina Academy for at-risk youth.

During the 2023 Maui wildfires, our team stepped up to ensure medications were delivered to displaced patients and kūpuna (elders), even when roads were closed and systems failed. That effort – recognized by multiple media outlets – wasn't just about crisis response; it was a reflection of our organization's values and mission. From developing workflows for rural health centers and 340B programs to advocating for pharmacy reimbursement reform, I've committed myself to building health systems that are sustainable, just, and rooted in our local values. None of this would have been possible without the early support I received as a Native Hawaiian Health scholar, and I carry that kuleana (privilege/responsibility) with me every day.



Through Nohona Health, Dr. Lehano and team seek to bridge traditional and western medicine. Pictured are MOM staff and 2024 NHHSP recipients harvesting 'uhaloa at a Ho'ōla Workday.



Dr. Lehano and Mauliola Pharmacy staff responding to the 2023 Lāhainā wildfires.

“ ...I've dedicated my career to bridging the gap between modern medicine and culturally grounded care.

Bio: Dr. Cory Lehano is an alumnus and a 2013 awardee of the Native Hawaiian Health Scholarship Program. He graduated with his Doctor of Pharmacy from Regis University. He later went on to found Mauliola Pharmacy, which has become a trusted health partner across Maui, Lāna'i, and Moloka'i. Through Nohona Health, the pharmacy's nonprofit sister organization, Dr. Lehano and team are nurturing the next generation of community healers by blending traditional wisdom with hands-on learning at Ho'ōla, their farm in Waikapū, Maui. Cory remains a dedicated member of our NHHSP 'ohana, serves on our Advisory Council, and as a mentor for program participants.



Photo by Renea Gavrilov Stewart

“ I’m in the room with the specialist and my patient through telemedicine. By connecting everybody, I reduce the need to put my patients on a plane.



Jared Medeiros

MSN

As a family nurse practitioner, I have the opportunity and blessing to care for my Lāna'i community, which has a serious challenge – access – to an operating room, a CT scan, and other specialty care that is readily available if you live in Honolulu. On Lāna'i I often become a patient advocate, their travel agent, you know? Logistics are a real challenge that we must help our patients with. I often call another physician's office to schedule an appointment with the specialist, because their office may not understand that they're coming from another island where the first flight doesn't arrive until 10 AM.

Telehealth is vital for Lāna'i and I value the fact that we've built a robust specialty program that's founded and based in primary care. As the provider, I get to be the hub. I'm not just sending my patient off to a specialist and waiting for a consult to come back. I'm in the room with the specialist and my patient through telemedicine. By connecting everybody, I reduce the need to put my patients on a plane.

I also get to see families and patients grow. When I see them for their sports physicals or their annual physicals, I always ask them, "So what's the plan?"— "What are you gonna do after high school?" I really encourage them to consider the health field as a career option and the importance of taking care of the people they serve, plus providing them with a stable career.

I really feel that having Native Hawaiian health providers on every island is important. And I'm very fortunate the scholarship helped me to achieve my goal of becoming a family nurse practitioner and a primary care provider.

Bio. Jared Medeiros, MSN is an alumnus and a 2013 recipient of the Native Hawaiian Health Scholarship Program. He graduated with his Master of Science in Nursing from the University of Hawai'i at Mānoa. Jared went on to serve at the Lāna'i Community Health Center, where he has since advanced from Family Nurse Practitioner to Associate Medical Director. He has also served as a mentor for 2018 NHHSP awardee Dr. Taryn Achong and 2022/2024 awardee Maggie "Kamaile" Long.

“ ...trusting relationships provide a safe space to inform, educate, and support whole families...”

As a pediatrician, I have the privilege of working with families even before their little ones are born. We have many Native Hawaiian families that we care for, and through developing long term, trusting relationships we can provide a safe space to inform, educate, and support whole families, focusing on the challenges they face in a culturally appropriate manner. We are so lucky to do what we do. Our practice values are exactly to provide care and to do what's right for our patients and their families. From nurturing moms through postpartum depression, coaching parents through their child's first illness, or advocating for students who need more services at school, we are constantly and courageously providing the highest quality of care and seeking fairness and justice so all our patients can reach their potential.

