

Nā Limahana o Lonopūhā Native Hawaiian Health Consortium

Proposed Agenda for a Joint Informational Briefing to the House & Senate Hawaiian Affairs Committees

Monday January 23, 2012

State Capitol-Room 224

- I. Ho`olauna & Introductions
 - a. Background history of *Nā Limahana o Lonopūhā Native Hawaiian Health Consortium* (see *Limahana o Lonopūhā Native Hawaiian Health Consortium June 2011 Compendium*)
 - b. Consortium members (see *Key Partner Biographical Information 2011*)
 - c. Current Status
 - i. Formalizing partnerships among consortium members
 - ii. Action plan to address health disparities among Native Hawaiians
 - iii. Federal efforts & advocacy
- II. Legislative support & advocacy
 - a. Health Connector – Hawaii Health Exchange re: Medicare/Medicaid & impact on Native Hawaiians
 - b. State recognition of *Nā Limahana o Lonopūhā Native Hawaiian Health Consortium* as the premier Native Hawaiian Health Advocacy entity concerning improving Native Hawaiian health disparities
 - c. Federal recognition of *Nā Limahana o Lonopūhā Native Hawaiian Health Consortium* (see *Native Hawaiian & Pacific Islander Federal & Non-Federal Liaison structure*)
 - d. Data cooperation & retrieval from Department of Health, Department of Human Services.
- III. Questions & answers, discussion
- IV. Ua pau

NĀ LIMAHAŪA O LONOPŪHĀ

Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011

Kamana‘opono M. Crabbe, Ph.D.
Research Director
Office of Hawaiian Affairs (OHA)



Bio Statement

Dr. Crabbe is a Native Hawaiian Health Scholarship recipient who received his doctoral degree in clinical psychology from the University of Hawai‘i at Mānoa in 2002. He completed a pre-doctoral internship in clinical psychology and post-doctorate fellowship in behavioral medicine-health psychology at Tripler Army Medical Center in Honolulu, Hawai‘i from 2001-2003. His research interests have focused on the etiology of depression, particular syndromes of Hawaiian states of depressive illness, and implications of acculturative processes that influence cultural identity among Native Hawaiians. Additionally, he has a particular passion for cultural competency and social determinants as barriers to improved health and well-being in the Native Hawaiian community. Dr. Crabbe is a licensed Clinical Psychologist and was previous Director of Psychology Training at the Wai‘anae Coast Comprehensive Health Center. He is also a ho‘oponopono practitioner trained by kupuna Abbie Napeahi and Howard Pe‘a from Keaukaha, Hawai‘i and chanter under the tutelage of Kumu Hokiilani Holt-Padilla from Paukiikalo, Maui.

Current Role

He currently serves as the Research Director for the Office of Hawaiian Affairs (OHA). His three Research Division sections focus efforts on demography, land, culture, history, and special projects. One of the six major strategic priorities at OHA is Maui Ola, or Health. OHA seeks to improve the quality and longevity of life where Native Hawaiians will enjoy health lifestyles and experience reduced onset of chronic diseases. Specifically, strategic results focus efforts on decrease chronic disease rates equal or less than the general population of Hawai‘i for cardiovascular disease, diabetes, asthma, cancer, and obesity.



JoAnn ‘Umilani Tsark, M.P.H.
Project Director
‘Imi Hale, a program of Papa Ola Lōkahi

Bio Statement

Received a Masters in Public Health from the University of Hawai‘i at Mānoa in 1984 and focused her tenure in Public Health on Native Hawaiian community health and wellness. Prior to joining Papa Ola Lōkahi, she served as Director of Research Education and Training at the Rehabilitation Hospital of the Pacific and Director of the Governor’s Pacific Health Promotion and Development Center which focused on health disparities in Hawai‘i and the U.S. Affiliated Pacific. At Papa Ola Lōkahi since 1999, she has spearheaded over \$14 million in federal funds from NCI, HRSA and CDC to support programs for cancer prevention and control research and education, and diabetes prevention and control in Hawaiian and Pacific Islander communities. Additionally, she has supported efforts in cardiovascular risk factor research with Dr. Emmett Aluli and Na Pu‘uwai, Inc. and worked with the Moloka‘i community as a grants writer and program developer to launch their Native Hawaiian Health Care System.

