

Papa Ola Lokahi  
Nana I Ka Pono Na Ma

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**Strategic Plan  
2007-2011**

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# Our Strategic Plan

**T**his plan is created with the mana'o and support of our community. We are the indigenous people of this 'āina, our moku loa, which we know as Hawai'i Nei and which our ancestors first settled over two millennia ago.

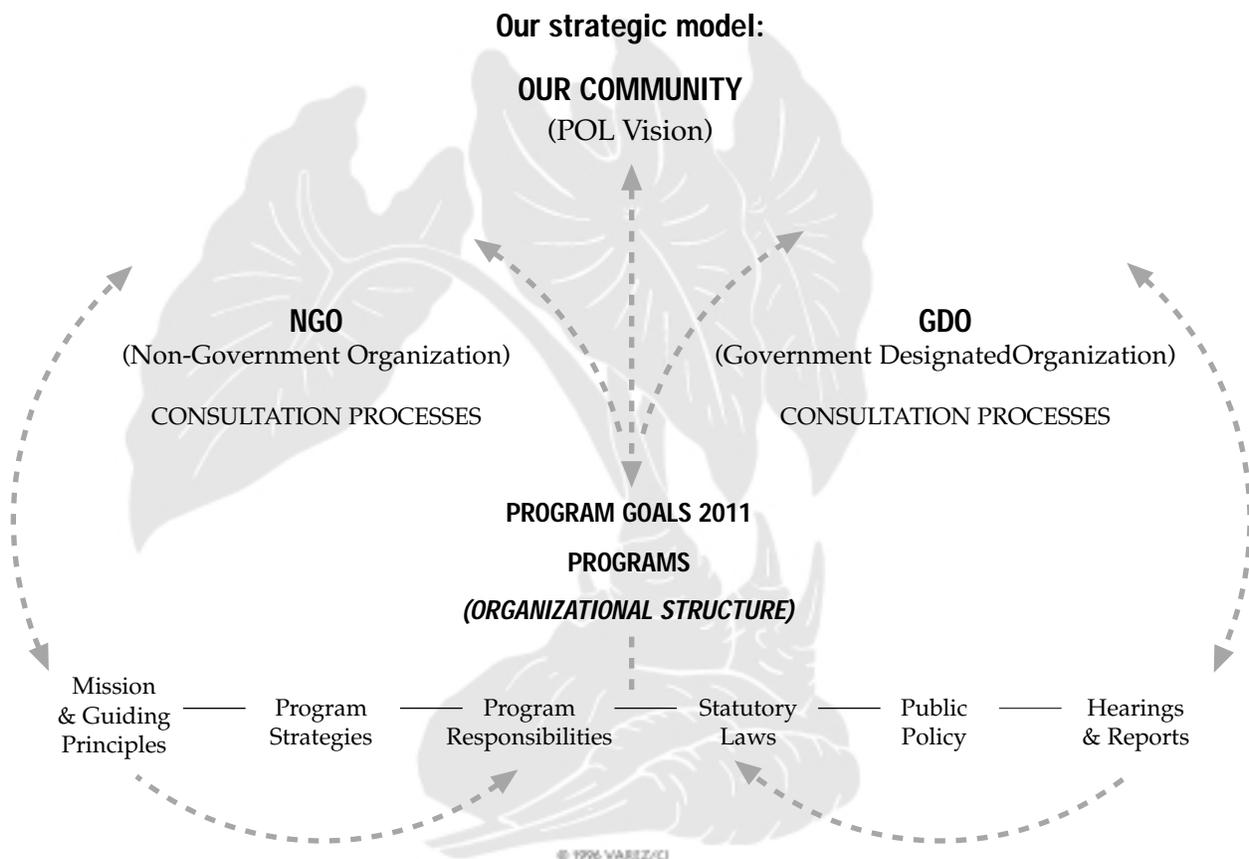


many of our 'ohana live apart from the main 'āina, we remain as one people empowered and bound by our culture and common heritage.

Our plan, based upon achieving Program Goals for

We have always been a visionary people, exploring the world and welcoming all to our homeland. We have always been centered on our 'āina, strengthened by our kūpuna, hopeful for our keiki, and guided by our spiritual traditional values. Today, while

2011, draws its strength from the voices of our community and moves through a series of translations resulting in programs and a related POL organizational structure that impact back upon our community, fortifying everyone's health and well-being in Hawai'i.



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## *Our Strategic Plan*

Our strategic model reflects POL as both a non-profit organization tied to the Native Hawaiian community and a government organization identified in federal and state statutes as the lead agency for carrying out health policy as it relates to Native Hawaiians.

Our vision springs from the Native Hawaiian community and feeds the future that the community envisions for itself. Through consultation processes, we maintain communication with the Native Hawaiian community and with federal and state representatives in all branches of government.

As a non-government organization (NGO), we reflect the mission and guiding principles defined and identified by our board of directors. It is from these that our program goals are derived. These goals have produced program strategies that, in turn, have identified specific program responsibilities. Our program efforts in the Native Hawaiian, American Indian/Alaska Native, and Pacific Islander communities are derived from the direction provided here.

As a government designated organization (GDO), we are recognized by the federal government and the State of Hawai'i. Over the past twenty-five years, federal hearings and reports have led to the development of public policy that has then evolved into legislation and statutes concerning Native Hawaiian health and wellness. These federal statutes—and to a lesser degree, State of Hawai'i statutes and resolutions—have impelled us to develop and implement specific program strategies that address Native Hawaiian health.



Thus, our program responsibilities spring from two major sources: our kuleana in the Native Hawaiian community as an NGO, and our mandated responsibilities as a GDO to implement public policy.

These responsibilities have directly determined our Program Goals for 2011 that have led to the formation of our organizational structure. This structure enables us to conduct our long-term programs and shorter-term projects that impact upon our community and further our vision.

For many years, this has been our model to develop our capacity to advance a viable health agenda for Native Hawaiians. Each of the component parts of the strategic model are expanded upon in the following pages of this plan.

# Our 'Ōlelo

**P**apa Ola Lōkahi (POL) is the Native Hawaiian Health Board, composed of Hawaiian organizations and public agencies working to improve the health and well-being of Native Hawaiians, their families, and all who subscribe to the vision and mission set by the board.

POL was established in 1987 when representatives of more than 25 community-based organizations, public agencies, Native Hawaiian groups and institutions met to form an organizational infrastructure to address a multitude of health concerns identified by the Native Hawaiian community. An initial board was formed by community leaders and/or administrators of ALU LIKE, Inc; E Ola Mau, Inc; Hawai'i State Department of Health; Office of Hawaiian Affairs; and the University of Hawai'i.



In 1992, the board was expanded to include the board chairs of each of the five Native Hawaiian Health Care Systems.

In 2000, two additional non-voting members were added to the POL board: State Council of Hawaiian Homestead Associations (SCHHA) and the Hawai'i Primary Care Association. Thus, today's board consists of twelve member entities, ten of which are eligible to vote:

ALU LIKE, Inc.  
E Ola Mau, Inc.  
Hawai'i Primary Care Association  
Ho'ōla Lāhui Hawai'i - Native Hawaiian Health Care System, Kaua'i & Ni'ihau  
Hui Mālama Ola Nā 'Ōiwi - Native Hawaiian Health Care System, Hawai'i  
Hui No Ke Ola Pono - Native Hawaiian Health Care System, Maui  
Ke Ola Mamo - Native Hawaiian Health Care System  
Nā Pu'uwai - Native Hawaiian Health Care System, Moloka'i & Lāna'i  
State Council of Hawaiian Homestead Associations - Ke Alaula  
Hawai'i State Department of Health  
Hawai'i State Office of Hawaiian Affairs  
University of Hawai'i

POL was given its name by kūpuna from the Native Hawaiian community. It embodies the holistic approach that brings together mind, body, and spirit in the pursuit of optimum health and well-being.

“Papa Ola Lōkahi, the Native Hawaiian Health Board, embodies the holistic approach that brings together mind, body and spirit in the pursuit of optimum health and well-being.”

# Our Community and Vision

Our community is, in fact, many communities in Hawai'i, in the Pacific, and across the continental United States. It consists of Native Hawaiians and their families; but it also includes American Indian/Alaska Natives resident in Hawai'i, and Pacific Islanders resident both in Hawai'i and in their respective homelands.