Bio: Jasmine Waipa, MD, is an alumnus and a 2003 recipient of the Native Hawaiian Health Scholarship Program who opened her Honolulu based clinic, Keānuenuke Pediatrics, in 2020. She is a graduate of Stanford University and is a mentor to Dr. Alyssa Honda and Dr. Courtney Taum, as well as others.



Dr.
Jasmine
Waipa
MD



Courtney-Paige DiMaggio

BSN

As a Public Health Nurse, I can advocate for our people and find solutions for our island's health needs. One issue is the need for long-term care facilities on Moloka'i for kūpuna and for those who are unable to care for themselves. Through networking with alumni of the NHHSP, I was able to connect with people off-island to raise awareness and work toward meeting this need. In addition, my degree has allowed me to educate future Moloka'i nurses living on island and attending the University of Hawai'i Maui College Associate of Science in Nursing Program.

As I reflect on the beginnings of my career as a registered nurse working at Hui No Ke Ola Pono, the Native Hawaiian Health Care System on Maui, the NHHSP was pivotal in my professional journey. The scholarship allowed me to pursue my bachelor's degree in nursing while working full time. Upon receiving my degree, I continued to work for Hui No Ke Ola Pono, serving the Native Hawaiian community. My degree has allowed me to support the Moloka'i community that helped to raise me. I had the privilege and honor to work with Dr. [Noa Emmett] Aluli, an instrumental person who advocated for the Native Hawaiian Health Care Improvement Act and Native Hawaiian health at large.

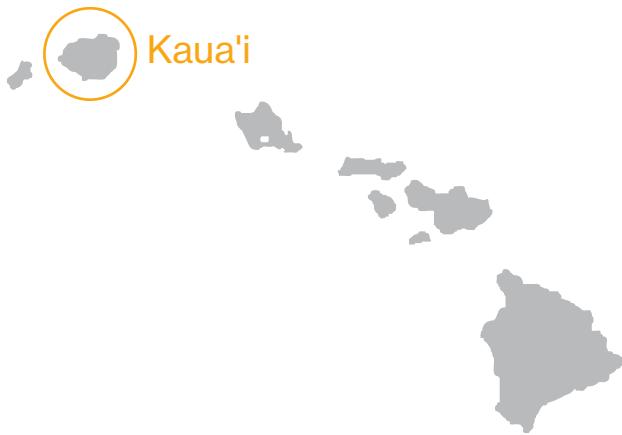
Bio: Courtney-Paige DiMaggio, BSN is an alumnus and a 2010 awardee of the Native Hawaiian Health Scholarship Program. She received her Bachelor of Science in Nursing from the University of Phoenix. Courtney has served the Maui community through Hui No Ke Ola Pono, Maui's Native Hawaiian Health Care System. She has since returned to her home island of Moloka'i where she is currently employed with the Hawai'i State Department of Health. Courtney-Paige has also served as a mentor to 2022 scholar Stephen "Pono" Hicks.





“ My degree has allowed me to support the Moloka‘i community that helped to raise me.

‘Awahu Black Sand Beach and the towering pali, cliffs, above the Kalaupapa Peninsula, Moloka‘i.



Chelsea Domingcil

MSN

“ Without this scholarship I would not have pursued my Master's degree and would never have become a nurse practitioner and hospice/palliative care provider for my community.

As a Nurse Practitioner at Kaua'i Hospice I am reminded daily about the life changing impact receiving the Native Hawaiian Health Scholarship Program has had on launching my career and stabilizing my personal life. The program provided funding so I could pursue my master's degree and become a nurse practitioner serving as a primary care provider and hospice/palliative care provider for my community. Receiving the scholarship eased my academic financial burden, allowed me to focus on my education, and care for my then 3-year-old son. I am grateful for this scholarship and am blessed to be a part of the community it helped me find.