Current Role

She is the Research Director for Papa Ola Lōkahi and Project Director of ‘Imi Hale Native Hawaiian Cancer Network (U01CA114630; U54CA153459), one of 23 National Cancer Institute-funded Community Network Program Centers. ‘Imi Hale is a community-placed, community driven initiative that provides a robust infrastructure to support increasing the number of Native Hawaiian in cancer prevention and control research and, building the capacity through training and education in our Hawaiian health agencies and communities to address cancer health disparities. As a founding member and Project Director of ‘Imi Hale Native Hawaiian Cancer Network she and her team have mentored and supported over 50 Native Hawaiians to win and lead (as PIs and Co-investigators) cancer research grant awards, developed the largest body of culturally tailored cancer education materials for Hawaiian and Pacific audiences, established the Ho‘okele i ke Ola Cancer Patient Navigation Training Program in Hawai‘i and trained 130 Navigators, and assisted The Queen’s Medical Center in attaining their designation as one of 30 NCI Community Cancer Center Program. ‘Imi Hale programs and research incorporate community-based participatory principles community leadership, capacity building and community participation (www.imihale.org).

NĀ LIMA HANA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011



Joseph Keawe'aimoku Kaholokula, Ph.D.

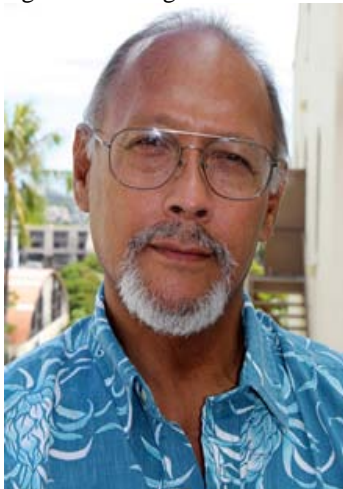
Chair and Associate Professor of Native Hawaiian Health
Department of Native Hawaiian Health, John A. Burns School of Medicine,
University of Hawai'i at Mānoa

Bio Statement

Keawe'aimoku Kaholokula received his doctoral degree in clinical psychology from the University of Hawai'i at Mānoa in 2003. He completed a pre-doctoral internship in clinical psychology and a post-doctorate fellowship in clinical health psychology at Tripler Army Medical Center in Honolulu, Hawai'i from 2002-2004. His research interests include 1) examining the effects of biological, psychological, and socio-cultural factors (and their interplay) on the etiology and management of chronic illnesses among Native Hawaiians and other Pacific Islanders, 2) identifying the role of acculturative stress and ethnic discrimination on Native Hawaiian health, and 3) designing and testing culturally-informed and community-based health promoting interventions for Native Hawaiians and other Pacific Islanders using community-based participatory research (CBPR) approaches. He is also a State of Hawaii licensed clinical psychologist and have practiced on both Maui and O'ahu islands. He has worked in the area of Native Hawaiian and Pacific Islander health for over 17 years, resulting in the development of obesity and diabetes interventions and many scientific publications related to obesity, diabetes, hypertension, heart disease, and tobacco use in Native Hawaiians and Pacific Islanders. Finally, he is also a senior member of Halemua o Kualii – a cultural group dedicated to the perpetuation of traditional Hawaiian cultural beliefs and practices.

Current Role

He is currently an Associate Professor and the Chair for the Department of Native Hawaiian Health (DNHH) and Deputy Director for the Center for Native and Pacific Health Disparities Research (Center) in the John A. Burns School of Medicine at the University of Hawai'i at Mānoa. He is also the Principal Investigator of a National Institute on Minority Health and Health Disparities funded CBPR project called, the PILI 'Ohana Project: Partnerships to Overcome Obesity Disparities in Hawai'i and the Pacific. The mission of the DNHH is to be an academic center of excellence committed to optimal health and wellness for Native Hawaiians and other health disparate Pacific-based populations through research, education, and quality health practices. To accomplish this mission, the department actively seeks partnerships with others in the community who share its mission and vision. The Center's serves as a regional focal point for research designed to eliminate health disparities and improve health outcomes for populations in the Pacific region including Native and Pacific Peoples.



Henry Halenani Gomes, M.S.

Director, Office of Native Hawaiian Partnerships
Chaminade University of Honolulu

Bio Statement

Henry has worked at Chaminade University for 33 years. He holds master degrees in Biology and Horticulture and holds the academic rank of Associate Professor. He taught in the Biology Department for 23 years, developing such courses as Ethnobotany, before assuming a larger administrative role at the university. He has held positions of Department Chair, Dean of Sciences, and Associate Provost before assuming his current position. A 30 year member of the Hawaiian Civic Club movement he was president of Hawai'i Maoli, the nonprofit arm of the Association of Hawaiian Civic Clubs, for six years. During his tenure as president the organization sought and was awarded funding that led to the construction of the first Hawaiian civic club building in the 93 year history of the movement. He serves as the incoming chair for the Hawai'i Council for the Humanities and is involved in a number of other community boards. Henry descends from the Pililaau and Poepoe family lines.