## Native Hawaiians

The Native Hawaiian community is almost half a million strong with 60% in the Hawai'i homeland and 40% across the continental United States. POL has statutory responsibilities defined in federal and state law for this community. In terms of size, this community, as identified in the 2000 US Census, consists of the following:

### HAWAI'I NEI

• Ni'ihau	395
• Kaua'i	13,116
• O'ahu	153,117
• Moloka'i	6,190
• Lāna'i	540
• Kaho'olawe	-
• Maui	23,287
• Hawai'i	43,010

**TOTAL** **239,655**

### CONTINENTAL US

• Northeast	3,033
• East	5,259
• Atlantic Coast	6,956
• South	14,399
• Mid-West	10,624
• Central West	12,536
• Central	3,859
• West	8,733
• Southwest	73,218
• Northwest	22,890

**TOTAL** **161,507**

**GRAND TOTAL:** **401,162**



POL's vision for this community has come from the community itself and reflects the wisdom of elders and community-recognized leaders.

## Ka 'Ikena (Vision)

*A thriving Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi (unity), and making informed choices and responsible decisions in a safe island society that is pono (in proper order).*

It is the striving to realize this vision that directs POL's activities as the Native Hawaiian Health Board.

As a non-profit organization concerned about the health and well-being of Native peoples, POL has other communities for which it has taken on certain responsibilities for their health. These include the American Indian/Alaska Native population resident in Hawai'i, particularly those living on the island of O'ahu, and Pacific Islanders.

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## **American Indians/Alaska Natives**

The 2000 US Census has identified 24,882 people of American Indian/Alaska Native ancestry living in Hawai'i, most of whom are on O'ahu. Individuals who are enrolled members of tribes, however, are fewer, estimated to number about 1,000 on O'ahu. The number of people living in Hawai'i who identified themselves in the 2000 US Census as American Indian/Alaska Native only is 3,535. It is estimated that the number of tribally-enrolled individuals living in Hawai'i is considerably less.

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## **Pacific Islanders**

Pacific Islanders from American-flag countries or former American flag countries are also part of POL's expanded community. Since 1998, POL has supported health initiatives in diabetes prevention and more recently in cancer prevention in the Pacific Islands. These US-associated island groups are noted below with Census data noted in parentheses (on-island/off-island-in US)

### **Commonwealth:**

- Commonwealth of the Northern Mariana Islands (69,221/616)

### **US Territories:**

- American Samoa (298,264/133,281\*)
- Guam (154,805/92,611)

\* includes Samoans from American Samoa and Samoa

### **Independent Nations** (Freely Associated States):

- Republic of Belau (19,129/3,469)
- Republic of the Marshall Islands (50,840/6,650)
- Federated States of Micronesia (107,008/1,950)
  - Chuuk (53,595/654)
  - Kosrae (7,686/226)
  - Pohnpei (34,486/700)
  - Yap (11,241/368)

The total population of all these islands, as identified by the 2000 Census, is 699,267. The majority of those noted living off-island—238,577—reside in Hawai'i.

Thus, POL's 'ohana, or community, includes more than 400,000 Native Hawaiians and their families; more than 3,000 American Indian/Alaska Natives and their families; and more than 600,000 Pacific Islanders and their families.



“A thriving Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi (unity), and making informed choices and responsible decisions in a safe island society that is pono.”

# Our Program Goals 2007-2011

**R**ecognizing the health and wellness concerns and needs of our community and guided by our vision, mission, program strategies, and our program responsibilities as determined by statutory laws and public policy, POL by the year 2011 will:

- (1) have facilitated the development of a seamless statewide health care infrastructure for Native Hawaiians and their families with the Native Hawaiian Health Care Systems serving as 'hubs' for service delivery that include disease prevention/health promotion activities, enabling services, primary care, and enabling of secondary, and tertiary care that results in:
  - A. Reduced Year 2000 chronic disease morbidity and mortality rates for Native Hawaiians by 5%;
  - B. Improved Year 2000 'years of productive life lost' for Native Hawaiians by 5%; and
  - C. Improved Year 2000 life expectancy rates for Native Hawaiians by 5%.
- (2) have assisted in educating and training at least 200 new Native Hawaiian health and allied-health professionals.
- (3) have trained at least 200 new Native Hawaiian health researchers.
- (4) have facilitated the development of, enhanced the role of, and implemented control mechanisms for community participatory research by Native Hawaiians for Native Hawaiians.
- (5) have enhanced the capacity of Native Hawaiian practitioners to provide traditional healing practices to those desiring such practices.
- (6) have developed, published and distributed to the Native Hawaiian community new media for health data, including additional information about its health, wellness and rich cultural heritage.
- (7) have developed ongoing and regular formalized consultation protocols with the federal and state governments and the Native Hawaiian community concerning health and wellness.
- (8) have facilitated health care activities and programs for other Native peoples resident in Hawai'i, in the Pacific, and throughout the world.



# Our Programs

**P**OL's programs and projects vary over time but are dependent upon identified Native Hawaiian health needs and concerns. Presently, in 2007, POL administers major programs identified below:

## Native Hawaiian Health Program

The Native Hawaiian Health Care Improvement Act provides resources for administrative support, Native Hawaiian health master plan implementation including consultation, and for some of the program initiatives noted below.



## Native Hawaiian Health Scholarship Program

This program is funded with resources derived through the Native Hawaiian Health Care Improvement Act. Presently 164 Native Hawaiians have received scholarship assistance for training in primary care and mental health professions through this program.



## Census Information Center

POL is one of two designated CICs in Hawai'i, the other being the State of Hawai'i. This program enables POL to receive US census data directly from the Bureau of the Census. It is funded with resources derived through the Native Hawaiian Health Care Improvement Act.



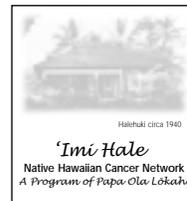
## Native Hawaiian Clearinghouse

POL maintains this clearinghouse of data and timely information on conferences, publications, meetings, health resources, opportunities and pertinent events. The clearinghouse is publicly available and widely distributed. It is funded with resources derived through the Native Hawaiian Health Care Improvement Act.



## 'Imi Hale

This is one of POL's research programs. It was established in 2000 through funding from the National Cancer Institute and is funded through 2010. The overall



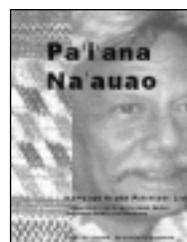
goal of this initiative is to reduce cancer incidence and mortality among Native Hawaiians through an organizational infrastructure that promotes cancer awareness within Hawaiian communities; provides research education and training to Native Hawaiian researchers; and facilitates application of evidence-based information for reducing cancer health disparities through policy development and implementation, and translation of data into cancer prevention and control practices with the collaboration of key partners at the community, state, and national levels.

## Native Hawaiian Health Care Systems' Institutional Review Board (IRB)

This program is part of POL's research initiative. The IRB reviews research projects implemented through POL and/or the Native Hawaiian Health Care Systems. It is funded with resources from the Native Hawaiian Health Care Improvement Act and the National Cancer Institute.

## Native Hawaiian Health Reference Program

This program is to publish at least one major publication annually related to Native Hawaiian culture and health. It is funded with resources from the Native Hawaiian Health Care Improvement Act and private foundations.

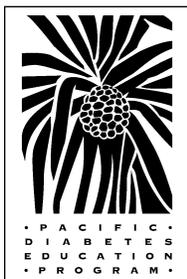


**Pacific Cancer Initiative - Cancer Council of the Pacific Islands**



The over arching goal of this program is to address the cancer health needs in the US-Associated Pacific, which includes six Pacific jurisdictions: Republic of the Marshall Islands, Republic of Belau, Federated States of Micronesia, Commonwealth of the Northern Mariana Islands, Guam, and American Samoa. Responsibility for moving this initiative forward lies with the Cancer Council of the Pacific Islands, formed in 2003, and includes medical and public health representatives from each of the Pacific jurisdictions. This initiative aims to strengthen and sustain community capacity and include Pacific Islanders in the programs and services of the National Cancer Institute and National Institutes of Health that address their needs. Funding for this program comes from the Center to Reduce Cancer Health Disparities of the National Cancer Institute; technical assistance and fiscal management are provided by POL through the ʻImi Hale-Native Hawaiian Cancer Network.

**Pacific Diabetes Education Program (PDEP)**



This program is one of six networks that make up the National Diabetes Education Programs funded by the Centers for Disease Control and Prevention (CDC). This initiative builds on the training and technical assistance foundation established by POL's Pacific Diabetes Today Resource Center (1999-2004). PDEP works with Native Hawaiian communities and the six (6) U.S.-associated Pacific Island jurisdictions to develop awareness and education interventions that will improve knowledge, attitudes, skills, and behaviors related to diabetes prevention and control.

**American Indian/Alaska Native Health Care in Hawai'i Project**



This program addresses health concerns of American Indians and Alaska Natives resident in Hawai'i, primarily on O'ahu. A partnership with Ke Ola Mamo, it is funded by the Indian Health Service.