Since becoming a Hospice/palliative care provider, I have been able to help Kaua'i Hospice increase our daily average census of 30 patients per day to 55 patients per day. I have also been able to help penetrate into our local communities as many of them know me or my family. With my experience working in the community and my connections with local organizations, I have helped Kaua'i Hospice in reaching more patients and supporting more local families. I formerly worked in different medical offices throughout the island, and I have been able to connect our primary care providers with our hospice agency, which has increased the accessibility for hospice and palliative care in our community.

I am a student of the Hawaiian Immersion program on Kaua'i. Hawaiian was the first language I was formally taught, and I tell many that Hawaiian is my first language. This skill has helped me provide care for many of the 'ohana from Ni'ihiwai as they primarily speak Hawaiian. I have been able to explain many difficult concepts to them regarding health and the care they are receiving.



Bio: Chelsea "Nani" Domingcil, MSN is an alumnus and a 2012 recipient of the Native Hawaiian Health Scholarship Program. She graduated with her Master of Science in Nursing from the University of Hawai'i at Mānoa School of Nursing and Dental Hygiene. She went on to serve the community of Kaua'i through Hawai'i Pacific Health and Ho'ōla Lāhui Hawai'i, the island's Native Hawaiian Health Care System. Still on Kaua'i, Nani now works as a Nurse Practitioner at Kaua'i Hospice. Nani has since served both on the NHHSP Advisory Council and as a mentor for 2022 NHHSP awardee Jadie Karratti-Abordo.

BROADER Community ENGAGEMENT & SUPPORT

While the NHHSP is MOM's most expansive offering, our workforce development initiatives go beyond scholarship. Our community engagement and support efforts from 2022-2024 focused on sharing information with the broader Native Hawaiian community and promoting the expansion of the healthcare workforce.

Activities included the provision of an additional financial assistance program, sponsorship of health workforce-related events, participation in meet and greets (with community, service sites, university partners, the NHHSP Advisory Council, and alumni), podcasts, a leadership series, mentorship programs, publications, and presentations.

Kāko'o Ulu 'Oihana Financial Assistance Program

With the NHHSP focused on funding primary care providers, the Kāko'o Ulu 'Oihana Financial Assistance Program (KUO) was established in 2021 to support allied and paraprofessionals already working in healthcare (e.g. Emergency Medical Technicians, Community Health Workers, etc.). The program provided support for books, supplies, and/or tuition for health-related coursework; and/or board, certification, recertification, and license prep courses and/or fees. From the program's inception to 2024, a total of 49 KUO awards were provided at \$52k+ in funding. An average of 12 awards were awarded per year (2 cycles per year) since the program's inception, and has supported participants from O'ahu, Hawai'i Island, Maui, Moloka'i, California, Oregon, and Utah.

Sponsorships

Since 2022, MOM has provided \$23,000 in sponsorship funding to the Na Lei Wili Area Health Education Center (AHEC)'s Hawai'i Health Workforce

Summit. Held on O'ahu, over the past 3 years, this summit has reached approximately 2,300 attendees. MOM looks forward to continuing annual sponsorship and attendance of the AHEC Summit in coming years.

In addition, since 2023, MOM has provided \$15,000 in sponsorship funding to the American Public Health Association (APHA)'s American Indian, Alaska Native, and Native Hawaiian Caucus (AIANNHC) in support of the Margo D. Kerrigan Travel Scholarship. As a result of this support, 11 American Indian, Alaska Native, and Native Hawaiian scholars have had the opportunity to travel and attend the APHA Annual Meeting & Expo to grow their professional abilities and networks under the Caucus. MOM aims to continue its engagement with and support of the Caucus and scholarship in coming years.

Native Hawaiian Scholarship 'Ahas

With PILINA as one of MOM's 4 pillars, relationship-building with community members is central to our work. One of the many ways we engage with community is annual participation in Native Hawaiian Scholarship 'Ahas (Fairs), through tabling and presentations. From 2022-2024, our MOM team and NHHSP alumni participated in a total of 22 'ahas (an average of 7 per year), to spread the word about the MOM's programs to post-secondary students across the pae 'āina who may be interested in healthcare.