Current Role

He currently directs all Native Hawaiian and Pacific Island initiatives for Chaminade University of Honolulu. He coordinates Native Hawaiian scholarships directed at four target populations, i.e., Association of Hawaiian Civic Clubs, Department of Hawaiian Home Lands, Hawaiian based Charter schools and Immersion schools. As a Native Hawaiian Serving Institution retention of Hawaiian students is of major concern. He directs retention initiatives and constantly looks for new partnerships through grants and other programs. Finally, he is Chaminade's primary liaison with the Hawaiian and other Pacific serving organizations.

NĀ LIMAHAŪA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011



Mary Frances Oneha, A.P.R.N., Ph.D.
Chief Operating Officer

Waianae Coast Comprehensive Health Center (WCCHC)

Bio Statement

Dr. Oneha received her Bachelor's degree from the University of Hawaii School of Nursing & Dental Hygiene, her Master's in Nursing from the University of Washington, and her doctorate in Nursing from the University of Colorado. She has practiced in acute and critical care hospital settings from Hawaii to Ohio. The past 20 years of her practice have been in the Leeward community. Dr. Oneha is a community-based researcher. Her studies, in partnership with the University of Hawaii, Arizona State University, and the Association of Asian Pacific Community Health Organizations (AAPCHO) have focused on understanding cultural perceptions regarding intimate partner violence, implementing a perinatal risk reduction intervention with Native Hawaiian women, and working to prove the value of enabling services. Dr. Oneha's interest is in supporting community based and community initiated research leading to improved well-being for Native Hawaiian communities – *E Ola Pono*.

Current Role

She currently serves as the Chief Operating Officer for the Waianae Coast Comprehensive Health Center. Among her departments, primary care and specialty services are delivered through eight clinics from Waipahu to Waianae, utilizing a multi-professional team of support staff. In addition, Preventive Health and Community Health Services departments deliver supportive services, from eligibility to homeless outreach, case management, and exercise/fitness training, to high risk populations which assist in decreasing barriers and increasing access to health care. Clinical quality reporting, medical records, and research are also supported under her direction. The unique population residing on the Waianae Coast has long been a popular focus among researchers. In an effort to protect the community and provide a consistent framework for research, the Health Center has formalized processes and policies, including an established Institutional Review Board (IRB).



Noreen Mokuau, D.S.W.
Interim Dean and Professor

Myron B. Thompson School of Social Work, University of Hawai'i at Mānoa

Bio Statement

Dr. Noreen Mokuau is Interim Dean and Professor at the University of Hawai'i at Mānoa, Myron B. Thompson School of Social Work. She is a graduate of the Kamehameha Schools, the University of Hawai'i (BA-Psychology; MSW-Social Work) and the University of California, Los Angeles (DSW-Social Welfare). Since 1983, she has served as Assistant Dean, Chair of the BSW Program, Chair of the PhD Program, and Interim Chair of the MSW Program at UHM. She has received the UH Regents Excellence in Teaching Award and the UH Community Service Award. She has served as principal investigator on grants focusing on health disparities among Native Hawaiians, with an emphasis on cancer; and as co-principal investigator and director of Hā Kūpuna: National Resource Center for Native Hawaiian Elders. Dr. Mokuau has edited three books; published numerous journal articles, book chapters and technical reports; and given many presentations on cultural competency and social services for Native Hawaiians, other Pacific

Islanders and Asian Americans. Among her many community contributions, she has served on the editorial board of the professional journal, *Social Work*; national advisory council for the Susan G. Komen for the Cure; and is currently the presiding chair of the trustees for the Queen's Medical Center in Honolulu.

Current Role

The Interim Dean is a key member of the University of Hawai'i at Mānoa's executive leadership team. She is charged with providing academic, administrative and professional leadership for the Myron B. Thompson School of Social Work. The MBTSSW seeks to provide educational excellence that advances social work with its focus on social justice, and is responsible for social work knowledge for the global enterprise with special attention to Native Hawaiian, other Pacific Islander, and Asian populations in our state and region. Dr. Mokuau represents the School of Social Work and the University of Hawai'i in social work education nationally and internationally. The dean is also involved with the social work community in Hawai'i.

NĀ LIMAĀHANA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011



Richard Pezzulo, M.B.A.
Chief Operating Officer
Office of Hawaiian Affairs (OHA)

Bio Statement

Richard Pezzulo has been the Chief Operating Officer at the Office of Hawaiian Affairs since March 2011. Before that, he spent the three previous years as the Chief Financial Officer at OHA, where his responsibilities included overseeing resource management. He has more than 20 years of operations and fiscal management experience with strengths in general and project management. He has managed multi-million dollar contracts to promote the business sector in Papua, New Guinea and the Solomon Islands. He also served as the executive director at Empower O'ahu, where he assisted economically distressed communities on O'ahu. In addition, he earned a Master of Business Administration (MBA) from Southern Cross University in Australia. He received an undergraduate degree in marketing from the University of Connecticut.