Besides these programs, POL has a number of shorter term projects that it currently facilitates and/or administers.

It is anticipated that over the next five years, there will be additional programs, projects, and events that will further enable POL to move toward achieving its 2011 Program Goals. Further, it is important to state that by achieving these goals and collaborating with others, the health and wellness of all who call Hawai'i home will be enhanced and nearer to POL's vision for Hawai'i as "a thriving, Native community composed of healthy individuals and families informed about their rich heritage and culture, living in a state of lōkahi, and making informed choices and responsible decisions in a safe island society that is pono."



The next chapters of this plan discuss how these programs and projects are derived and administered by POL.

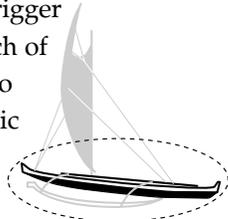
# Our Organizational Structure

## *Nana I Ka Pono Na Ma - Look to the Righteousness of Many Places*

**P**OL's organizational structure is related directly to its program development and the anticipated skills and professional knowledge required to administer those programs.

POL has adopted the Hawaiian outrigger canoe, or wa'a, as its model for addressing Native Hawaiian health needs. This model was introduced in the *E Ola Mau Health Study* in 1985.

The Hawaiian outrigger canoe has six seats, each of which for POL serves to identify a programmatic activity of the organization. These include:



### **Seat 6: Data and Information:**

*I ulu no ka lālā i ke kumu.*

The branches grow because of the trunk.  
(Without ancestors we would not be here)

- To collect and disseminate health and wellness data and information.
- To analyze and comment on health data and information affecting the health and well-being of Native Hawaiians and others.
- To collaborate and cooperate with public and private providers of data and information.
- To advocate for Native Hawaiian and Pacific Islander data presentation.
- To oversee POL web site development.
- To provide training/technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

### **Seat 5: Traditional Healing:**

*'A'ohe pau ke 'ike i ka hālau ho'okāhi.*

All knowledge is not taught in the same school.  
(One can learn from many sources)

- To facilitate the efforts and needs of elders practicing Native Hawaiian traditional healing practices.

- To support educational efforts about traditional healing practices and culture.
- To liaise with indigenous traditional healing practitioners on the continental United States, the Pacific, and around the world.
- To support the inclusion of Native Hawaiian traditional healing practices—within the scope of health services provided to those desiring to avail themselves of such practices.
- To provide training/technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

### **Seat 4: Health Promotion/Disease Prevention:**

*He lawai'a no ke kai papa'u, he pokole ke aho;*

*He lawai'a no ke kai hohonu, he loa ke aho*

A fisherman of the shallow sea uses only a short line; a fisherman of the deep sea has a long line.  
(A person whose knowledge is shallow does not have much, but he whose knowledge is great does)

- To facilitate and support the efforts of the Native Hawaiian Health Care Systems to provide health promotion/disease prevention, enabling services, chronic and infectious

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## Our Organizational Structure

disease screenings, and primary care for Native Hawaiians, their families, and others.

- To develop and support strategies that encourage Native Hawaiians and others to adopt healthy lifestyles and good nutritional practices.
- To facilitate and support collaborative efforts among health service providers in health promotion/disease prevention activities for Native Hawaiians and others.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

### Seat 3: Health Services:

*E lino hou 'ike 'aha ola kino.*

Gathering as 'ohana to collectively rebraid the 'aha cord for health and wellness.

- To facilitate and support the provision of healthcare services to Native Hawaiians, their families, and to others; including the provision of primary, specialty, hospital, and long-term care; the review of financial mechanisms that make healthcare available and affordable; and the appropriateness and manner in which services are provided.
- To collaborate with public and private providers of healthcare, which may include indigenous and tribal healthcare systems, to expand and deliver healthcare to Native Hawaiians, their families, and others.
- To enhance consultation and engage and encourage traditional knowledge processes with appropriate federal and state authorities and with the Native Hawaiian community on the availability, adequacy, affordability, and appropriateness of health and wellness programs and their delivery.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

### Seat 2: Health Research:

*Po'ohū ka lae kahi i ka pōhue.*

When the forehead lumps, rub it with a gourd.  
(Find a remedy for a problem)

- To identify, support and undertake research directed at the diseases and behavior risks affecting Native Hawaiians.
- To increase the number of Native Hawaiians engaged in health and health-related research activities.
- To assure human participant protection and to promote respect for Native Hawaiians and of Native Hawaiian communities involved in health research from those researchers undertaking or desiring to undertake health research.
- To collaborate with and facilitate public and private research efforts, including those being undertaken by other indigenous peoples or being done in other communities of color.
- To publish, present, and/or share articles, reports, and materials related to health research on Native Hawaiians and other indigenous populations and communities of color.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested, and resources permit.



Ka'ono'hi Award winners, July 2005.

KATLIN SCOTT

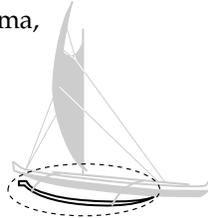
**Seat 1: Health Education:**

*He aupuni palapala ko’u; o ke kanaka pono ‘oia ko’u kanaka.*

“Mine is the kingdom of education; the righteous man is my man,” Kamehameha III.

- To increase the number of culturally sensitive Native Hawaiians in health and allied-health professions.
- To enhance the professional qualifications and cultural sensitivities of those Native Hawaiians and others in health and allied-health professions and those working in organizations focusing on healthcare for Native Hawaiians; their families, and others.
- To develop, publish, and distribute health education materials appropriate for Native Hawaiians, their families, and others.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

Attached to the canoe is the ‘ama, which keeps it upright and afloat. POL administration serves as the ‘ama to assure the organization stays viable. The administrative functions include:



**Human Resources:**

*Ho’okahi e po’ino, pau pu i ka po’ino.*

One meets misfortune, all meet misfortune. (Every member of the group is important.)

- To review and update personnel policies.
- To provide assistance in personnel matters.
- To track and record personnel matters, including leave, timesheets, and payroll matters.
- To handle all grievance matters and other issues including those involving HIPAA compliance in personnel matters.
- To provide technical assistance and training to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

**Planning and Resource Development:**

*Hili hewa ka mana’o ke ‘ole ke kūkākūkā.*

Ideas run wild without discussion.

(Discussion brings ideas together into a plan.)

- To review and identify resources for Native Hawaiian health.
- To develop funding proposals.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.
- To assist in project development and program planning.

**Information Technology:**

*‘A’ohe pu’u ki’eki’e ho’a’o ‘ia e pī’i.*

No cliff is so tall that it cannot be scaled.

(No problem is too great when one tries hard to solve it.)

- To provide tech support and training to staff on computers and other technologies utilized by the organization.
- To “troubleshoot” POL’s technology networks.
- To provide recommendations for updating POL’s technology capacities.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and to other community-based organizations as requested and resources permit.

**Fiscal:**

*Nele i ka mea poepoe, nele ka pilina mai.*

Lacking the round object, no one stays around.

(When one lacks dollars, companions disappear.)

- To oversee POL’s financial accounts.
- To process accounts.
- To provide financial projections and undertake financial planning for POL.
- To make recommendations on financial matters.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

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## Our Organizational Structure

### Compliance:

*Kūkulu ka 'ike i ka 'ōpua.*

Knowledge is set up in the clouds.

(Clouds are observed for signs and omens.)

- To ensure POL's compliance with federal, state, and local requirements for organizations.
- To review and ensure POL's compliance with acceptable contracting standards.
- To limit exposure of POL assets.
- To oversee POL's audits.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems as requested and resources permit.

### Communications:

*Ua lehulehu a manomano ka 'ikena a ka Hawai'i.*

Great and numerous is the knowledge of Kānaka Maoli.

- To manage POL's clearinghouse and community relations activities.
- To develop and disseminate information about POL and NHHCS programs and activities.
- To develop and distribute POL informational materials.
- To recommend and develop strategies for disseminating health information to communities.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems as requested and resources permit.

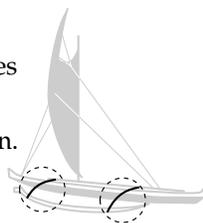
The canoe and the 'ama are connected by two supporting poles known as 'iako. The executive director's office serves this function.

### Executive Director:

*Ho'okāhi ka 'ilau like ana.*

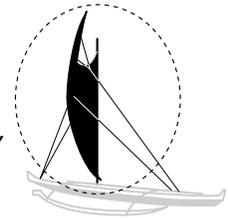
Wield the paddles together. (Work together.)

- To oversee the implementation of POL's program responsibilities in accordance with the Native Hawaiian Health Care Improvement Act and other guiding policies and documents.
- To execute MOUs/MOAs in support of POL activities.



