

PAPA OLA LOKAHI

IMPACT REPORT

2020 - 2022





Papa Ola Lōkahi

Nana I Ka Pono Na Ma

Improving Native Hawaiian Health and Well-Being

Founded in 1988, Papa Ola Lōkahi is a 501(c)(3) that embodies the holistic approach that brings together mind, body and spirit in the pursuit of optimum health and well-being for Native Hawaiians.

Aloha Mai

Welina mai kākou,

Papa Ola Lōkahi remains committed to Native Hawaiian health through community engagement efforts across the state. Our collective well-being is intertwined with partners more than ever before.

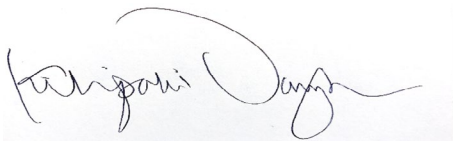
This impact report shares some of how POL has engaged in and collaborated with community to across Hawai'i, particularly in response to COVID-19, from 2020 to 2022.

At its core, this report aims to shed light on the unique health challenges faced by our lāhui and provide examples of how POL identifies and addresses community needs through research, community education, and program development and implementation. Themes include increasing adequate healthcare access, building the Native Hawaiian health care workforce, and working towards health equity through traditional knowledge.

We hope to demonstrate lāhui strength and resilience despite the hardships that Native Hawaiians continue to face, and we are excited to share the efforts of Papa Ola Lōkahi to advance Native Hawaiian health by supporting our lāhui.

With the many changes since 2020, POL continues to be intentional and mission-focused. As POL's strategic plan for the next several years develops, the Board is grateful for all who envision thriving Native Hawaiians and dedicate their time and talents to actualize the work. Mahalo piha for joining us on this journey towards maui ola (health and well-being).

Aloha nui,

A handwritten signature in black ink, appearing to read "Kilipaki Vaughan". The signature is fluid and cursive, written on a light-colored background.

Kilipaki Vaughan
Papa Ola Lōkahi Board President



Kilipaki Vaughan (at right), Board President, represents Kaua'i and Ho'ola Lāhui Hawai'i
Photo courtesy of Kilipaki Vaughan.

FAASA'OGA O MANATU TA'ATELE I LE MA'I SUKA #1

Manatu Ta'atele

E lē manaomia le toe inu o fualoaai suka pe fai le tui inzulini pe afai o lelei la'u faalogo.

Manatu Sa'o

E tusa lava po o lelei lau faalogo, o loo galue pea le ma'i suka e faaleaga ou alā toto ma faalaititi lou malosi e tete'e atu i siama ma faama'i. Faatōā ē laganaia ua i ai se fo aletonu, pe ā lagana ni auga matuia, o ua tetele ma ua tuai ana toe tagafiti.

A faaleagina e le ma'i suka alā toto i lou/ou:

Fai'ai...

e faateleina le avanao e maua ai se fa'i ai (stroke), e o'o atu ina vava'i ma pē ai se vava'i o lau tino

Mata...

e nene'ia lau vava'i ma ē ana faama'i o'i

Fatu...

e mafai ona maua ee i le fatu vava'i (heart failure) pe eso ma pē fa'i lau fatu (heart attack)

Fatu maa...

e lē mafai e fatu maa ana faamamā lau toto ma o'o ai i le manaomia le faamamā o lau toto e se masini faamamā toto (dialysis)

Vae...

e ofoina ma'u i alofa'ese ma ē lagana ni lona ma ai masini, e faigata ana faapepē lona ma masini o ma'i i le ma'i suka i siama afai e vava'i ma faateleina le mafai, e manaomia ana tigi ese se vava'i o le vae poā le vae atoa'ese

O VAILAAU MA'I SUKA E PUIPUIA OE MAI I AUGA MA...

Faalaga le QR code loa ma nisi faama'olaga tau i le ma'i suka. E mafai ana imeli atu ai ma sau kapi o lena poster e te faasoa atu i nisi.

A manaomia sau kapi o lena poster e faatou i se falesā, afai faai. falesā oga, etc. faafesootai mai i le: apasi@papaola.gov.fj

MPH intern Elia Titimaea presents his diabetes poster that was designed for Samoan community. He gathered community input and translated the materials to make sure it was culturally safe and educational. Photo courtesy of Papa Ola Lōkahi.

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To Set Sail

The passage of the Native Hawaiian Health Care Act (NHHCA) in 1988 is a landmark of Native Hawaiian health that stemmed from decades of history, including the Hawaiian Renaissance of the 1970s. The momentum pressed forward through Hawai'i's Congressional delegation and staunch advocates, especially between 1979-1988, catalyzed Native Hawaiian health discourse in the United States Congress. Congress created the Native Hawaiian Study Commission to assess the status of Native Hawaiians, which led to the formation of further research efforts. One of those was the Hawaiian Health Research Consortium, which established working groups to examine four critical areas of need: mental health, medical health, nutrition/dental, and historical/cultural. Each of these four groups developed recommendations and a fifth working group created an overall strategic health plan. E Ola Mau (EOM), the final product, was published in December 1985. It served as a guidepost for many health initiatives and projects in the Native Hawaiian community.

EOM challenged leaders to reach beyond the given Western frameworks and metrics in medicine and into the roots of Native Hawaiian health. The final report left no stone unturned, advising on everything from preventing sports injuries for youth to translating Hawaiian language materials. The first recommendation emphasized the importance of

culture as an artery of health, stating "...awareness that health is but one aspect of well-being; for Native Hawaiians, pride of heritage is paramount." Today, we posit that only in understanding a Native Hawaiian paradigm can experts reach the keys to improving the disparities in both health determinants and outcomes for Native Hawaiians.

EOM energized a wave in the realm of Native Hawaiian health, providing a resource that collected the data and expertise from standing professionals and inspiring the next generations of health leadership. In this wave, the efforts of health professionals, community leaders, and advocates for Kānaka Maoli (indigenous Hawaiians)—including the late Dr. Kekuni Blaisdell and Myron "Pinky" Thompson, and many more—shaped new organizations and began what would become seminal research. This era also heralded the movement that would cause the introduction and eventual passage of the NHHCA. The constitutionality of such a statute was predicated on the trust responsibility of the United States to Native Hawaiians, an indigenous nation that had not freely ceded sovereignty.

The NHHCA was later reauthorized as the Native Hawaiian Health Care Improvement Act (NHHCIA) in 1992 and 2010. In 2000, Senator Inouye opened a field hearing in Hilo by describing the Act as "revolutionary because... it was conceived and drafted in Hawai'i,



by Hawaiians, for Hawaiians.” The Act created seven entities: five Native Hawaiian Health Care Systems, which would provide direct and indirect services to increase access across the islands; the Native Hawaiian Health Scholarship Program, to grow the health workforce; and Papa Ola Lōkahi, charged to coordinate and support Native Hawaiian health.