Current Role

As chief operating officer for the Office of Hawaiian Affairs, he is responsible for providing strategic planning, performance management, operations management, and knowledge-management services to the CEO, the executive team and program managers. He plays a key role in efforts at OHA to align performance to the strategic plan, continuously share information, make timely decisions, achieve respective program results, and influence the strategic results.



Jill Oliveira Gray, Ph.D.
Director of Research and Evaluation, I Ola Lāhui, Inc.
Licensed Psychologist, Waimānalo Health Center

Bio Statement

Dr. Oliveira Gray is a Native Hawaiian Health Scholarship recipient who received her doctoral degree in clinical psychology from the University of Hawaii at Mānoa in 2001 and completed post-doctoral training in health psychology/behavioral medicine at the Tripler Army Medical Center in 2002. She is licensed in the state of Hawai'i and her clinical work has focused on integrating behavioral health services within primary care clinics, or, community health centers, to improve systems of care for Native Hawaiians and other medically underserved populations, as well as, to increase the workforce capacity of psychologists serving in rural, medically underserved areas across the state of Hawai'i. She worked as the Director of Behavioral Health Services at Nā Pu'uwai Native Hawaiian Health Care System clinic on the island of Moloka'i from 2003-2010 and joined the Integrated Behavioral Health Services staff at Waimānalo Health Center in 2008. She was a member of the Committee on Rural Health within the American

Psychological Association from 2003-2006 and is the immediate past-president of the Hawaii Psychological Association. Since 2007, she has served on the the Board of Directors for Alu Like, Inc., a non-profit organization dedicated to improve the social and economic self sufficiency for Native Hawaiians.

Current Role

She is a staff psychologist at the Waimānalo Health Center and the Director of Research and Evaluation at I Ola Lāhui, Inc., a non-profit organization and psychology training program that is responsive to the needs of medically underserved and predominantly Native Hawaiian rural communities, and, to increasing the number of doctoral level behavioral health providers available in these areas. Her current roles in both of these settings encompass clinical and research work to improve systems of care focused on and dedicated to reducing physical and behavioral health disparities amongst Native Hawaiians, particularly in the areas of chronic disease (obesity, cardiovascular, diabetes), substance use (nicotine, illicit substances); as well as, addressing psychosocial determinants of health and how they impact access to care, treatment engagement, and overall health outcomes.

NĀ LIMA HANA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011



David D. Derauf, M.D., M.P.H.

Executive Director

Kōkua Kalihi Valley Comprehensive Family Services (KKV)

Bio Statement

Dr. Derauf received his medical training at the University of Minnesota and worked from 1987-1988 as the Assistant Director of Public Health in the Thai Highland Project on the border of Thailand and Burma. He moved to Hawai‘i in 1989 to pursue public health training and received his MPH from the University of Hawai‘i at Mānoa in 1995, with a focus on epidemiology. He is board certified in General Preventive Medicine. Dr. Derauf has served as Assistant Clinical Professor of Public Health, Medicine, and Nursing at the University of Hawai‘i. He serves as a board member of the Association of Asian and Pacific Island Community Health Organizations (AAPCHO), the Hawaii Primary Care Association, and Aloha Care, a Hawaii Medicaid Managed Care Corporation. Dr. Derauf has served on numerous committees, including the Hawaii Advisory Committee for the Elimination of Tuberculosis, the Hawaii Advisory Committee for Hepatitis C, the AAPCHO Advisory Committee for Genetics in Primary Care,

and the Hawaii Legislative Task Force on Health Insurance Planning, and as clinical lead for the Holomua project, a 5 year AHRQ funded effort to improve transitional care between tertiary care settings and FQHC’s in Hawai‘i. In 2009, he was chosen by the Director of Health to represent Hawai‘i on the inaugural California-Hawaii Public Health Leadership Institute Team. In December of 2009, Dr. Derauf was invited to the White House to be present at the signing of Federally Qualified Health Center Legislation.

Current Role

Dr. Derauf has been with Kōkua Kalihi Valley Comprehensive Family Services, a federally qualified community health center in Honolulu for the last 22 years. In 1989, he was hired as KKV’s first Clinical Director and remained in this position until being named as KKV’s Executive Director in October, 2003. Under his leadership, Kōkua Kalihi Valley accepted stewardship for a 100 acre parcel of land in the back of the valley, where for the last 6 years people of all cultures have been working together to sustain and propagate the connections between the health of the land and the health of the people. A portion of this work, focusing on Pacific Island patients with Diabetes addressing their chronic illness through traditional gardening practices was featured in the CDC’s NDEP annual report. Under his direction, KKV was named a Center of Excellence in Women’s health care by the Federal Government in 2002. In 2008 KKV was honored by HRSA with its Special Populations Service Award, recognizing KKV’s excellence in service to minority populations.