- To educate public policy makers on issues relating to Native Hawaiian health and wellbeing.
- To report to the community on POL activities.
- To assure POL has adequate and necessary staff to carry out its mission.
- To provide training and technical assistance to the Native Hawaiian Health Care Systems and other community-based organizations as requested and resources permit.

The Hawaiian canoe also has a pe'a, or sail, which represents the POL board of directors, and the kia, or mast, is POL's president.



### Board of Directors:

*Ka pouhana.*

The main post, those on whom others depend for leadership, guidance, and help.

- To review and implement POL's Action Plan as it relates to each of their respective agencies.
- To participate in consultation with public officials and with the Native Hawaiian community.
- To represent POL in local, state, national, and international forums and meetings.
- To be accountable for, support, and be knowledgeable about all of POL's activities.

It is through this structure that POL administers its various programs and projects.

# Our Mission and Guiding Principles

**P**OL's Mission Statement and Guiding Principles serve as the foundation for the organization's program and administrative development. Its board of directors has adopted the following *Mission Statement* and *Guiding Principles* for the organization. POL's founding president, Mr. Myron "Pinky" Thompson, was instrumental in laying the foundation for both of these organizational mileposts.



Myron "Pinky" Thompson

- The 'ohana (family) is the critical mechanism for improving individual health and wellness when it is functioning well.
- Traditional Native Hawaiian values provide appropriate guidelines for living in today's society. These include Aloha (to care for), Mālama (to take care of), 'Imi 'Ike (to seek knowledge), Loko Maika'i (to share), Na'au Pono (to nurture what is right),

and Olakino Maika'i (to maintain a healthy person).

- All individuals affiliated with Papa Ola Lōkahi must seek to define and achieve their own sense of pono within the workplace. This includes knowing what we need to be and how we need to act and how we can improve upon our personal behaviors.

## A. What we need to be and how we need to act:

Aloha: We need to respect and treat all with kindness.

'Onipa'a: We need to remain steadfast and resolute and persevere to overcome adversity.

'Imi 'Ike: We need to seek knowledge and enlightenment.

Pono: We need to be just and seek harmony in all that we do.

'Oia 'i'o: We need to be truthful.

Ha'aha'a: We need to be humble.

Ho'omana'o: We need to commemorate and be ever mindful of contributions of those who have come before us.

Ho'ihoi'i: We need to give back to the community.

## **Ke Ala Mālamalama (Mission)**

*To improve our health and wellness, that of our families and others by advocating for, initiating, and maintaining culturally appropriate strategic actions aimed at improving our physical, mental, and spiritual health and well-being and empowering us to determine our own destinies.*

## **Ke Ala Kukui (Guiding Principles)**

As an organization, Papa Ola Lōkahi has adopted the following guiding principles as they relate to its corporate philosophy and corporate culture:

- The source of all strength and empowerment is the Native Hawaiian community composed of nā keiki (children), nā mākuā (adults), and nā kūpuna (elders).
- Health must be viewed in holistic terms and encompass the person-body (physical health), mind (mental health), and spirit (spiritual health); the environment, that is the 'aina (land), wai (fresh water), kai (oceans), and ea (air/atmosphere), and all that they contain and maintain; and his/her relationship with one's spiritual beliefs.

## Our Mission and Guiding Principles



### B. How we can improve upon our personal behaviors:

A'o: We need to acquire, communicate, and pass on knowledge.

Hana: We need to want to work.

Nānā: We need to observe with a keen eye and master the skills that we are required to perform.

Ho'olohe: We need to listen intently.

Pa'a ka waha: We need to speak only when it is beneficial to do so.

Ha'ina 'ia mai ana ka puana: We need to be willing to revise, refine, and restate.

Hana ka lima: We need to work diligently together-all share the load.

Laulima e kōkua: We need to work together and help one another.

Mālama: We need to care for one another.

Lokomaika'i: We need to share.

Hana pono: We need to be accountable for our actions.

POL has incorporated these *Guiding Principles* based upon Hawaiian values into its program development efforts and personnel policies.



“Ho’omana’o:  
commemorate  
and be ever  
mindful of  
contributions  
of those who  
have come  
before us.”

# Our Program Strategies

As POL develops programs for implementation, it is guided by *Program Strategies* defined by its board of directors. These strategies serve to refine the organization's effort to achieve its Mission through Native Hawaiian community action and participation:

1. To make improving the health and well-being of Native Hawaiians a public policy issue based upon health disparities present among Native Hawaiians and upon the special relationship Native Hawaiians have with the United States and the State of Hawai'i.



2. To maintain and enhance POL's organizational structure utilizing the wa'a model as identified in the *E Ola Mau Health Study*.

A. The six nohona (seats) of the wa'a are POL's program areas: data/information, traditional healing practices, health promotion/disease prevention, health services, research, and education/training. Paddlers in these seats of the wa'a advance the Native Hawaiian health agenda as defined by POL's Goal Statements.

- B. The 'ama (float support) that keeps the wa'a upright represents the administrative functions such as fiscal management, human resources, compliance, information technology, planning and development, and communications.
  - C. The 'iako (connecting supports), which serve to connect the 'ama with the wa'a, are embodied by the office of the executive director.
  - D. The pe'a (sail) of the wa'a symbolizes POL's board of directors; its president serving as the kia (main mast). The function of the pe'a is to capture ka makani, the wind, which reflects the wishes, dreams, and desires of the Hawaiian community.
  - E. POL's wa'a sails on the ocean of health and wellness and is impacted by the currents and counter-currents of local, national, and international seas.
3. To work for the development of a culturally based, seamless, comprehensive healthcare system with appropriate financing mechanisms for Native Hawaiians utilizing existing healthcare providers. The main component services for such systems are (a) health promotion/disease prevention, (b) enabling services, (c) primary care services, (d) specialty care and hospital services, (e) long-term care. This system is being established through partnerships and collaborations among healthcare providers with the Native Hawaiian Health Care Systems serving as 'hubs' for health and wellness services for their respective communities.



“To support and facilitate the efforts of Native Hawaiian traditional practitioners in the provision of healing practices and to undertake projects that promote the understanding and traditions of these practices.”

4. To enable Native Hawaiian communities to control research activities directed towards them; to have more Native Hawaiians active as health researchers; to encourage more Native Hawaiians to participate in health research activities that have direct benefits upon their lives and those of their children; and to undertake research projects that decidedly benefit Native Hawaiian health and wellness.
5. To have more Native Hawaiians enter into the various health and allied-health professions and to enable current professionals to obtain the best and current training possible to enhance their professional capacities.
6. To support and facilitate the efforts of Native Hawaiian traditional practitioners in the provision of healing practices and to undertake projects that promote the understanding and traditions of these practices.
7. To develop protocols and undertake consultation around health and wellness issues and program development with public officials and with Native Hawaiians in accordance with public policies and POL responsibilities.
8. To collaborate and partner with institutions, organizations, and agencies in health and wellness efforts among indigenous peoples and communities of color in Hawai'i, the Pacific, and throughout the world.

In addition, the POL board supports efforts to improve the health and well-being of all Native peoples with specific attention being paid to Native Hawaiians, Pacific Islanders, and American Indians/Alaska Natives.

# Our Program Responsibilities

**P**OL's program responsibilities are embodied in its strategic actions identified previously. Additionally, POL programs are focused on moving a health agenda towards its Program Goals for 2011 and as an entity with designated responsibilities defined in federal and state law.

POL's program responsibilities as an NGO are generally defined by the program initiatives it undertakes and by the agreements it enters into in order to address health and wellness issues.