The collective work of these units forms the Native Hawaiian Health Program, the basis of a network that crosses from macro (policy and regulation, data collection) to micro (health education programs, direct services). Native Hawaiians, whose well-being rapidly declined after colonization, continue to face contemporary health disparities. The combination of deculturation and low socioeconomic status is reflected in high rates of many social inequities. Data have shown Native Hawaiian life expectancy at six years less than the state average and a high prevalence of disease and other issues in the Native Hawaiian population.

Papa Ola Lōkahi (POL) provides coordination and support to the Systems and partners in additional non-clinical arenas to increase network connections in Native Hawaiian health. Papa Ola Lōkahi utilizes a kauhale (collective) structure to develop and facilitate culturally responsive community health initiatives. Within the kauhale are the departments, or hale. Hale Ho’ona’auao develops and facilitates culturally

responsive community health initiatives. Hale O Lono is designed to share and raise awareness through communications. ‘Imi Hawai’i focuses on supporting research and data efforts. Hale Mana’o Ho’okō advances the work of NHHCIA and related efforts through advocacy. Maui Ola Mālamalama grows the Native Hawaiian health workforce through the Native Hawaiian Health Scholarship Program (NHHSP) and other workforce support and development programs. Ka Pūnana houses innovation and programs that connect to social determinants of health. POL hale also cover internal administrative needs (Hale Kahua) and coordinates the Native Hawaiian Health Care Systems (Hālau Ola).

The setup of the Act entities was built to reach Native Hawaiians by their own community members, who are able to understand and reach unique and specific health needs. The Systems are able to move synchronously, separately, or collaboratively with other community providers. This flexibility is a crucial feature along the path of uplifting Native Hawaiian health to the highest degree possible.

Over the past 35 years, old and new challenges have prompted stakeholders in Native Hawaiian health to work more closely than ever before with each other. These collaborations leverage resources, increase opportunities, and strengthen connections for the ultimate goal of raising Native Hawaiian health.

COVID-19 and the Native Hawaiian Community

In March 2020, the world shut down in response to the COVID-19 pandemic and the unprecedented challenges it brought to communities across our islands. The public health emergency declaration and subsequent restrictions created a series of difficult choices and unknown risks. Multi-generational households, which are common among Hawaiian families, faced nuanced challenges in navigating safety precautions. Families providing informal care like grocery shopping or medication assistance to their loved ones struggled with the fear of spreading COVID-19. While masking, physical distancing, and other safety practices eventually became common, Native Hawaiian families often remained unable to reconnect. Part of the difficulties were due to the additional burden and costs, such as testing prior to interisland travel and navigating new financial constraints brought on by loss of employment.

Aside from managing and maintaining the physical health and safety of our 'ohana (family) and communities, people struggled immensely with mental and emotional health as the waves of pandemic impact continued to break. The most immediate and shocking traumas of coping with death and the inability to share physical spaces with loved ones electrified communities worldwide. In Hawai'i, the shutdown of tourism initiated a cascade of increased financial insecurity across business sectors and their workers. Tourism, which comprises over a fifth of the state economy, immediately began to unravel. This disproportionately hurt the working class, many of whom were Native Hawaiian.

The ripple effects of the pandemic grew into tidal waves, especially for families already at or on the margin. Record numbers of Medicaid applications and unemployment claims soared through 2020 and into 2021. Every evening held daunting news—unlawful evictions, 14-hour lines for food assistance, and painful transitions to get public school students into virtual learning spaces. The friction added to daily life for the most vulnerable was later seen in increases in substance use, domestic violence, and violent crimes. Public discourse that had gone back and forth in local politics for decades became even more acutely felt in the everyday struggles experienced by local families. More people became engaged with economic dependence on tourism, how imported foods far outpace agricultural production, and stagnant broadband development.

Though difficult, the resiliency of our people persisted through small businesses, data and research development, and career shifts or return to education. Community members, organizations, and leaders rose during this time to create critical health messaging and awareness campaigns and organize through virtual platforms. Many hands worked towards connecting communities across our islands to create safety and provision of resources.

Today, the long-term effects of the pandemic remain despite the press to “return to normal.” While we seek to understand all that has unfolded throughout the worst of COVID-19, prudent investment in community well-being will be paramount to meet the needs of pandemic sequelae in years to come.





Events planned across the Islands allow people to learn and receive support in familiar community spaces. Photo courtesy of Papa Ola Lōkahi.

WHILE CAN I REPORT CASES OF SUSPECTED COVID-19?
Individuals who suspect they have COVID-19 should call the local health department for more information. In Hawaii, you can call the Department of Health at 808-947-2800 or visit www.doh.hawaii.gov. In the U.S., you can call the CDC at 1-800-232-6222 or visit www.cdc.gov.

WHAT IS THE CURRENT SITUATION IN MY COUNTY?
The County of Maui is currently in a state of emergency due to the COVID-19 outbreak. The County is working to contain the outbreak and protect the health of the community. For more information, visit www.mauicounty.gov.

WHAT IS AN EMERGENCY USE AUTHORITY (EUA)?
The U.S. Food and Drug Administration (FDA) has granted an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine. This means that the vaccine can be used to prevent and treat COVID-19 in certain situations. For more information, visit www.fda.gov.

The Pfizer-BioNTech COVID-19 vaccine is a two-dose vaccine that is safe and effective. It is currently being distributed to health care workers and other frontline workers. For more information, visit www.pfizer.com.

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BioNTech SE, Mainz, Germany
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PILINA

Increasing Adequate Access Through Community Connection

Determining adequate access to health care from a systems perspective through a Native Hawaiian lens presents nuanced challenges. Many metrics and outcomes can be changed through culturally grounded approaches, but the measurement tools can be clumsy. POL's work bridges Indigenous ways and Western demands as best as possible. POL looks for pathways to connect successful Native Hawaiian programs with clinical settings, insurance billing, and other arcs of the American health system. On the administrative end, POL seeks to identify what relevant public and private entities may be open to supporting so that access to services for Native Hawaiians connects with Native Hawaiians.

Given the ongoing work to understand and match what stakeholders identify as priorities, POL and the NHHCSs continue to emphasize the importance of connectedness. Insurance data, clinical measurements, and disease status markers are downstream in the continuum of health. Their mainstream status in discourse is largely because they are easier to quantify, though they may or may not create a bona fide depiction of a person's health. This incomplete storytelling

can be misconstrued as a contradictory Native Hawaiian population health profile. For example, a general assumption of health care access was insurance coverage, which is high for Native Hawaiians in Hawai'i (90%). In addition, Native Hawaiians experience significantly higher prevalence of mortality and chronic conditions. However, Native Hawaiian service utilization is similar or lower than other race/ethnicity groups.