Donna Palakiko, Director of Mauli Ola Mālamalama, addresses new awardees at the 2024 NHHSP orientation (Īao Valley, Maui – July 19, 2025).

NHHSP Recipient Networking Events

Toward a connected and united Native Hawaiian health workforce, one of MOM's ongoing efforts is to strengthen relationships among NHHSP recipients across the islands. Toward this goal, we organized 3 networking events from 2023-2025 – one in Arizona, one on Hawai'i Island, and one on Maui. Nearly 80 NHHSP recipients and other healthcare professionals attended across these 3 events, which included informal networking activities as well as panels from NHHSP scholars in each phase of the program (Education, Post-graduate Training, Transition to Service, Service, and Alumni). This was particularly valuable in the case of the Arizona and Maui events, which were held in conjunction with orientation for new NHHSP awardees. We look forward to expanding these efforts across the Hawaiian Islands.

Service Site Agreements & Partnerships

An important type of relationship we foster is with service sites across Hawai'i. Through formal agreements and informal partnerships, engaging community health organizations helps us to better understand their workforce needs and strategically

place our NHHSP recipients for maximal impact. Our primary service site partners include the 5 Native Hawaiian Health Care Systems, Hawai'i Permanente Medical Group, Wai'anae Coast Comprehensive Health Center, Big Island Substance Abuse Council, Lunalilo Homes, the St. Francis Healthcare System, Waimānalo Health Center, and Fresenius Medical Care. Most of these organizations are placed in rural, predominantly Native Hawaiian communities which allow NHHSP participants to pursue their commitment to service. In addition, many NHHSP participants have risen to leadership positions within these organizations, further strengthening our partnership.

Post-secondary Institutional Relationships

MOM has established and maintained many relationships with post-secondary institutions across Hawai'i and the U.S. continent which help not only with the administration of the NHHSP, but with other workforce development efforts as well. One important impact has been the establishment of a partnership with the University of Phoenix, which thanks to MOM's efforts, now offers a tuition discount to Native Hawaiian applicants.

NHHSP Advisory Council

The NHHSP established an Advisory Council in 2021 which includes representation from Hawai'i-based employers, NHHSP alumni, neighbor islands, the U.S. continent, universities, and other Indigenous and non-Indigenous people. This diverse group brings a broad base of knowledge which helps with understanding the needs and direction of the workforce to guide the programmatic efforts of the MOM team. The Advisory Council meets approximately 3x per year and provides feedback on the application process and growth of the program.

Kāne Voices Podcast

Kāne Voices is a guest series that MOM conducted in partnership with the Moana Nui Podcast, prompted by the feedback of former Advisory Council member Aunty Malina Kaulukukui, who wondered why so few kāne (Native Hawaiian men) apply to the NHHSP. The first 2 episodes of this series were completed in 2024, with a focus on MOM Program Specialist Conan Wykes and NHHSP alum Ian Awai. The series explored themes related to Native Hawaiian male identity, the influence of gender roles on career pathways, and how these particular kāne found their way into healthcare professions. By promoting the lived experiences of kāne in healthcare, this series sought to share with viewers the field's benefits and impact, with a goal of increased interest in health career pathways among Native Hawaiian men. In total, the first two episodes of this series received 490 views across Facebook and YouTube.

I Ola Lāhui Leadership Series

Another offering of the MOM department is the I Ola Lāhui Leadership Series, which is a series of monthly sessions provided over a 9-month period to newly awarded NHHSP recipients, preparing them to practice in Hawai'i. This culturally-based learning series is delivered by I Ola Lāhui, Inc., a culturally-minded, evidence-based behavioral health care practice that is responsive to the needs of our medically unserved, rural, predominantly Native Hawaiian community. Under the leadership of Dr.