As a government-designated organization, POL has a number of program responsibilities identified in federal and state statutes. These include those defined by the Native Hawaiian Health Care Improvement Act (42 USC 122), and by State of Hawai'i in Act 153 (HRS 453-2) and Act 42(HRS 10-18). See below:

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## Federal:

POL's responsibilities as defined in the Native Hawaiian Health Care Improvement Act (42 USC 122) are national in scope and include:

- To coordinate, implement, and update, as appropriate, the comprehensive health care master plan developed pursuant to section 11703 of this title ("designed to promote comprehensive health promotion and disease prevention services and to maintain and improve the health status of Native Hawaiians"). Sec. 11704(a)(1) / Sec. 11706(a)(1)
- To train persons described in section 11705(c)(1)(B) of this title ("Native Hawaiian care practitioners, community outreach workers, counselors, and cultural educators"). Sec. 11704(a)(2) / Sec. 11706(a)(2)
- To identify and research into the diseases that are most prevalent among Native Hawaiians, including behavioral, biomedical, epidemiological, and health services. Sec. 11704(a)(3) / Sec. 11706(a)(3)
- To develop an action plan outlining the contributions that each member organization of Papa Ola Lōkahi will make in carrying out the policy of this chapter. Sec. 11704(a)(4) / Sec. 11706(a)(4)
- To receive special project funds that may be appropriated for the purpose of research on the health status of Native Hawaiians or for the purpose of addressing the health care needs of Native Hawaiians. Sec. 11704(b) / Sec. 11706(a)(7)
- To serve as a Clearinghouse for:
  - A. The collection and maintenance of data associated with the health status of Native Hawaiians.
  - B. The identification and research into diseases affecting Native Hawaiians
  - C. The availability of Native Hawaiian project funds, research projects and publications.
  - D. The collaboration of research in the area of Native Hawaiian health; and
  - E. The timely dissemination of information pertinent to the Native Hawaiian health care systems. Sec. 11704(c) / Sec. 11706(a)(5)
- To coordinate and assist the health care programs and services provided to Native Hawaiians to the maximum extent possible. Sec. 11704 (d) / Sec. 11705(a)(6)
- To act as a statewide infrastructure to provide technical support and coordination of training and technical assistance to the Native Hawaiian health care systems. Sec. 11704(e)
- To enter into agreements or memoranda of understanding with relevant agencies or organizations that are capable of providing resources or services to the Native Hawaiian health care systems. Sec. 11704(f)
- To identify the need for each type of health care professional to serve the Native Hawaiian health care systems. Sec. 11709(b)(1)(A)

- To receive assigned personnel from the Department of Health and Human Services made by the Secretary with expertise in areas related to providing comprehensive health promotion and disease prevention services to Native Hawaiians. Sec.11708(a)/(b)
- To administer the Native Hawaiian Health Scholarship Program. Sec. 11709(a)/(b)/(c)
- To consult with the Secretary of Health and Human Services regarding:
  - A. In terms of the feasibility of a matching requirement for the Native Hawaiian health care systems. Sec. 11705(e)(3)(B)
  - B. Making grants to, or entering into contracts with, any qualified entity for the purpose of providing comprehensive health promotion and disease prevention services as well as primary health services to Native Hawaiians. Sec. 11705(1)(A)
  - C. Receiving a grant or contract for the purpose of planning Native Hawaiian health care systems to serve the health needs of Native Hawaiian communities on each of the islands of O’ahu, Moloka’i, Lāna’i, Kaua’i, Hawai’i and Ni’ihau in the State of Hawai’i. Sec. 11705(2)
  - D. Content of Presidential report to Congress on “progress made in meeting the objectives of this chapter....” Sec. 1170 (“objectives of this chapter” is the defined by US Policy for Native Hawaiian health.)

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**Community:**

The Native Hawaiian community has also provided guidance to organizations like POL. Two specific instances involve guidance on traditional healing practices and cultural and intellectual property.

***Traditional Healing Practices:***

From October 29-30, 1998, the then foremost healing practitioners met at POL’s invitation in Kailua, Kona to discuss specific issues pertaining to licensure of traditional healing practitioners. POL’s board has adopted the recommendations from this gathering. The invited Kūpuna Kāhuna and their kako’o were:

**Kūpuna**

- Papa Henry Auwae
- Kahu David Kaalakea
- Aunty Abbie Napeahi
- Aunty Margaret Machado
- Aunty Agnes Cope
- Aunty Malia Craver
- Uncle Kalua Kaiahua

**Kako’o**

- Haunani Kalama-Smith
- Keoki Souza
- Bill Pe’a
- Nerita Machado
- Kamaki Kanahele
- Millie Kawa’a
- Janice Nielson

On October 31, 1998, the kūpuna issued their findings and policy statement. Their major finding was that “all the kāhuna who have training programs issue certificates of completion for their respective students who successfully complete their training. It is recommended that the certificates of completion as issued by the kāhuna serve notice to the public and the legislature as to the recipient’s having achieved a certain level of proficiency in a traditional healing practice.”

Their report made the following recommendations:

*We, the undersigned kūpuna practitioners of Hawaiian healing have counseled and agree:*

- (1) That we are only instruments in the healing process and that the true source of healing comes from the Almighty, known as Akua, 'Io, or God. It is this source that gives us our calling to practice;*
- (2) That the legislature of the State of Hawai'i is not knowledgeable in the healing traditions of the Hawaiian people; and*
- (3) That while we are grateful that the Legislature has passed S.B. 1946, the blood quantum, licensure, and certification issues raised in the legislation are inappropriate and culturally unacceptable for government to ascertain. These are the kuleana of the Hawaiian community itself through kūpuna who are perpetuating these practices.*

### **Cultural and Intellectual Property:**

From October 3-5, 2003, Native Hawaiians from all the islands gathered in Waikiki to discuss and how best to perpetuate the culture from theft and commercialization of traditional knowledge. The resulting Paoakalani Declaration has been adopted by the POL's board.

#### **KAUOHA: The Declaration**

- 1. Kanaka Maoli have the right of self-determination... which includes determining appropriate use of our traditional knowledge, cultural expressions and artforms, and natural and biological resources.*
- 2. ...the natural resources of Ka Pae 'Āina Hawai'i and associated Kanaka Maoli traditional knowledge are, by inherent birth right, the kuleana and property of Kanaka Maoli and the inheritance of future generations of our peoples. As such, the standards and criteria for consumption, development, and utilization of these resources shall be there for Kanaka Maoli to promote our culture through principles of pono, aloha 'āina and mālama 'āina.*



Papa Henry Auwae (1906-2000), kāhuna la'au lapa'au, and Noa Emmett Aluli, family physician, March 1998.

MIKE GONZALEZ

*"We are only the instruments  
in the healing process. . .  
the true source of healing  
comes from Akua, 'Io or God."*

—Kūpuna Practitioners

- 3. We affirm that colonialism is perpetuated through the intellectual property regimes of the west and call upon all peoples residing on our territories to acknowledge, adopt, and respect the cultural protocols of our peoples to maintain and protect Hawai'i and its great wealth of biodiversity.*
- 4. We declare our willingness to share our knowledge with humanity provided that we determine when, why, and how it is used. We have the right to exclude from use those who would exploit, privatize, and unfairly commercialize our traditional knowledge, cultural expression and artforms, natural resources, biological material, and intellectual properties.*

# Statutory Laws

**M**ost of POL's Program Responsibilities noted in the former chapter reflect statutory responsibilities derived from federal and state laws and various related state resolutions.



## Federal:

The Native Hawaiian Health Care Improvement Act identifies federal policy that holds POL responsible for addressing. Its foundation comes from numerous prior federal statutes which, though having slightly varied purposes, all focus on Native Hawaiian health and wellbeing. These statutes include:

- Organic Act (Newlands Resolution), 1900 (31 Stat 141, Ch 339)
- Hawaiian Homes Commission Act, 1920 (42 Stat 108, Ch 42)
- Act of June, 1938 (52 Stat 781)
- Admissions Act, 1959 (48 USC pres 491)
- Older Americans Act, 1965 (42 USC 3001 et seq)
- Rehabilitation Act, 1973 (29 USC 701 et seq)
- Native American Programs Act, 1974 (42 USC 2991 et seq)
- American Indian Religious Freedoms Act, (42 USC 1996)
- Native American Graves Protection and Repatriation Act (25 USC 3001 et seq)
- Anti-Drug Abuse Act, 1986 (21 USC 801 note)
- Development Disabilities Assistance and Bill of Rights Amendments of 1987 (42 USC 6000 et seq)

E Ola Mau 1986.

- **Native Hawaiian Health Care Act, 1988 (42 USC 11701 et seq/PL 100-579)**
- Health Professions Reauthorization Act, 1988 (102 Stat 3122)
- Nursing Shortage Reduction and Education Extension Act, 1988 (102 Stat 3153)
- Handicapped Programs Technical Amendments Act, 1988 (PL 100-630)
- Indian Health Care Amendments, 1988 (PL 100-713)
- Disadvantaged Minority Health Improvement Act, 1990 (PL 101-527)
- **Native Hawaiian Health Care Improvement Act, 1992-Reauthorization (PL 102-396 - s.2236)**
- Apology Resolution, 1993 (PL 103-150)
- Defense Appropriations, October 25, 1999 (PL 106-79, sec. 8141)

**State:**

POL's major state responsibilities are a result of state laws and resolutions. The laws include Act 153 (2005) which is codified as HRS 45-2, and Act 42 (2003) which is codified in HRS 10-18. The former statute is related to traditional Hawaiian healing practices, while the latter includes POL as a member of the state constituted Hui 'Imi Advisory Council. Both acts are noted below.