The last decade of research raised awareness that the clinical metrics are likely connected to upstream health factors, commonly called the social determinants of health. This shift in examining deeper dimensions of well-being is more aligned with Native Hawaiian perspectives and practices. POL continues to uplift that increasing access to care includes multi-prong community outreach. Activities like supporting food drives, providing smart phones to patients for telehealth appointments, and offering COVID-19 vaccinations and testing in the communities where Native Hawaiians live are intermediary stages that allow for building relationships and trust. These investments pave the way for communities to feel safe enough to seek care, which increases



metrics like primary care engagement, medication adherence, and other clinical outcomes. Many of these supplemental needs are outside of traditional health finance and payment structures, and POL seeks ways to ensure that Native Hawaiian health can be supported throughout the full continuum of care.

POL and the NHHCSs work in the nexus of Native Hawaiian health and the United States health system from multiple angles. The NHHCSs provide health services and programs with a culturally grounded approach to create welcoming and resonant spaces, and POL coordinates and supports as is helpful. Together, our work provides context, builds and holds data, raises awareness, and seeks systems shifts to achieve the intent of Congress and of the Native Hawaiians who advanced these goals before us. The collaborative efforts we participate in are critical, as no organization can achieve the wider vision alone. Since 2020, POL and the NHHCSs have looked to increase access to care through diverse efforts, which include:

- the Native Hawaiian Pacific Islander–Response, Recovery, and Resilience (NHPI

3R) Team, which addressed COVID-19 needs in myriad areas, both clinical and non-clinical;

- innovating health education and communication materials tailored to Native Hawaiian audiences and experiences;
- support statewide Native Hawaiian participating in wider efforts throughout the state to include Native Hawaiians in key health domains such as Alzheimer’s and other related dementias, dental and oral health care, breast cancer awareness, chronic disease, and more.

Despite losses, challenges, and changes, our communities continue to move forward together. As we continue to ride the wake of the pandemic, opportunities to reflect and learn remain ours for the taking.

Native Hawaiian Pacific Islander COVID-19 Response, Recovery & Resilience Team

The Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response, Recovery & Resilience Team (NHPI 3R) was established in May 2020, in alignment with the national NHPI Response Team. NHPI 3R goals included: to improve the collection and reporting of accurate data; identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders; and establish a presence in decision-making processes and policies. Papa Ola Lōkahi has served as the backbone organization for NHPI 3R since its inception.

One of the most critical functions of the NHPI 3R Team in 2020 was to identify the needs and successes in getting NHPI communities to COVID-19 resources such as testing, educational, and social support resources. The NHPI 3R team organized committees to address specific needs in the community. These committees organized around the areas of data and research, social supports and recovery, communications, clinical needs (testing, contact tracing, isolation, and later, vaccination), and policy. Since 2020, over 60 agencies, organizations, and departments have participated in the NHPI 3R Team to understand and address distinct NHPI community needs.

During the pandemic, the work of the NHPI 3R and its committees provided immediate solutions to community needs and began work to address systemic issues. Their work included disseminating social support resources, developing educational materials, and bringing testing and vaccine sites directly to NHPI communities during the early evening hours and weekends.

Bringing resources to NHPI communities instead of centralizing resources in urban Honolulu helped to ameliorate barriers to care, such as work and school schedules or transportation issues to Honolulu. Community events brought resources and care to easily accessible, well-known landmarks that people felt familiar and comfortable in.

At the beginning of the pandemic, data capturing the impact of COVID-19 in NHPI communities were unavailable through the state's existing institutions, which obfuscated the community-level needs and made prioritizing difficult.

As each variant of COVID-19 surged, NHPI 3R adapted constantly. The input of health care providers, community organizations and advocates, faith leaders, and government agencies allowed for both breadth and depth of understanding. As vaccination expanded in 2021, discussion in NHPI 3R quickly identified that community event participation had likely saturated the ready population and needed to attract the ambivalent, mitigate hesitancy, and address the rapidly growing body of misinformation. The resulting events observed distancing, masking, and other precautions while delivering services and providing an approachable and casual setting. Social service providers danced in parking lots, doctors and nurses sat in folding chairs under pop-up tents to discuss concerns, and food distribution was provided. Though we cannot assert the events were causal to the outcome, 2023 state data estimate that 88% of the NHPI population is vaccinated.

External evaluation determined that NHPI 3R participants want to expand the work to broader NHPI community health and the social determinants of health. The Social Support & Recovery committee produced a set of recommendations and compiled recommendations from all the other working committees on how to shift the contextual factors that impact NHPI health. These documents as well as continued discussions feed into the plans ahead as the NHPI 3R Team looks ahead.

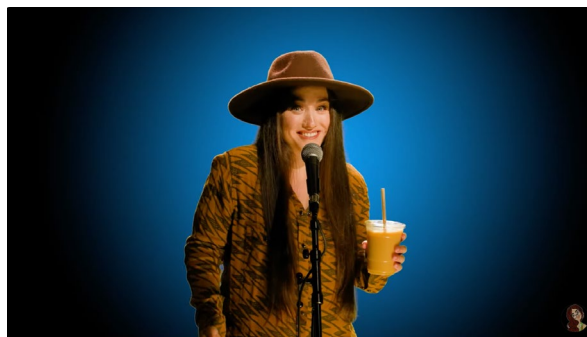


Innovation in Health Care Messaging

Hawai'i is a unique place that encompasses diverse ethnicities, bringing forward a specific flavor of what it means to be local. In 2020, POL knew that the national public health response would likely fall flat for Native Hawaiian audiences, who have a predisposition of distrust and suspicion regarding generic health messaging. As the cases soared, POL imagined an endeavor that would attempt to fill the gap for Native Hawaiians, locals, and communities of the Pacific to be seen. "Our Kuleana Made with Pashyn," a half-hour comedy special, addressed COVID-19 vaccination misinformation in collaboration with award-winning filmmakers Heather Giugni and Ty Sanga, and local artist Pashyn Santos, to raise community concerns in compassionate and delicately nuanced ways that were tailored for the lāhui.

The special presented the story of a local, multi-generational 'ohana, merging pop culture, pandemic frustrations, and the complex dynamics in households to examine different attitudes, beliefs, and fears surrounding COVID-19 vaccinations. The history of past epidemics in Hawai'i that had decimated the population were woven into the storytelling, with reenactments and personification used to imagine what Native Hawaiian historical figures might have experienced to thread a connection between the 1800s and 2020. Pashyn's talent and expressive nature evoke familiarity through relationships that call for accountability, value accurate information, and ultimately press the importance of agency in health decisions. Her characters grapple with vaccination, unwind fears that the recommended protections were doing more harm than the illness, and blunt the painful edges Indigenous history of disease-related deaths at pandemic scale with parody.