Aukahi Austin-Seabury (a Native Hawaiian clinical psychologist), participants meet monthly to learn about being a Native Hawaiian provider who practices healthcare in Hawai'i's unique cultural context.

'Ua'u Lele Mentorship Program

One of the NHHSP's most impactful internal offerings is the 'Ua'u Lele Mentorship Program, which pairs new scholars in education with previous NHHSP recipients - from those further along in education, to those in service, to alumni. Upon finding a mentorship fit based on discipline and overall interests, the NHHSP program staff bridge a relationship between the mentor-mentee pair, and the two engage on issues related to study habits, licensure preparation, and beyond. As of the time of this report, a total of 25 pairs exists with 18 active mentors. Many mentees go on to graduate into "mentor" status and/or service sites to future participants as a form of aloha aku aloha mai, (to give and receive aloha) through the act of doing.

Publications & Presentations

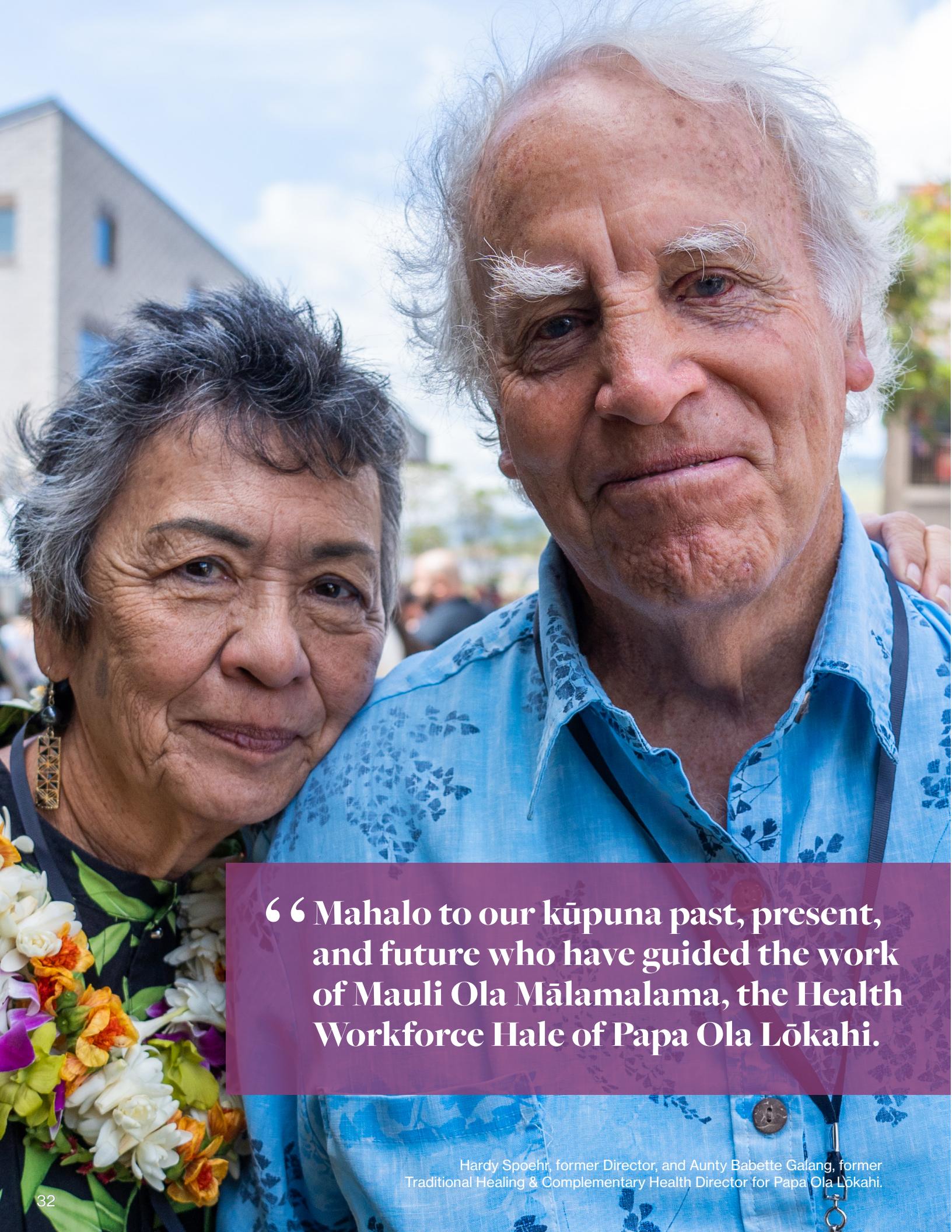
Our MOM department seeks to disseminate our work in developing the Native Hawaiian health workforce from the local to international scale. To do so, we actively pursue opportunities for conference presentations and peer-reviewed publications. From 2022-2024, we completed 7 presentations in Canada, Massachusetts, Georgia, Minnesota, Alaska, and online through events such as the Hawai'i State of Reform Virtual Health Policy Conference, The Pacific Region Indigenous Doctors' Congress, the American Public Health Association Annual Meeting, and the National Association Of Pasifika Organizations Pacific Health Gathering. Topics ranged from creating a culturally representative workforce, to Native Hawaiian leadership and mentorship, to disaggregating Native Hawaiian health research data, and more. In addition, we published 3 peer-reviewed articles in the Hawai'i Journal for Health and Social Welfare and the Qualitative Research Journal, which reached local and international audiences. Topics included Native Hawaiian health workforce development and Pacific research methodologies.