ACT 153  
A BILL FOR AN ACT  
RELATING TO TRADITIONAL HAWAIIAN  
HEALING PRACTICES.  
**BE IT ENACTED BY THE LEGISLATURE  
OF THE STATE OF HAWAII:**

SECTION 1. Section 453-2, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

*“(c) Nothing in this chapter shall prohibit healing practices by traditional Hawaiian healers engaged in traditional Native Hawaiian healing practices, both as recognized and certified as such by any kupuna council convened by Papa Ola Lōkahi. No person or organization involved with the selection of kupuna council members, the convening of a kupuna council, or the certification process of healers under this subsection shall be sued or held liable for any cause of action that may arise out of their participation in the selection, convening, or certification process. Nothing in this chapter shall limit, alter, or otherwise adversely affect any rights of practice of traditional Native Hawaiian healing pursuant to the Constitution of the State of Hawaii.”*

SECTION 2. Act 162, Session Laws of Hawaii 1998, section 2 is amended to read as follows:

*“For the purposes of this Act:*

*“Papa Ola Lōkahi” shall refer to the same organization that is described and defined in Public Law No. 102-396, the Native Hawaiian Health Care Improvement Act of 1992.*

*“Traditional Hawaiian healing practices” shall refer to la’au lapa’au, la’au kahea, lomi lomi, ho’oponopono, and similar practices historically performed by traditional native Hawaiian healers.”*

SECTION 3. Act 162, Session Laws of Hawaii 1998, section 4(a), as amended by Act 304, Session Laws of Hawaii 2001, section 2, is amended to read as follows:

*“(a) Papa Ola Lōkahi shall convene at least one kūpuna council to address issues relating to the implementation of the purposes of this Act. Each kūpuna council shall consist of any number of members deemed necessary by Papa Ola Lōkahi; provided that at least three Hawaiian persons who are deemed by the Papa Ola Lōkahi or a kūpuna council to be proficient in the practice of traditional Native Hawaiian healing methods shall be members of any such kūpuna council. Once any kūpuna council is established, subsequent members shall be chosen by a majority of the existing council members sitting on that council; provided that if a prospective member claims to be proficient in the practice of traditional Native Hawaiian healing methods, then the approval of a majority of the traditional Hawaiian healers on the kupuna council shall be required.*

*Each kupuna council shall:*

- (1) Be independent;*
- (2) Not be a component of any state branch;*
- (3) Not be subject to chapters 91 and 92, Hawaii Revised Statutes; and*
- (4) Develop its own policies, procedures, and rules necessary or appropriate to certify traditional Hawaiian healers.”*

SECTION 4. *Statutory material to be repealed is bracketed and stricken. New statutory material is underscored.*

SECTION 5. *This Act shall take effect upon its approval.*

HRS 45-2

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ACT 42  
A BILL FOR AN ACT  
RELATING TO THE OFFICE OF  
HAWAIIAN AFFAIRS.

**BE IT ENACTED BY THE LEGISLATURE  
OF THE STATE OF HAWAII:**

SECTION 1. *In 1989, the legislature adopted Senate Concurrent Resolution No. 106, S.D. 1, which called for the creation of a task force to examine the provision of services to Hawaiians. This task force, composed of eighteen public and private sector groups, was established and named the Hui 'Imi task force for Hawaiian services. Its defined purpose was to make findings and recommendations concerning the coordination of public and private services available to Hawaiians in the areas of education, economic development, housing, employment, medicine, law, cultural issues, and social service issues.*

*The task force produced a two-volume report entitled, The Hui 'Imi Task Force for Hawaiian Services, volume I and volume II, in accordance with the directive of the concurrent resolution. The report contained findings and thirty-nine recommendations and was distributed to all legislators in 1991, at which time the formal legislative authorization of the task force ended. The members of the task force have continued to work together informally to address a variety of issues relating to the delivery of social services to native Hawaiians. In 1997, the legislature passed Act 376, which formally temporarily reauthorized the task force as the "Hui 'Imi advisory council".*

*The legislature finds that the work of the Hui 'Imi advisory council remains a valuable resource to the State and the native Hawaiian community, by serving as a forum in which ideas and concerns relating to human services issues important to Hawaiians may be expressed and shared among the public and private agencies involved in the delivery of those services to the native Hawaiian community. Accordingly, the purpose of this Act is to make the Hui 'Imi advisory council permanent and place it within the office of Hawaiian affairs for administrative purposes only.*

SECTION 2. *Chapter 10, Hawaii Revised Statutes, is amended by adding a new section to be appropriately designated and to read as follows:*

**"§10- Hui 'Imi advisory council.** (a) *There is established a Hui 'Imi advisory council, to be placed within the office of Hawaiian affairs for administrative purposes only. The advisory council shall consist of representatives from the following:*

- (1) *Office of Hawaiian affairs;*
- (2) *Department of education;*
- (3) *Department of Hawaiian home lands;*
- (4) *Department of health;*
- (5) *Department of human services;*
- (6) *Department of business, economic development, and tourism;*
- (7) *Department of land and natural resources;*
- (8) *University of Hawai'i;*
- (9) *House of representatives standing committee with primary jurisdiction over Hawaiian affairs;*
- (10) *Senate standing committee with primary jurisdiction over Hawaiian affairs;*
- (11) *Alu Like, Inc.;*
- (12) *The Association of Hawaiian Civic Clubs;*
- (13) *E Ola Mau;*
- (14) *The Kamehameha Schools;*
- (15) *The Lunalilo Home;*

- (16) *The Native Hawaiian Culture and Arts Program of the Bernice Pauahi Bishop Museum;*
- (17) *The Native Hawaiian Legal Corporation;*
- (18) *Papa Ola Lōkahi;*
- (19) *The Queen Lili'uokalani Children's Center;*
- (20) *Council for Native Hawaiian Advancement;*  
and
- (21) *Any other agency, organization, or entity that expresses interest to participate in fulfilling the advisory council's mandate.*

*The advisory council shall make a good faith effort to include as members other public and private agencies, organizations, or entities that express interest in fulfilling the advisory council's mandate.*

*(b) Each member shall be appointed by the director or other chief executive of the member's organization within forty-five days following the effective date of this Act. The advisory council members shall select a chairperson and establish procedural rules for its internal administration. The rules shall be exempt from the public notice and hearing provisions of chapter 91. Administrative expenses of the advisory council, such as photocopying, postage, stationery, and office supplies incidental to the performance of members' duties may be reimbursed out of appropriations made to the advisory council, but members of the advisory council shall otherwise serve without compensation and without reimbursement for travel expenses.*

*(c) The Hui 'Imi advisory council shall:*

- (1) Serve as a liaison between public and private entities serving the Hawaiian community in the planning and development of collaborative public and private endeavors;*
- (2) Investigate the issues described in the Hui 'Imi task force report volumes I and II and such other issues affecting Hawaiians as the advisory council shall designate; and*

- (3) Submit a report of its findings and recommendations, which report shall include an action plan for the implementation of the Hui 'Imi task force report volumes I and II, with a view toward incorporating the action plan into the state general plan. The report shall be submitted to the governor and the legislature no later than twenty days prior to the convening of the regular session of 2005."*

*SECTION 3. Act 376, Session Laws of Hawai'i 1997, is repealed.*

*SECTION 4. New statutory material is underscored.*

*SECTION 5. This Act shall take effect on July 1, 2003.*  
HRS 10-18

POL continues to implement Act 153 by recognizing kūpuna councils affiliated with community health centers and with the Native Hawaiian Health Care Systems. As of June 2005, councils have been formed and recognized by POL for the Wai'anae Coast Comprehensive Health Center, Nā Pu'uwai, Hui No Ke Ola Pono, and Hui Mālama Ola Nā 'Ōiwi.

In 1989, a number of agencies and organizations serving Native Hawaiians, known as Hui 'Imi, came together to prepare a legislative report on the state of the Native Hawaiian community and to recommend services to address needs. POL's former executive director, Dr. Larry Miike, was responsible for drafting much of the report.

Because of on-going needs in the Native Hawaiian community and the desire by the group to continue to have input into the legislative process, Hui 'Imi became a permanent body to the state legislature in 2003. POL continues to be a part of this consultation group.

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## Statutory Laws

An additional health-related act was passed in 2004 which, though it does not identify POL, it does identify the Native Hawaiian Health Care Systems. The act applies to the hiring of dental hygienists and dentists.