The premiere of this special was at the Nā Hōkū Hanohano Awards on October 7, 2021, an award show that honors the most prestigious and legendary entertainers in Hawaii's recording industry. The dissemination of health messaging from POL with this special and in general reflects an understanding of special events in community, holidays and dates of note in Hawaiian history, and other points of connection to reach Native Hawaiians.



Culturally Responsive Health Care Education Materials

Health education and awareness campaigns increase the tools and skills in Native Hawaiian families. POL work expanded the number of content areas and level of educational materials, using social media, informational toolkits, webinars, and more. These efforts address a range of needs from specific health questions to overarching content. The following items are a sample of the materials that were developed for our NHPI communities by our NHPI communities. Each demonstrates ways that POL has designed health content: across generations, in their mother languages, and with representative imagery.

- **Woven with Elders**—provides facts about COVID-19 and existing medical conditions to help multi-generational families connect with a wide range of needs.
- **Keeping Our ‘Ohana Safe**—assists with safe gathering decision-making.
- **Promising Practices for Safe Gatherings**—‘talk story’ webinar for safe gathering.
- **‘Ohana Vaccine Guide** – information on available COVID-19 vaccines and locations.
- **Next Gen Hawai‘i goes Back to School**—information on how to stay safe from COVID-19 when returning to school, how to stay updated on local and federal mandates, and how to reduce stress and access mental health resources.
- **Saying ‘A‘ole to Vaping: A Resource for Native Hawaiian Youth**—brochure on chemicals included in electronic smoking devices, impacts of vaping on health, and resources to help quit.
- **No Ka Māhūi: Kanaka LGBTQIA+ & Māhū Toolkit**—discusses the history of mahu in pre-contact Hawai‘i, the effects of colonization on our collective sense of self and outlines the specific gaps in health care that impact kānaka who exist beyond the Western sexual and gender binary.
- **E Hui Ana Na Moku: Harm Reduction Toolkit for Native Hawaiian communities** – provides insights on harm reduction and healing with cultural approaches.

Providing tailored materials to promote access for individuals, families, and organizations must be done to draw connections and ultimately increase the level of comfort people feel to initiate contact with formal services. Digital and physical toolkits, media, and support resources allow people to encounter health information in comfortable settings like their home. Some materials also assist health providers who want to understand Native Hawaiian health needs or increase proactive inclusivity of Native Hawaiian clients and organizational partners.

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WOVEN WITH ELDERS

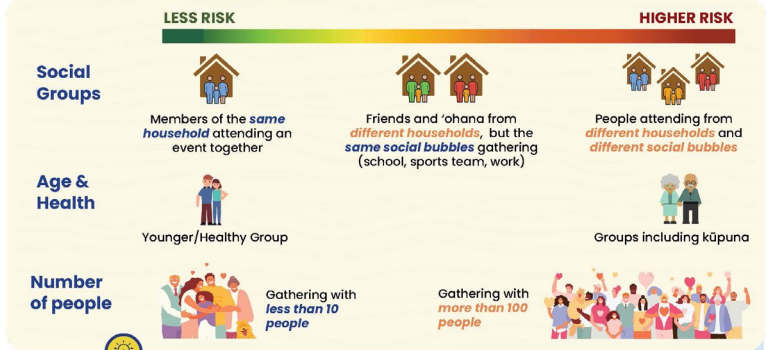
PACIFIC ISLANDER VACCINE TOOLKIT



Keeping Our 'Ohana Safe

Decision-Making Guidance for Large Group Gatherings In The Time Of COVID-19

Who's Coming?



If your event looks more like the left side of the chart, observing safe practices like masking and staying home when sick is a good baseline. If your event looks more like the right side of the chart, it's a good idea to layer in more checks for safety to make sure you're doing the right thing to keep your loved ones healthy.

NATIONAL COMING OUT DAY

Download 'No Ka Māhū'
www.polhi.org/nokamahui

DOWNLOAD TODAY

Vital info and Resources for:

- Healthcare professionals who want to better serve these communities.
- LGBTQIA+ Individuals seeking identity-affirming services and providers
- Anyone interested in removing healthcare disparities in their community through education and empathy.

Learn More polhi.org/nokamahui

MĀHŪ describes SOMEONE that EMBODIES KĀNE & wahine ENERGIES.



Building the Native Hawaiian Health Care Workforce

According to the [Hawaii/Pacific Basin Area Health Education Center](#), Hawai'i's health care provider shortage ranges widely across disciplines and degrees, including advanced practice registered nurses, physician assistants, physicians, psychologists, and social workers. Statewide comprehensive demographic data exist only for physicians and nurses, with Native Hawaiians making up 6% of [physicians](#), 13% of [registered nurses](#), and 11% of [advanced practice registered nurses](#). Though Hawai'i has distinctly diverse demographics, health authorities do not record or survey the workforce regularly, which indicates that improving data collection and disaggregation may provide more opportunities to prioritize targeted workforce efforts. The data that exist indicate that Native Hawaiians remain underrepresented in the health workforce.

Since the inception of the NHHCIA, both health and broader community organizations have found that Native Hawaiian health professionals can create change throughout the continuum of health. Native Hawaiian health professionals have catalyzed formal and informal shifts through numerous threads: changing the context of health through advocacy, data, and communication; starting culturally grounded programs and organizations; teaching and mentoring, through

structured programs as well as organic pathways; and maintaining clinical practice so that patients see familiar faces in potentially intimidating spaces.

Peer-reviewed [research](#) has shown that racial concordance and shared cultural factors are important in the patient-physician relationship and garner positive impact on patient satisfaction and perceived quality of care. For Native Hawaiians, ability to “see ourselves” when receiving care is limited by the extensive resources health care providers need to become trained in various areas. This limitation connects into the context of poverty, lack of educational opportunities, and other social factors that the Native Hawaiian population faces writ large today. Thus, the need for a multi-aspect approach that encompasses specific and focused programs and efforts to address Native Hawaiian workforce shortage must also reach to the intersection with other sectors such as education, housing, transportation, economic stability, and more to best understand gaps in workforce development and how partnerships can best create synergistic effects.

To increase representation of Native Hawaiians in the health care and allied health workforce, POL continues to invest in relationships. Together



with the University of Hawai'i System, POL has supported cohorts of community health workers to gain certification from Maui College. In addition, POL has increased and formalized its efforts to support health students, and in 2023 provided the practicum placement for Master of Social Work (MSW) students. POL's health workforce development department, Maui Ola Mālamalama has built programs to reach high school students, undergraduate and graduate students, and those along the path of career development. These efforts allow Native Hawaiian students to connect with health workforce communities early, fostering future growth in environments that examine and focus on the specific needs of Native Hawaiian health.