I ulu no ka lālā i ke kumu .

The branches of grow because of the trunk. Without our ancestors we would not be here #1261



2021 NHHSP recipient Awapuhi Lee receives her kihei from Dr. Dee-Ann Carpenter (Associate Professor of JABSOM's Native Hawaiian Center of Excellence) at the 2025 Kīhei Ceremony.



“Mahalo to our kūpuna past, present, and future who have guided the work of Mauli Ola Mālamalama, the Health Workforce Hale of Papa Ola Lōkahi.

Hardy Spoehr, former Director, and Aunty Babette Galang, former Traditional Healing & Complementary Health Director for Papa Ola Lōkahi.



Aloha E Nā Hoa

As we prepare to celebrate 35 years of the Native Hawaiian Health Scholarship Program, we look to the past and walk towards the future with confidence knowing that our kūpuna are walking alongside us. Their unwavering presence has helped us in preparing healthcare providers who practice cultural safety and cultural humility in their care of the lāhui.

Over the past 5 years, our hale has provided innovative programs focused on pilina (connection) and ulu (growth) of our participants with us, one another, and the greater community. By prioritizing placement of participants in rural communities and Native Hawaiian-focused sites, NHHSP has also increased interest to serve in communities outside of urban Honolulu. Greater post-service retention rates has helped strengthen staff capacity at more sites, and this will ultimately result in healthier communities.

In the next 5 years, we will continue to grow as a Hale at POL through our four pillars of pilina (connection, relationship, engagement), ulu (growth), 'ike (knowledge, wisdom), and nā mea Hawai'i (all things Hawai'i). These pillars will guide our direction and efforts related to increasing economic prosperity of our lāhui. Mahalo to our kūpuna past, present, and future who have guided the work of Mauli Ola Mālamalama, the Health Workforce Hale of Papa Ola Lōkahi. We will continue to further your legacy.

Mālama pono,

A handwritten signature in black ink, appearing to read "DMP".