*SB 2586 SD 2 HD 2 CD 1 (CCR 23) Act 166: Amends provisions relating to dental hygienists and dentistry and provides that the board of dental examiners may issue, without examination, a community service license to practice dental hygiene or dentistry in the employment of a federally qualified health center, Native Hawaiian Health Care System, or post secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation. Act to be repealed on July 1, 2009.*

HRS 447 and 448

In addition to these acts, a number of state legislative resolutions have been passed since the passage of the Native Hawaiian Health Care Improvement Act in 1988 that have provided additional program guidance and support to POL. These are noted below:

- *SB 1250 SD 1 HD 1 CD 1 (Act 392): Making an appropriation to the Department of Health, Office of Hawaiian Health, to fund the Hawaiian health coalition defined in the Native Hawaiian Health Care Improvement Act of 1988. (1989).*
- *HCR 10 HD 1 SD 1 (SSCR 1511)//HR 12 HD 1 (HSCR 936): Requests Papa Ola Lōkahi, the Native Hawaiian Board of Health, to report to the Legislature the status of POL; and the process POL will use to seek and to request non-federal matching funds required to provide health care services by the Native Hawaiian Health Centers, pursuant to the Native Hawaiian Health Care Improvement Act of 1988...Provides that the 15th Legislature of the State of Hawaii concurs with the United States Government in asserting that it is the policy of the State to raise the health status of Native Hawaiian*

*to the highest possible level and to encourage the maximum participation of Native Hawaiians in order to achieve this objective. (1989).*

- *SCR 128 SD 1 HD 1 (HSCR 1890)//SR 111 SD 1 (SSCR 1129): Be it resolved by the Senate of the 18th Legislature of the State of Hawaii, Regular Session 1995, the House of Representatives concurring, that the Legislature supports the Native Hawaiian Health Professions Scholarship Program; and*

*Be it further resolved that the Legislature strongly endorses the proposition that recipients of the Native Hawaiian Health Professions Scholarship Program, to the maximum extent possible, remain in Hawaii to serve their required service commitment; and*

*Be it further resolved that the Department of Health is requested to support the efforts of Papa Ola Lōkahi to find employment and placements for recipients of the Native Hawaiian Health Professions Scholarship Program. (1995).*

- *SCR 227 SD 1 (SSCR 1073)//SR 197 SD 1 (SSCR 1072): Be it resolved by the Senate of the 18th Legislature of the State of Hawaii, Regular Session of 1995, the House of Representatives concurring, that the Legislature supports Papa Ola Lōkahi and the Native Hawaiian Health Care Systems in their efforts to improve the health status of Native Hawaiians; and*

*Be it further resolved that the member organizations serving on the Papa Ola Lōkahi board of directors, including the Department of Health, the Office of Hawaiian Affairs, the University of Hawaii, Alu Like, and E Ola Mau, are respectfully requested to continue their support and assist the Native Hawaiian Health Care Systems in carrying out the mandate to improve the health status of Native Hawaiians; and*

*Be it further resolved that each of the member organizations serving on the Papa Ola Lōkahi board of directors, including Alu Like—and E Ola Mau, is requested to submit a report to Papa Ola Lōkahi,*

*which, in turn, is requested to submit a single, integrated report to the Legislature each year of the 1995-96 fiscal biennium on its efforts to support and assist the Native Hawaiian Health Care Systems. (1995).*

- *SR 150 SD 1 (SSCR 2887): Requesting Papa Ola Lōkahi to report on the collaborative efforts among E Ola Mau, Alu Like, the State Department of Health, the State Department of Human Services, the State Department of Hawaiian Home Lands, the Office of Hawaiian Affairs, the University of Hawaii, and the Native Hawaiian Health Care Systems to improve the health status of Native Hawaiians in the State of Hawaii. (1996).*
- *SR 151: Affirming the vital role that the Governor’s Pacific Health Promotion and Development Center plays in improving Pacific Islander and Hawaiian health and requesting the Governor’s continued support for the Center’s activities. (1996).*

Finally, there are a number of state statutes including the State Constitution that have the health and wellbeing of Native Hawaiians at their

core. These also influence and provide guidance to POL in its program development and include:

**State Constitution:**

ARTICLE XII: Hawaiian Affairs

- Section 2 - Acceptance of Compact - “rehabilitation of the Hawaiian race”
- Section 4 - Public Trust
- Section 5 - Office of Hawaiian Affairs
- Section 7 - Traditional and Customary Rights

ARTICLE XV:

- Official languages - “English and Hawaiian”

**Hawai’i Revised Statutes (HRS):**

- 5-7.5 - Aloha Spirit
- 6E-43.5 - Burial Councils
- 6K-9 - Transfer (Kaho’olawe)
- 10-1 - Declaration of Purpose (Office of Hawaiian Affairs)
- 174C-101 - Native Hawaiian water rights
- 213(i) - Native Hawaiian Rehabilitation Fund
- **453-2 - Traditional Hawaiian Healing Practices**
- 673.2 - Right to Sue



# Public Policy

**T**he United States and the State of Hawai'i both have a stated public policy relating to Native Hawaiian health and well-being. Both of these policies have influenced POL's 2011 Program Goals and their related program development.

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## Federal:

The Native Hawaiian Health Care Improvement Act in both its original form and in its reauthorized language state the following federal policy:

*The Congress hereby declares that it is the policy of the United States in fulfillment of its special responsibilities and legal obligations to the indigenous people of Hawai'i resulting from the unique and historical relationship between the United States and the government of the indigenous people of Hawai'i -*

- (1) To raise the health status of Native Hawaiians to the highest possible health level; and*
- (2) To provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy.*

*P.L. 100-579 / P.L. 102-396*

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## State:

The State of Hawai'i, also, has made it clear that it considers improving Native Hawaiian health as a state health policy. 1989 and 1996 legislative resolutions noted below were passed with Governors' concurrence.

*HCR 10 HD 1 SD 1 (SSCR 1511//HR 12 HD 1 (HSCR 936): ...Provides that the 15th Legislature of the State of Hawaii concurs with the United States Government in asserting that it is the policy of the State to raise the health status of Native Hawaiians to the highest possible level and to encourage the maximum participation of Native Hawaiians in order to achieve this objective. (1989).*

*HCR 150 HD1 SD 2 (SSCR 2943)//H.R. 152 HD 1 (HSCR 1168): Urging the Governor to reaffirm the trust responsibility of the State for improving the health status of Hawaiians to the highest possible level (See Standing Committee Reports 2900 and 2943). (1996).*

Additional state policies are embodied in the administrative functioning of state government which have at their core addressing Native Hawaiian health and wellbeing. These include:

- The administration of the Hawaiian Homes Commission Act by the State Department of Hawaiian Home Lands;
- The administration of the Native Hawaiian Rehabilitation Fund by the State Department of Hawaiian Home Lands;
- The formation of the Office of Hawaiian Affairs and providing it with financial support from the public land trust;

- The formation and development of Centers for Hawaiian Studies at the University of Hawai'i at Mānoa and in Hilo;
- The formation and development of the 'Ike Ao Pono Program within the School of Nursing and Dental Hygiene at the University of Hawai'i at Mānoa;
- The formation of the Office of Native Hawaiian Health within the State Department of Health even though the office no longer functions;
- The formation and development of the Native Hawaiian Center of Excellence, at the John A. Burns School of Medicine, University of Hawai'i (JABSOM);
- The formation and development of the Department of Native Hawaiian Health, at the John A. Burns School of Medicine, University of Hawai'i (JABSOM); and
- The formation and development of the Center of Excellence in Native Hawaiian Law at the William R. Richardson School of Law, University of Hawai'i (WRRSOL).

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## International:

In the broader world context, federal and state public policies addressing health and well-being need to be compliant and consistent with international law and accepted covenants relating to human rights, and to indigenous peoples' rights relating to health and well-being. Some of these include:

- Universal Declaration of Human Rights (UDHR)  
*Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control. (Article 24)*
- Declaration of Alma Alta, International Conference on Primary Health Care (1978)  
*The conference strongly affirms that health, which is a state of complete physical, mental and social well-being, and not merely absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires action of many other social and economic sectors in addition to the health sector. (Section 1)*
- Draft Declaration on the Rights of Indigenous Peoples (Adopted by Human Rights Council, 29 June 2006)  
*Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing, and other economic and social programmes affecting them and, as far as possible, to administer such programmes in their own institutions. (Article 23)*

*Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. (Article 24)*

*Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view of achieving progressively the full realization of this right. (Article 24)*

*Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games, and visual and performing arts. They also have the right to maintain control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions. (Article 29)*

## **Healing Our Spirit Worldwide Covenant**

*Celebrating that our Creator has given Indigenous Peoples, who belong to the land and the sea, a unique and rich collection of gifts including mother earth, the sky and water, our families and nations, our culture and wisdom and our own lives;*

*Recognising that these gifts rest at the heart of our past, our present and our future;*

*Believing that the Spirit is the energy that empowers us to share, replenish, protect and respect these gifts according to the Creator's design;*

*Remembering the devastation and confusion that colonisation brought, including alcohol and disease;*

*Grieving for the land taken and the loss of communal life;*

*We the Indigenous Peoples of the world having come together as part of the Healing Our Spirit Worldwide movement declare with one voice and heart our resolve to strengthen the Spirit of our Nations and Peoples, to clear from our hearts and minds the clouds of confusion and doubt.*

*We hold as true and as our guide the teaching of our grandmothers and grandfathers that;*

*We hold a sacred role to protect, maintain and respect the Creator's gifts so that our children and generations of children after them may live a healthy and rich life;*

*Our responsibility is to address, enhance and restore our sacred role; as custodians of these gifts we need to make wise decisions because we are accountable to the Creator and to generations to come;*

*The health and well-being of our people and nations is built on our ability to maintain compassionate, functioning relationships within ourselves, with the earth, each other, our families and communities;*

*Knowledge and wisdom are our partners and we must enrich them both and use them well if our children are to build a meaningful future.*

*We commit ourselves to work in unity and with resolve to strengthen and heal the spirit of our Peoples.*

“Until we have a spiritual base upon which we can stand, government and service organization can only go so far.”