Statewide comprehensive demographic data exist only for physicians and nurses, with Native Hawaiians making up 6% of physicians, 13% of registered nurses, and 11% of advanced practice registered nurses. Though Hawai'i has distinctly diverse demographics, health authorities do not record or survey the workforce regularly, which indicates that improving data collection and disaggregation may provide more opportunities to prioritize targeted workforce efforts.

Mauli Ola Mālamalama (MOM) staff and 2023-24 Native Hawaiian Health Scholarship Program (NHSP) scholars from left to right: Conan Wykes (MOM), Lisa Ka'anoi (MOM), Ramona "Kāhea" Nakagawa (scholar), Kai'olu DeFries (scholar), Donna Palakiko (MOM), Deshaynee Iseri (scholar), Nani Espinda (MOM), Krisha "Pu'uwai" Zane (scholar), Kamalei Davis (scholar). Photo courtesy of Papa Ola Lokahi.

Papa Ola Lōkahi Community Health Worker Collaborative

The history of distrust and lack of culturally supportive medical care in the Native Hawaiian community has deep roots. Fortunately, Hawai'i also has a long legacy of community resilience and holds many stories of people who have stepped forward to help others. Today, we recognize these people as community health workers (CHWs) - those who provide a bridge between people and systems. But the CHW community itself faces challenges as well. Hearing of these difficulties sparked many discussions within POL, as each of the five NHHCSs is part of the CHW community as an employer, and many community partners also employ CHW teams. The initial conclusion after engaging with CHW partners across Hawai'i was that POL's resources would be the most helpful by creating programming that would allow working CHWs the opportunity to do certificate program completion. Since then, additional engagement and partnership have resulted in POL holding statewide gatherings for CHWs who work in NH and PI communities as well as formally coordinating a statewide NHPI CHW Collaboration as a part of the NHPI 3R Team.

POL coordinated with the University of Hawai'i Maui College to determine if the logistics of the certificate could be balanced by working CHWs. In addition, POL sought and provided funding beyond tuition so that CHWs had low or no financial burden to participate. The inaugural cohort of these CHWs applied, registered, and began the three-semester certificate program in 2020. Currently, a third cohort of seven CHWs serving the island of O'ahu is enrolled.

CHWs centralize a range of services that are otherwise split across multiple professionals in team-based care-home visits or calls, transportation to/from appointments, support applications, medication education or adherence, disease education, and more. The CHW certificate includes coursework to enhance these boots-on-the-ground health professionals through motivational interviewing and skill-building, providing formal education about the health system and its features, and more. POL contends that every

CHW supported will increase the number of families who feel self-reliant and able to improve their quality of life.

In May 2022, a two-day CHW statewide gathering was held in Hilo, Hawai'i and 31 CHWs from Maui, Kaua'i, O'ahu, and Hawai'i Island attended. The gathering began with grounding activities to connect participants with 'āina (land), lā'au lapa'au (traditional plant medicine), and history. Later, the attendees spent time on the University of Hawai'i Hilo campus to see presentations, participate in trainings, and enjoy networking and team building. Time passed quickly but the relationships that were founded and strengthened during this gathering helped to pave the foundation of the Native Hawaiian Pacific Islander Community Health Worker (NHPI CHW) Collaborative.

The NHPI CHW Collaborative aims to strengthen CHWs who serve NHPI in the field, many of whom are NHPI themselves. It coalesced because CHWs expressed the need for a space where they could gather, discuss, and work on relevant issues together. CHWs serving NHPI have complex and unique community profiles, but also share many wider challenges that are better tackled through collective work. For example, the Collaborative participants anecdotally found that salaries are low and opportunities for skill-building and education are difficult to achieve. Solutions were implemented by offering free trainings, gathering a survey of their participants to understand the profile of NHPI CHWs in various aspects, and identifying what factors may be possible to work on as a collective group. So far, 65 CHWs have joined the NHPI CHW Collaborative.

In 2023, POL continued to support the Collaborative and is exploring how CHW compensation can be raised so that those who center their career in community work have stability. POL seeks to uplift the Collaborative to understand where and how changes need to be implemented for CHW compensation to reflect the value of their work.

Social Work Intern Program

POL welcomes students from various disciplines to hone their craft alongside POL staff, reflecting the legacy of the Native Hawaiian health professionals who championed E Ola Mau. With the recent staff growth and widened capacity, POL has initiated more infrastructure for social work practicum students pursuing MSW degrees. With eyes on the future, the goal is to create a streamlined intake, interview, onboarding, and management process so students experience a robust learning environment.

One product resulting from these efforts is the Social Work Intern Guide. This 20-page document serves during students' initial learning about POL, including Congressional mandates, the kauhale model, and POL's role in Native Hawaiian health. Then, the guide outlines a two-semester learning arc, which provides the students with the overall picture of their journey at POL. The guide allows students to take initiative and strategize their own learning and work capacity so that their experience is tailored.

One of this year's MSW practicum students is a Native Hawaiian born and raised on Moloka'i, whose focus will be Alzheimer's Disease and dementia. Through POL, he is training to become a certified Alzheimer's Association Community Educator and Support Group Facilitator and will be the third Moloka'i resident to have those credentials. In addition, he has gained professional experience with POL in collaborative meetings, workshops, and presentations, growing his network in the kupuna care community.

The opportunity for POL to have active student placements is a reciprocal relationship. Practicum participants learn and connect directly with working professionals and gain access and insight in real time alongside POL staff. In return, POL can deepen organizational partnerships, and staff gain mentoring and management experience.

Public health undergraduate intern Naneaokeola Siu practicing her community outreach skills at one of POL's tabling events. She shadowed Hale Ho'ona'auao's administrative assistant Cathy Ferreira during this event. Photo courtesy of Papa Ola Lōkahi.



Papa Ola Lōkahi

Bolstering Our Health Workforce

For decades, POL has housed the NHHSP to increase the number of Native Hawaiians in various fields of health to increase equity. Recent years have led leadership to begin the implementation of broadening this perspective to wider arcs in health workforce. Now, the workforce division of POL, Maui Ola Mālamalama (MOM), houses not only the NHHSP but also programs that connect with high school students to prepare them for their transition to college (Ka Liko Nui), provide mentorship while in education as an NHHSP scholar (Ua'u Lele), and provide financial support for allied health professionals (Kako'o Ulu 'Oihana).

NHHSP opens the door to higher education in health for Native Hawaiians and places them back in Hawai'i after graduation. Health workers typically stay where they attended school or found their first career position, which means that bringing Native Hawaiians home to a Native Hawaiian serving organization may provide what they need to stay. Establishing and sustaining an active, multigenerational network of Native Hawaiian health professionals has secondary and tertiary benefits that are difficult to quantify, but the anecdotal constellations in Native Hawaiian health imply that today's workforce has educational genealogy.