Loreeta J. Fuddy, A.C.S.W., M.P.H.

Director of Health

Hawai‘i State Department of Health

Bio Statement

Ms. Loreeta Fuddy holds degrees in sociology, social work, and public health from the University of Hawaii and Johns Hopkins University. She has made numerous national and international professional presentations regarding the subject of maternal and child health prevention programs. She has co-authored 27 peer review journal articles. Ms. Fuddy has been the Past President of the Hawaii Public Health Association, the Association of State and Territorial Public Health Social Workers, and has served as the Treasurer and now the Secretary of the Association of Maternal and Child Programs. She has received numerous awards and honors most recently the Director’s Award from the Maternal and Child Health Bureau, HRSA, the Hawaii’s 2009 Outstanding Advocate for Children and Youth, and the Hawaii Chapter of National Association of Social Workers Life Time Achievement Award.

Current Role

Ms. Fuddy has served as first the Deputy Director then the Director of Hawaii State Department of Health since January 2011; prior to that she served for eight years as the Chief of the Family Health Services Division. Her area of expertise for thirty five years has been in the promotion of health and social services for women and children throughout the State of Hawaii. She has been involved with several inter-departmental and private sector collaboratives that address the issues of vulnerable populations, including young children and the uninsured.

NĀ LIMAHANA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011

A. Aukahi Austin, Ph.D.

Executive Director, I Ola Lāhui, Inc.

Licensed Psychologist, Waimānalo Health Center



Bio Statement

Dr. Austin received her Ph.D. in clinical psychology from the Clinical Studies Program at the University of Hawai'i at Mānoa in 2004. She completed a pre-doctoral internship at Tripler Army Medical Center (TAMC) with an emphasis in Community and Health Psychology and a post-doctoral fellowship at the University of Hawai'i at Mānoa Department of Psychology in Child and Adolescent Evidence Based Practice. She is currently a Licensed Clinical Psychologist at the Waimānalo Health Center where she works with Native Hawaiians and other underserved populations in a small, rural O'ahu community. She is interested in conducting ongoing research on Native Hawaiian health and the effectiveness of interventions for rural and medically underserved populations.

Current Role

Dr. Austin is a founding member of I Ola Lāhui (IOL) and now serves as the Executive Director. She has been integral to the rapid growth of the non-profit organization and has allowed it to flourish to include 3 strong branches of service: (1) a psychology training program providing pre-doctoral internships and post-doctoral fellowships in Hawai'i's rural communities (2) a direct

service provider to Native Hawaiians and other underserved individuals, and (3) A community resource for research, evaluation, and consultation that benefits other Native Hawaiian serving organizations. IOL is unique in that our faculty contain doctoral level psychologists with expertise in research methodology as well as cultural and behavioral health practices with a specific emphasis on Native Hawaiians and other medically underserved groups. This combination of skills makes us well suited to play a role in larger efforts to conduct research and evaluation of indigenous health service delivery across a wide variety of problem areas. *I ola lāhui* expresses our intent to improve the health and well being of our people. It means, "So that the people will live and thrive." The I Ola Lāhui mission is to provide culturally-minded evidence-based behavioral health care that is responsive to the needs of medically underserved and predominantly Native Hawaiian rural communities. In recognition of Hawai'i's urgent need for more quality mental health care, I Ola Lāhui is committed not only to providing services, but also to investigating the effectiveness of the services we provide and to training future providers with the hope of making a substantial contribution to the health and well being of our lāhui.

Timothy E. Johns, J.D.

Senior Vice President

Hawaii Medical Service Association (HMSA)



Bio Statement

Mr. Johns currently serves as the Chair of the Northwestern Hawaiian Islands Coral Reef Ecosystem Reserve Advisory Committee which provides advice to the National Oceanic and Atmospheric Administration regarding the long-term conservation and protection of the coral reef ecosystem and related marine resources of the northwestern Hawaiian Islands. Mr. Johns previously served as Director and Chair of the Hawaii Department of Land and Natural Resources (DLNR), where he oversaw all programs conducted to protect and manage the natural and cultural resources of the state, including aquatic resources. During his tenure with DLNR, he served on the Western Pacific Regional Fishery Management Council, the U.S. Coral Reef Task Force, and the Kahoolawe Island Reserve Commission. Mr. Johns' education includes a Juris Doctorate degree, a Master's degree in Economics, and a Bachelor's degree in History and Business Economics. In his previous position he was President and Chief Executive Officer of the Bishop Museum, the leading natural and cultural history museum in the Pacific, and remains on its Board of Directors.