—Dr. Bud Pomaika‘i Cook, Hilo,  
Healing Our Spirit Worldwide, August 2006



Healing Our Spirit Worldwide, Edmonton, Alberta,  
August 2006

# Hearings and Reports

The basis for the development of public policy is information—information derived from the community through public hearings. Often such hearings lead to or are part of studies, which, in turn, lead to reports. Below is a listing of public hearings and reports that have influenced the development of public policy and, thereby, have been instrumental in the development of POL's programs.

## THE PEOPLE SPEAK (Hearings/Proceedings):

- Hearings. "Establishing the Hawaiian Aboriginal Claims Settlement Study Commission." Senate Committee on Interior and Insular Affairs, 94th Congress, 2nd Session on S.J. Resolution 155, Honolulu, Lihū'e, Hilo; February 9-11, 1976.
- Hearings. "Hawaiian Native Claims Settlement Study Commission." Joint Hearings before the Subcommittee of Public Lands and Resources of the Committee on Energy and Natural Resources, US Senate and the Subcommittee on Indian Affairs and Public Lands of the Committee on Interior and Insular Affairs, House of Representatives, 95th Congress, First Session of S.J. 4 (establishing the Hawaiian Native Claims Settlement Study Commission, and for Other Purposes) and H.J. 526 (establishing the Hawaiian Native Claims Settlement Study Commission, and for Other Purposes); Honolulu, Wailuku; July 6-7, 1977.
- Hearings. "To establish the Native Hawaiian Study Commission." Hearing before the Subcommittee on the National Parks and Insular Affairs of the Committee on Interior and Insular Affairs, US House of Representatives, 96th Congress, First Session on H.R. 5791 to establish the Native Hawaiian Study Commission and for Other Purposes; Honolulu, December 22, 1979.
- Hearings. "Native Hawaiian Study Commission - Parts 1 and 2." Hearings before the Committee on Energy and Natural Resources, US Senate, Second Session on the Report of the Native Hawaiian Study Commission; Honolulu, Captain Cook, Wailuku, Lihū'e; April 16-18, 20, 1984.
- Proceedings. "Native Hawaiian Health Needs Study Conference." (East-West Center - November 1, 1985)." Native Hawaiian Health Research Consortium, Honolulu, December, 1985.
- Hearings. "Reauthorization of the Native Hawaiian Health Care Improvement Act." Hearing before the Select Committee on Indian Affairs, US Senate, 102nd Congress, Second Session - Consideration of the draft or proposed legislation of P.L. 100-579, the Native Hawaiian Health Care Improvement Act; Honolulu, April 14, 1992.
- Proceedings. "Ka 'Uhane Lōkahi." Native Hawaiian Health and Wellness Summit and Island 'Aha (March 7-8, 1998), Papa Ola Lōkahi, Honolulu, 1998.
- Proceedings. Native Hawaiian Health Forum (Center for Hawaiian Studies - January 15-16, 1999), Papa Ola Lōkahi, Honolulu, 1999.
- Hearings. "Reauthorization of the Native Hawaiian Health Care Improvement Act (S. 1929)." Hearing before the Committee on Indian Affairs, US Senate, Moloka'i/Kaua'i on January 18, 2000; Maui on January 19, 2000; Hilo, Hawai'i on January 20, 2000; Honolulu, O'ahu on January 21, 2000; Kailua-Kona, Hawai'i, and on Lāna'i on March 16, 2000.

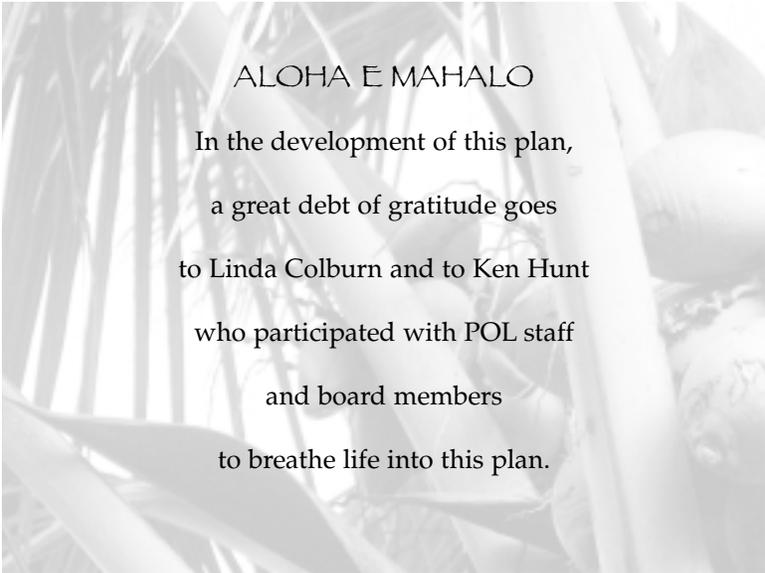
In addition, the two largest Native Hawaiian membership organizations, Association of Hawaiian Civic Clubs (AHCC) and the State Council of Hawaiian Homestead Associations (SCHHA) passed health and health-related resolutions at their annual conventions. These resolutions also guide POL in its program development.

## FEDERAL STUDIES AND REPORTS:

- ALU LIKE Needs Assessment, Honolulu, 1976.
- ALU LIKE Special Reports, Honolulu, 1977, 1979.
- *Native Hawaiian Study Commission Report*, Vols. 1 and 2 (Minority Report), 1983.
- Federal-State Task Force Report-Hawaiian Homes Commission, 1983.
- *E Ola Mau Health Study*, 1985.
- *Native Hawaiian Health Report*, US Congressional Office of Technology Assessment, 1986.
- US Senate Report 99-532, "Improving the health status of Native Hawaiian and for other purposes," GPO, October 6, 1986.
- US Senate Report 102-309, "Relating to Native Hawaiian health care, and for other purposes," GPO, June 16, 1992,
- *From Mauka to Makai: The River of Justice Must Flow Freely: Report on the Reconciliation Process Between the Federal Government and Native Hawaiians*, US Department of the Interior and US Department of Justice, 2000.
- *Reconciliation at a Crossroads*, US Commission on Civil Rights, 2000.
- US Senate Report 106-389, "Amending the Native Hawaiian Health Care Improvement Act to revise and extend such act," GPO, August 25, 2000.
- *Unequal Treatment*, Institute of Medicine, National Institutes of Health, Washington, DC, 2003.
- US Senate Report 108-85, "Expressing the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity, and for other purposes," GPO, June 27, 2003.
- US Senate Report 108-405, "Amending the Native Hawaiian Health Care Improvement Act to revise and extend the act," GPO, November 10, 2004.

These hearings, proceedings, and reports have given rise to a number of planning efforts which have, in turn, have guided POL in its program development. These efforts are noted below:

- *E Ola Mau Health Study: The Plan*, Native Hawaiian Health Research Consortium, ALU LIKE, Honolulu, 1985.
- Native Hawaiian Health Masterplan, Papa Ola Lōkahi, Honolulu, 1989, 1992.
- Papa Ola Lōkahi Strategic Plan, Honolulu, 1995.
- "A Multicultural Action Plan to Achieve Health Parity," Out of Many, One, Washington, DC, 2000.
- Papa Ola Lōkahi and the Native Hawaiian Health Care Systems - Capacity Building, Papa Ola Lōkahi, Honolulu, 2002.
- Improving and Enhancing Native Hawaiian Health and Well-being - A Conceptual Framework for a Comprehensive Native Hawaiian Health Care System, Papa Ola Lōkahi, Honolulu, 2003.



ALOHA E MAHALO

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