The Ka Liko Nui program builds a new layer of educational genealogy which aims to expand access to college readiness programs for public school students in rural areas that rarely have access to such resources. Activities included assisting high school students in preparing for the college application process, including resume development; essay writing; navigating the Free Application for Federal Student Aid (FAFSA) process; and other college application supports. Two pilot cycles have been completed on O'ahu, and plans include taking Ka Liko Nui to more public high schools across the state. With more college preparatory resources available in high schools, this program will create a high school-to-college pipeline for Native Hawaiian students.

The Ua'u Lele mentorship program operates in tandem with NHHSP scholars and alumni to further amplify connection. Ua'u Lele pairs NHHSP scholars with a career mentor to help guide them through their programs, provide insight into what can be expected as a professional in that field, and how to navigate the job market after graduation and licensure. This program bolsters entry into professional networking for every cohort of scholars and develops relationships where early career health workers can connect with more advanced colleagues.

The Kako'o Ulu 'Oihana program provides financial support for items like books, supplies, preparatory courses for entrance examinations, and expenses associated with certifications and professional licensure. While not all students may be called to vocations that provide direct clinical or health services, MOM recognizes that health care is an ecosystem of various support services essential to its sustainability and culturally grounded care in Native Hawaiian communities.



*Mauli Ola Mālamalama staff from left to right: Conan Wykes, Nani Espinda, Chezarae Neilson
Photos courtesy of Papa Ola Lokahi.*

The NHHSP remains underfunded, as data indicate that the health workforce does not reflect demographics. While working to increase NHHSP funding, POL has also designed other venues for upcoming Native Hawaiians in health. The Kako’o Ulu ‘Oihana program provides financial support for items like books, supplies, preparatory courses for entrance examinations, and expenses associated with certifications and professional licensure. While not all students may be called to vocations that provide direct clinical or health services, MOM recognizes that health care is an ecosystem of various support services essential to its sustainability and culturally grounded care in Native Hawaiian communities. Thus, ensuring that allied health professionals have pathways to the education and credentialing they need is imperative to providing access to the health care Native Hawaiian communities need.

The NHHSP paralleled the National Health Service Corps (NHSC) Scholarship Program with a specialized focus on building the Native Hawaiian health workforce. Research has supported increasing diverse representation for decades. Growing NHHSP and the programs of MOM to larger cohorts is necessary to build a representative, sustainable network of Native Hawaiian health professionals. This growth will allow Native Hawaiians to see their community members in clinical and allied health spaces, as well as Native Hawaiian presence in decision-making bodies such as boards and advisory groups. POL also supports supplemental efforts such as moving NHHSP into tax-exempt status, which will decrease the barriers for prospective awardees.

Health Scholarship Program	Federal Fiscal Year 2022 Funding (approximate)	Number of Awards
National Health Service Corps Scholarship	\$300,200,000	1,199
Native Hawaiian Health Scholarship Program	\$2,000,000	11



MAU A MAU

Intergenerational Health Work

Even before 1985 and E Ola Mau, Native Hawaiians understood the challenge that many Indigenous peoples face. Today's work must also demonstrate how the current health system benefits from considering Native Hawaiian perspective and wisdom to increase value.

The initial leaders who championed E Ola Mau defined Native Hawaiian health with cultural frameworks and concepts in mind. Their work established not only the recommendations in E Ola Mau, but also a thought process that remains relevant. Papa Ola Lōkahi holds intergenerational kuleana (responsibility) passed from leaders who believed that the relationship between the United States and Native Hawaiians needed to address Native Hawaiian health and respect Native Hawaiian autonomy. They upheld that Native Hawaiians were the best people to serve Native Hawaiians and welcomed all who heard the call. They were guided by kūpuna like Aunty Betty Jenkins, Myron B. Pinky Thompson, Gladys Brandt, Thomas Kaulukukui, Sr., Aunty Aggie Cope, Wilma Holi, Kīna'u Boyd Kamali'i, Frenchie DeSoto, Papa Henry Auwae, Aunty Margaret Machado, Uncle Harry Mitchell, Sam Lono, Kawika Ka'alakea, Papa Kalua Kaiahua, Abbie Napeahi, Harriett O'Sullivan, Kenneth F. Brown, Richard Paglinawan, with connection to many more kūpuna.



Yesterday's students dedicated themselves to the kuleana of Native Hawaiian health and took the vision encapsulated in E Ola Mau forward. Though there are too many to name, it is clear that generational call continues to echo and the future of Native Hawaiian health continues to be passed along.

The kuleana of Papa Ola Lōkahi now includes examining how to demonstrate the deeper value of Native Hawaiian culture and how it can manifest change in today's health systems. Health equity for Native Hawaiians in the United States is not simply a matter of funding to diminish disparities among the community. It is understanding how the wisdom in communities can shape systemic change.

Dr. Kekuni Blaisdell with the four Native Hawaiian kauka in the 1975 MD cohort of the University of Hawai'i Medical School - a legacy of excellence in medicine and community. Photo courtesy of 'Ahahui o Nā Kauka



‘IKE PONO

Increasing Equity Through Cultural Paths

As the commitments to minority health equity grow, POL is committed to support the last 35 years of listening, learning, and working to align efforts with Native Hawaiian maui ola (health and well-being). Empirical findings on the social determinants of health, the importance of social bonds and relationships, and health resilience echo ancestral Hawaiian wisdom. These innovations often reflect ho‘i hou i ka piko (a return to the start). POL uplifts the importance of utilizing ancestral knowledge, to ground the modern implementation of Native Hawaiian health initiatives. Maui ola encompasses the physical, mental, emotional, and spiritual dimensions of well-being from a comprehensive perspective. Thus, a state of maui ola for Native Hawaiians is inclusive of having connection with ancestors and community, the natural environment, Hawaiian identity, cultural practices, and language.

As of the 2020 Census, over half of Native Hawaiians in the United States live outside of their ancestral homeland, pressing new questions about how to support maui ola for all Native Hawaiians. In addition to statutory mandate fulfillment, POL seeks to strengthen the less visible aspects of maui ola that affirm Native Hawaiian cultural identity and connection as the

foundation of protective and preventative health for the lāhui. The benefits of pursuing well-being through this lens can and have been measured with modern standards of research rigor.

Interventions that use cultural knowledge or practices have improved health outcomes in diabetes, obesity, and hypertension. The implications that these methods have further potential are one way we confirm that the Indigenous grounding is relevant to Native Hawaiian well-being. Leaning into traditional knowledge as a guide allows us to pursue the intent of the NHHCIA, perform the work envisioned by Native Hawaiian health advocates and identify actions aligned with the mission.