Current Role

Mr. Johns currently serves as the Senior Vice President of the Hawaii Medical Service Association (HMSA)--a non-profit organization and the largest health care insurer in the state of Hawaii. His areas of responsibility include the offices of strategy management and privacy, government relations, and legal services.

NĀ LIMAHAŅA O LONOPŪHĀ Native Hawaiian Health Consortium

Key Partner Biographical Information June 2011



Robin E. S. Miyamoto, Psy.D.

Director of Training

I Ola Lāhui, Inc.

Bio Statement

Dr. Miyamoto completed her Psy.D. in clinical psychology at Argosy University, Honolulu campus in 2000. She completed a post-doctoral fellowship in Health Psychology at Tripler Army Medical Center (TAMC) and continued on to serve as a TAMC clinical supervisor at the Integrated Behavioral Health Program at Waimānalo Health Center for 5 years and eventually Director of Fellowship Training until 2008. She maintains a part-time clinical hospital based practice at Hawai'i Medical Center. Her areas of interest include diabetes, renal disease, and cancer. She has served on the American Psychological Association's (APA) Committee of State Leaders (2006-2008), is a Past-President of the Hawai'i Psychological Association (HPA), and co-chair of the RxP Task Force.

Current Role

Dr. Miyamoto is a founding member of I Ola Lāhui (IOL) and now serves as the Director of Training. IOL's psychology training program's aim is to provide training to practicum, pre-doctoral interns, and post-doctoral fellows in effective, culturally-minded interventions for use in Hawai'i's rural and medically underserved communities. The goal of the program is to increase Hawai'i's capacity to address the growing mental and behavioral health needs through training in behavioral health care and chronic disease management, psychopharmacology, and more traditional mental health concerns such as anxiety and mood disorders. We provide pre- and post-doctoral psychologists with internship and fellowship training experiences where they learn to provide services within rural community health center and Native Hawaiian Health Care Systems clinics. In this way, the trainees provide a needed service to communities most in need while being trained in the use specific, culturally appropriate strategies for working with Native Hawaiian and rural populations. The vision of this branch is to increase the number of mental health professionals working in medically underserved areas and to provide training tailored specifically to the needs of professionals working in these settings. In 5 short years, we have trained 9 psychologists who are all living and working in rural and underserved communities.



Diane S.L. Paloma, M.B.A., Ph.D. (abd)