Donna-Marie Palakiko,
Director of Workforce

REFERENCES

Artiga, S., Hill, L., & Damico, A. (2024). Health coverage by race and ethnicity, 2010–2022. Kaiser Family Foundation. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-coverage-by-race-and-ethnicity/>

Bhutta, N., Chang, A. C., Dettling, L. J., & Hsu, J. W. (2020, September 28). Disparities in wealth by race and ethnicity in the 2019 Survey of Consumer Finances. Board of Governors of the Federal Reserve System. <https://www.federalreserve.gov/econres/notes/feds-notes/disparities-in-wealth-by-race-and-ethnicity-in-the-2019-survey-of-consumer-finances-20200928.html>

Brînzac, M. G., Kuhlmann, E., Dussault, G., Ungureanu, M. I., Cherecheş, R. M., & Baba, C. O. (2023). Defining medical deserts: An international consensus-building exercise. *European Journal of Public Health*, 33(5), 785–788. <https://doi.org/10.1093/eurpub/ckad107>

Bollinger, L. C. (2003). The need for diversity in higher education. *Academic Medicine*, 78(5), 431–436. <https://doi.org/10.1097/00001888-200305000-00002>

Day, J.C. (2019, April 9). Rates of uninsured fall in rural counties, remain higher than urban counties. United States Census Bureau. <https://www.census.gov/library/stories/2019/04/health-insurance-rural-america.html>

Department of Business, Economic Development & Tourism (DBEDT) (2023). The health care industry in Hawaii. Research and Economic Analysis Division. https://files.hawaii.gov/dbedt/economic/reports/DBEDT_Health_Care_Research_April2023.pdf

Economic Research Organization at the University of Hawai'i (UHERO). (2024, August 5). Rural health disparities in Hawai'i. <https://uhero.hawaii.edu/wp-content/uploads/2024/08/RuralHealthDisparitiesInHawaii.pdf>

Fabian, A. J., Balado, R. L., Chase, M. G., & Nemec, E. C. (2025). Patient-provider race concordance and medication adherence: A systematic review. *Journal of Racial and Ethnic Health Disparities*, 10.1007/s40615-025-02330-y. Advance online publication. <https://doi.org/10.1007/s40615-025-02330-y>

Gupta, N., Dhamija, S., Patil, J., & Chaudhari, B. (2021) Impact of COVID-19 pandemic on healthcare workers. *Industrial Psychiatry Journal*, 30(Suppl 1), S282–S284. <https://doi.org/10.4103/0972-6748.328830>

Hamed, S., Bradby, H., Ahlberg, B.M., & Sadler, R. (2022). Racism in healthcare: A scoping review. *BMC Public Health*, 22, 988. <https://doi.org/10.1186/s12889-022-13122-y>

Harris, R., Li, C., Stanley, J., King, P. T., Priest, N., Curtis, E., Ameratunga, S., Sorensen, D., Tibble, F., Tewhaiti-Smith, J., Thatcher, P., Araroa, R., Pihema, S., Lee-Kirk, S., John, S., Urlich, T., Livingstone, N.-Z., Brady, S. K., Matehe, C., & Paine, S.-J. (2024). Racism and health among Aotearoa New Zealand young people aged 15–24 years: Analysis of multiple national surveys. *Journal of Adolescent Health*, 75(3). <https://doi.org/10.1016/j.jadohealth.2024.04.021>

Hawai'i Health Matters. (n.d.). Suicide death rate [Indicator data]. Retrieved June 30, 2025 from <https://www.hawaiihlthmatters.org/indicators/index/indicatorsearch?doSearch=1&grouping=1&subgrouping=2&ordering=1&resultsPerPage=150&l=&b%5B0%5D=100&showSubgroups=1&showOnlySelectedSubgroups=1&primaryTopicOnly=&sortcomp=0&sortcomplIncludeMissing=0&showOnlySelectedComparisons=1&showComparisons=1&i=1308&handpicked=1&requireSubgroups=0&includeArchivedIndicators=1&dt=&handpickedItems%5B0%5D=1308&card=0>

Hawai'i State Center for Nursing. (2025). Hawai'i nurse workforce projections, 2022–2037. Honolulu, HI. Prepared by GlobalData Plc. http://www.hawaiicenterfornursing.org/wp-content/uploads/2025/04/Hawaii-Nursing-Projections-Report-v.Final_-1.pdf