It remains paramount to invest in maui ola from a Native Hawaiian systems perspective. Necessities like food, shelter, connection, and opportunities to learn throughout life are foundations of health. POL connects with stakeholders in human services, education, housing, environmental science, language, art, and more. We have yet to find any research that implies the connection between these factors and health outcomes is spurious. Instead, we find that when we look with a Native Hawaiian lens, we can find abundant

connectedness and valuable synergistic effects. Native Hawaiians trained in traditional healing and Western medicine alike have supported that the continuum of care extends much further than four walls of a clinic.

Mauli ola is also practiced in the “how” of health—the frameworks, processes, and facilitating context. POL is both committed to perpetuating traditional healing and working in the nexus of Native Hawaiian methodologies and health systems spaces.

The call to action for Native Hawaiian health today parallels the values of Native Hawaiians from generations past, where the natural world, community, family, and oneself served as the wellspring of a thriving people. The leaders who brought POL and the NHHCSs to life and put pen to paper for the seminal E Ola Mau report began drawing these lines to translate lessons from antiquity into modernity. Our organizations seek to continue that work in today’s renaissance of health equity for Native Hawaiians.

POL convenes groups of traditional healing practitioners (Kūpuna Councils) who contribute to the mission of POL through community activities, annual gatherings, technical assistance, and more. Native Hawaiian healing masters practice and teach convey skills of traditional healing, along with the attitudes, values, and beliefs from the generations of healers before them. Preserving, perpetuating, and protecting traditional healing with integrity are distinct efforts that are related to but not interchangeable with the modern integration of Native Hawaiian healing practices being used today.

Five Kūpuna Councils, each attached to one of the NHHCSs, have been established since 1998. Wai’anae Coast Comprehensive Health Center also has an active Kupuna Council. During the annual gathering of Kukulu Ke Ola Haehu in 2022, the Kūpuna Council chairs decided to develop a Native Hawaiian traditional healing declaration. For the purpose of guiding future generations

to understand their values and goals in the perpetuation and protection of traditional healing modalities. The leadership envisions providing the historical and cultural context of Native Hawaiian healing practices passed through master healers and emphasizing their goal to retain fidelity and standards. This document is currently being developed and information collected to reflect all the Kūpuna Councils.

The Kūpuna Council chairs also take care of cultural sites of importance (wahi pana) related to healing and wellness on their respective islands. Social media and the ease with which digital information can be transmitted has implications for ancestral knowledge, and the Kūpuna Councils continue to explore the extent to which traditional pedagogies can be merged with modern vehicles. Educating the next generation in Native Hawaiian “thinking” is a priority and Kūpuna Councils regularly provide workshops, presentations, webinars, and kūkākūkā (discussion-based) sessions.

In 2021 and 2022, the Kūpuna Councils attached to the Native Hawaiian Health Care Systems hosted a webinar entitled “Ke Akua I Ka Ho’ola: God is the Healer” with 250 participants. These webinars shared the legacies of renowned master healers, many of whom taught current Kūpuna Council members. The content of these webinars was unique in that it was the only educational webinar of its kind to be offered at no cost.

Kūpuna Council members also have provided valuable input in various POL efforts. Recently, they began assisting with the Cultural ToŪ Kit for Substance Abuse Use and Harm Reduction Project by an overview of Native Hawaiian Traditional Healing Practices and the traditional/ medicinal use of awa. This harm reduction toolkit, “E Hui Ana Na Moku”, will include the thoughts and ideas shared by the practitioners of these Councils. This document among others is an example of the importance of a trusting relationship developed over the years between Papa Ola Lōkahi and the Kūpuna Councils.

*Ho’oponopono student Kim Ku’ulei Birnie and master practitioner Lynette Paglinawan sharing a moment of aloha..
Photo courtesy of Papa Ola Lokahi.*



Nā Makawai

Papa Ola Lōkahi's work to uplift traditional healing practices is a responsibility that has been carried consistently and represents a key layer of Native Hawaiian health. POL also carries mandates around the coordination of health and thus works to expand the concept of maui ola across the framework of the health system, including how health is delivered, the workforce that delivers it, and the structures through which resources are garnered and distributed. During the pandemic, POL received an opportunity to reimagine resource allocation with a Native Hawaiian approach.

Congress passed over \$4.6 trillion in federal appropriations during the COVID-19 pandemic, which included \$20 million for Native Hawaiian COVID-19 response. This emergency funding supported each of the NHHCSs to move through the barriers and challenges put forth by the pandemic; in addition, POL worked to develop a new non-competitive initiative, Nā Makawai. This structural decision resulted from years of discussion around difficulties that Native Hawaiian leaders have seen and faced while competing for funding, and how many programs, initiatives, and even organizations had shuttered despite their deep value and meeting community needs.

The initial investment to 15 partners bolstered pandemic response and resilience across the entire continuum—from understanding broadband access as a limiting factor of telehealth to delivering vaccine doses in rural areas of Hawai'i. In addition to this broad scope of COVID-19 response, the work of the partner organizations represents geographic diversity throughout the State of Hawai'i, short and long-term initiatives, established and new organizations, and investment to Native Hawaiian health workforce. POL coordinates cohort spaces for the facilitation of new partnerships, skill building, and imagining how organizations can work together for the benefit of Native Hawaiian communities.

In 2023, POL will continue the Nā Makawai initiative through its core funding. The next iteration will go beyond pandemic-related work with a second cohort of partners both in Hawai'i and across the continental United States. The cohort of partners reflects well-rooted organizations with long histories as well as quickly expanding organizations building their capacities. Nā Makawai builds upon the NHHCSs so that the overall network of Native Hawaiian health can achieve synergistic effects.

One of the fundamental purposes of the NHHCIA is to ensure health services and resources are designed and delivered in ways that connect well with Native Hawaiians. Quantitative data have evidenced the stories that providers and community members have upheld for years—that the opportunity to achieve health does not guarantee the outcome.

POL's capacity was designed by NHHCIA advocates to provide enough latitude to respond to the dynamic environments of the American health system as well as Native Hawaiian health needs. As POL expands, so have the number of areas and ways in which we convene community. We believe that in this work is the ability to shift systems and raise the health of greater collectives.

*Hundreds of lei made in honor of the Kūpuna of Molokai
Photo courtesy of Salted Logic.*



Mahalo Piha Kākou,

Like many health folks, I think the last three years pushed us to our limits and beyond in every way possible and then a few more. It is nice to take a moment and share a few highlights of our most recent chapters, as much of this work was only possible by growing with partners both old and new. While there has always been robust discourse in Native Hawaiian health, the pandemic brought intensely divisive moments that made me examine how POL addresses health while trying to uplift self-determination. 2020 was an unbelievable backdrop for that. I can't count how many professional spaces burst at the seams, saturated with fear, grief, and activated trauma. I'm proud of my staff and grateful to our longtime partners for their capacity to be in community, to ask not only what we can do, but how we align with our values and the legacy of Native Hawaiian health.

2023 marked the 35th anniversary of the passage of the Native Hawaiian Health Care Act of 1988, and we must continue to hold fast to the vision of those who wrote, edited, and advocated for the Act, many of whom were also involved in the original E Ola Mau. This group had a profound, focused understanding of social, spiritual, physical, and environmental dimensions that can produce an interconnected and thriving community. This year's E Ola Mau 3 is our first full review of their recommendations and thought leadership as it relates to health services, workforce development, health education and training, and more. Review and update by Native Hawaiian health leaders today—a few of whom were part of the original E Ola Mau, and nearly all of whom were mentored, taught, and cherished by those pioneers—will allow POL to keep moving to meet our mission. I'm looking forward to prioritizing next steps in policy and research work, identifying where we want to take our programmatic offerings, and seeing how we can expand and strategize in our communications.

Our requirement to provide clinical health services and administrative coordination are the most easily measurable components of wellness, but the overall mandate of our entities is to uplift the health status of our people—which I feel cannot be severed from our ancestral knowing of wellbeing. POL examines and connects with those in economics, housing, education, natural resource sustainability, and so much more. The health of our people is inextricable from their physical safety, mental and emotional state, and cultural connection. Each of these factors is heavily influenced by other industries, and we remain cognizant that our awareness of modern issues within areas like broadband, agriculture, and astronomy must be maintained so that we have an awareness of what is happening and how we can advance Native Hawaiian health. Our kauhale model is meant to achieve multifold goals, such as streamlining some of our overhead costs and providing a long-standing foundation that supports our broadened work today and remains flexible to meet our needs tomorrow.

As the entity charged to uplift Native Hawaiian health to the highest extent possible, we continue to imagine and actualize how to act in abundance and alignment with our values: appreciating what was, examining and enjoying what is, and welcoming the excitement of transformation to what can be – a day where Native Hawaiians have the space and power of equitable partners. The last decades have held us at an arm's length as

outposts or satellites of other groups, late invitees, or simply “not ready.” I will readily admit that in today’s political climate, it often feels like we must balance our readiness for systems change under a guise of continuing to demonstrate subservience to the status quo. But those who have come before us and spent their lives developing modern Native Hawaiian health fought hard so that today we can say that Native Hawaiians in the health space are undeniably fit, by any metric, to be excellent contributors in any and every component of health. In 2024 and forward, POL and the NHHCSs have been working to shift our relationships with each other as partner organizations to increase our collective momentum. I hope we can remain steadfast to our kūpuna, whose names we call on for guidance every day.

As a leader, I am constantly thinking about our organization and its place in the world. I think about the communities that have handed kuleana to us and inspired us, scolded us and laughed with us in the same breath. I think about the upcoming leaders who are both exhausted and relentless in their work to increase our revitalization. I think about everyone who shouldered the pandemic at home and still showed up ready to work, so that POL didn’t skip a single beat in 2020. And I think about my own ‘ohana and my keiki, and the world I want them and their future generations to inherit from us. The status quo of our people today is far from what it once was for our ancestors, but this is not the time for us to go gentle into that good night. It is the time for us to continue to act. I am grateful to every funder, every partner, every staff, and every community member who has supported us through hard decisions and moments of frustration because they respected our self-determination and Indigenous birthright to move from the na’au. We codify our cultural knowing and being in collective and individual identity as Hawaiians in ourselves and each other to restore our maui ola, our ea.

Mahalo Piha,



Sheri Daniels

Papa Ola Lōkahi, Chief Executive Officer

Glossary

American Rescue Plan Act (ARPA)

Also called the *COVID-19 Stimulus Package*, it is a \$1.9 trillion USD economic stimulus bill passed by the 117th United States Congress and signed into law by President Joe Biden on March 11, 2021, aimed at accelerating the country's recovery from the economic and health effects of the COVID-19 pandemic and the ongoing recession.

E Ola Mau (EOM)

The Native Hawaiian health needs study developed by the Native Hawaiian Health Research Consortium focused on four critical needs areas: mental health, medical health, nutrition/dental, and historical/cultural to create an overall strategic plan.

Kauhale

The organizational structure of Papa Ola Lōkahi—a Hawaiian home comprised of a group of houses.

Kūpuna Council

Practitioners of traditional Native Hawaiian healing elder masters serving in advisory capacities for their communities, which provide protections of such healing practices as assured by the Hawaii State Constitution.

Nā Makawai

Program developed in partnership with twenty organizations across Hawaii to increase vaccine capacity, improve COVID-19 response and treatment capacity, increase capacity for accessible health care services, and deliver health education and services during the ongoing recovery and stabilization phases of the pandemic.

Native Hawaiian Health Care Act (NHHCA)

Passed by the 100th United States Congress in 1988, authorized the Secretary of Health and Human Services to make a grant to, or enter into a contract with, Papa Ola Lōkahi (the Native Hawaiian Health Board) to develop a comprehensive master plan to promote health and disease prevention and to improve the health status of Native Hawaiians.

Native Hawaiian Health Care Improvement Act (NHHCIA)

A Congressional Special Initiative passed by the 102nd United States Congress in 1992, re-titled the Native Hawaiian Health Care Act of 1988 as the Native

Hawaiian Health Care Improvement Act to improve the provision of comprehensive disease prevention, health promotion, and primary health care services to Native Hawaiians.

Native Hawaiian Health Care Systems (NHHCSs)

Health centers located across Hawai'i on the islands of Kaua'i, O'ahu, Moloka'i, Maui, and Hawai'i Island that provide medical and enabling services to Native Hawaiians, such as health education, health promotion, and disease prevention services.

Native Hawaiian and Pacific Islander (NHPI)

People with ancestral ties to any of the original peoples of Hawai'i, Guam, Samoa, or any island nations located in the Pacific Ocean

Native Hawaiian and Pacific Islander Response, Recovery & Resilience (NHPI 3R) Team

Established in May 2020 in alignment with the national NHPI Response Team, to improve the collection and reporting of accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiian and Pacific Islanders (NHPI), and unify to establish a presence in the decision-making processes and policies that impact NHPI communities.

Native Hawaiian Health Scholarship Program (NHHSP)

A federally funded scholarship program aimed at addressing access to health care by developing a Native Hawaiian health care workforce of professionals committed to serving the unique health needs of Native Hawaiian communities through the recruitment and nurturing of Native Hawaiians pursuing education in primary health care disciplines.

Papa Ola Lōkahi (POL)

Founded in 1987, Papa Ola Lōkahi is a non-profit consortium of Native Hawaiian organizations and public institutions working to improve the health and well-being of Native Hawaiians and other Native peoples.