Hofsneider, A. (2018, September 19). Poverty persists among Hawaiians despite low unemployment. Honolulu Civil Beat. <https://www.civilbeat.org/2018/09/poverty-persists-among-hawaiians-despite-lowunemployment/>

Holiday, L. W., Weiss, J. M., Sow, S. D., Perez, H. R., Ross, J. S., & Genao, I. (2023). Differences in debt among postgraduate medical residents by self-designated race and ethnicity, 2014–19. *Health Affairs*, 42(1). <https://doi.org/10.1377/hlthaff.2022.00446>

Jetty, A., Jabbarpour, Y., Pollack, J., Huerto, R., Woo, S., & Petterson, S. (2022). Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. *Journal of Racial and Ethnic Health Disparities*, 9(1), 68–81. <https://doi.org/10.1007/s40615-020-00930-4>

Johnson-Jennings, M., Tarraf, W., & González, H.M. (2015). The healing relationship in Indigenous patients' pain care: Influences on racial concordance and patient ethnic salience on healthcare providers' pain assessment. *International Journal of Indigenous Health*, 10(2), 33-50. <https://doi.org/10.18357/ijih.102201515112>

Kaholokula, J.K., Grandinetti, A., Keller, S., Nacapoy, A.H., Kingi, T.K., Mau, M.K. (2011, March 1). Association between perceived racism and physiological stress indices in Native Hawaiians. *Journal of Behavioral Medicine*, 35(1), 27–37. <https://doi.org/10.1007/s10865-011-9330-z>

Kawakami, K. L., Muneoka, S., Burrage, R. L., Tanoue, L., Haitsuka, K., & Braun, K. L. (2022). The lives of Native Hawaiian elders and their experiences with healthcare: A qualitative analysis. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.787215>

Lee-Ibarra, J. (2020, Apr 21). COVID-19 highlights vulnerabilities of rural Hawai'i. Hawaii Data Collaborative. <https://www.hawaiidata.org/news/2020/4/20/covid-19-highlights-vulnerabilities-of-rural-hawaii>

Ma, A., Sanchez, A., & Ma, M. (2019). The impact of patient-provider race/ethnicity concordance on provider visits: Updated evidence from the medical expenditure panel survey. *Journal of Racial and Ethnic Health Disparities*, 6(5), 1011–1020. <https://doi.org/10.1007/s40615-019-00602-y>

Mau, M. K., Wong, K. N., Efird, J., West, M., Saito, E. P., & Maddock, J. (2008). Environmental factors of obesity in communities with Native Hawaiians. *Hawaii Medical Journal*, 67(9), 233–236. <https://pubmed.ncbi.nlm.nih.gov/18853897/>

Okamura, J. Y. (2008). *Ethnicity and inequality in Hawaii*. Temple University Press. <https://www.proquest.com/docview/233591593?source-type=Scholarly%20Journals>

Palakiko, D.-M., DeFries, K., Haitsuka, K., & Ka'anoi, L. L. (2022). Building a culturally aware Native Hawaiian health professions workforce. *Hawai'i Journal of Health & Social Welfare*, 81(4), 15-19. <https://pubmed.ncbi.nlm.nih.gov/35495075/>

Rodriguez, J. E., Campbell, K., & Mouratidis, R. (2014). Where are the rest of us? Improving representation of minority faculty in academic medicine. *Southern Medical Journal*, 107(12), 739–744. <https://doi.org/10.14423/SMJ.0000000000000204>

Stupplebeen, D. (2019). Housing and food insecurity and chronic disease among three racial groups in Hawai'i. *Preventing Chronic Disease*, 16, 180311. <https://doi.org/10.5888/pcd16.180311>

U.S. Census Bureau. (2024, October 14). U.S. Census 2020. <https://www.census.gov/>

Whitla, D. K., Orfield, G., Silen, W., Teperow, C., Howard, C., & Reede, J. (2003). Educational benefits of diversity in medical school: A survey of students. *Academic Medicine*, 78(5), 460–466. <https://doi.org/10.1097/00001888-200305000-00007>