Director, Native Hawaiian Health Program

The Queen's Health Systems

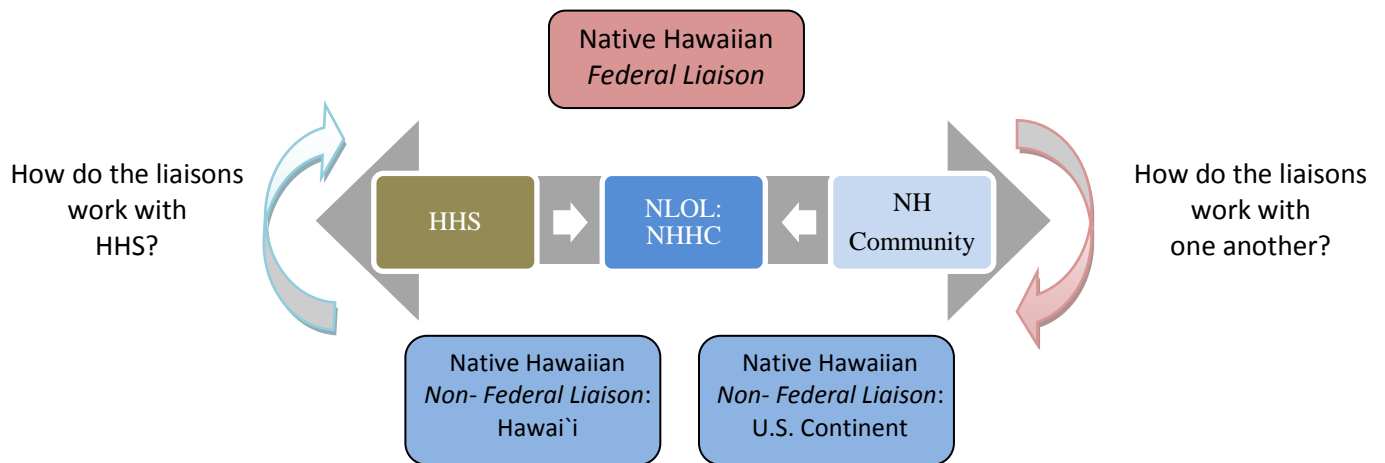
Bio Statement

She is a current PhD candidate (all but dissertation) in Healthcare Administration and holds an MBA degree from the University of Hawai'i and BS degree in Physiological Science from UCLA. She has over 15 years in the healthcare industry focusing on Native Hawaiian Health. She has spent those years working for a private physician, Hawai'i Medical Service Association (HMSA), the John A. Burns School of Medicine and has been at The Queen's Health Systems for the past 4.5 years. She is a member of the Bishop Museum Association Council, 'Ahahui Ka'ahumanu society member, and on the community advisory board for Papakōlea's Kawaihonaakealoha Project and The Department of Native Hawaiian Health's PILI 'Ohana Project. She is a past board member and current Credit Committee member of the Prince Kūhiō Federal Credit Union. Diane has also achieved the rank of 'ōlapa in her hālau, Ka Pā Hula O Ka Lei Lehua, going through a formal 'ūniki process. She is married with three daughters. Her Hawaiian 'ohana hails from Kea'anae, Maui and Laupāhoehoe, Hawai'i.

Current Role

She currently serves as the Director for The Queen's Health Systems, Native Hawaiian Health Program. The Native Hawaiian Health Program seeks to enhance the *ola pono* of Native Hawaiians to ensure comparability of their health status with other ethnic groups in Hawai'i. They hope to achieve this by making a long term commitment to provide, in perpetuity, health care services by aligning Queen's strengths with Native Hawaiians' health priorities. The areas she coordinates are clinical outcomes in patient care areas, healthcare training, research (via extramural funding), access & outreach to the Native Hawaiian community.

Nā Limahana o Lonopūhā: Native Hawaiian Health Consortium—
Visualization of roles and recommendations



NH/PI Federal Liaison(s) Roles & Responsibilities:

OUT (of HHS)

- Serve as main point of contact for HHS and its agencies to NH/PI liaisons and stakeholders
- Facilitate, coordinate, educate, and inform NH/PI Non-Federal Liaisons of federal health agency initiatives that address racial and ethnic health disparities
- Support NH/PI Non-Federal Liaisons and community stakeholders of the HHS action plan and how to best accomplish such goals by building partnerships and collaborative efforts
- Overseeing alignment within the NH/PI community of HHS, goals, results and outcomes.

IN (to HHS)

- Articulate our NH/PI health population needs, wants, and concerns to HHS
- Conduit for the NH/PI community for facilitating and assisting in the development of health policies that support the interests of NH/PI populations
- Facilitate, coordinate, educate, and inform federal health agencies of NH/PI communities initiatives that address health disparities
- Serve as conduit and main point of contact to NH/PI liaison(s)

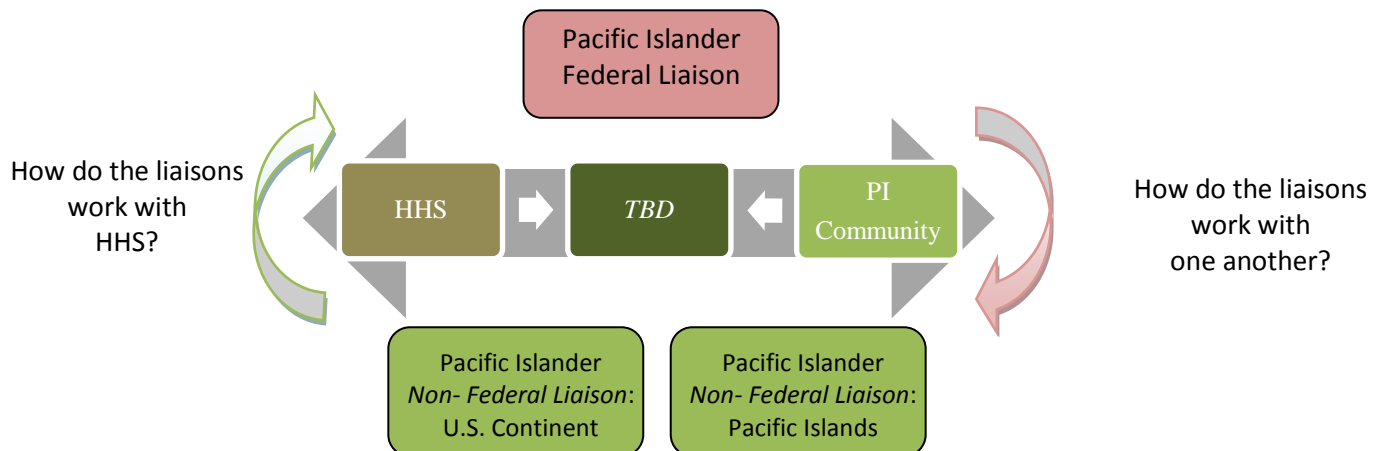
NH/PI Non- Federal Liaison(s) Roles & Responsibilities:

OUT (of community)

- Articulate our NH/PI health population needs, wants, and concerns to the NH/PI Federal Liaison(s) to HHS and their agencies
- Facilitate and educate between NH/PI Federal Liaison(s) and NH/PI community stakeholders of the HHS action plan and how to best accomplish such goals by building partnerships and collaborative efforts
- Serve as conduit and main point of contact to NH/PI Federal Liaison(s) for the NH/PI community for facilitating and assisting in the development of health policies that support the interests of NH/PI populations
- Serve as conduit and main point of contact from communities to NH/PI Non-Federal Liaison(s)

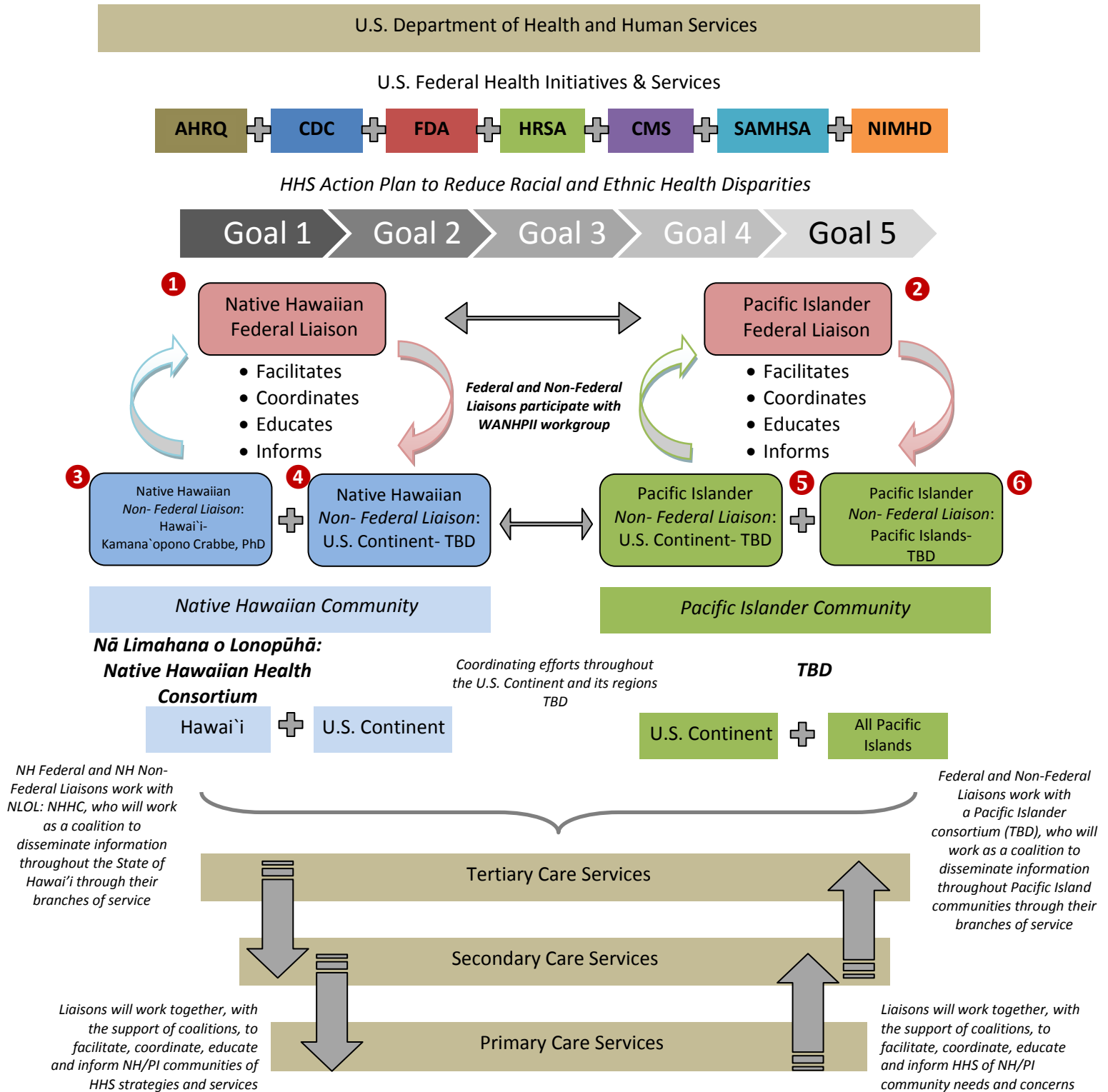
IN (to Community)

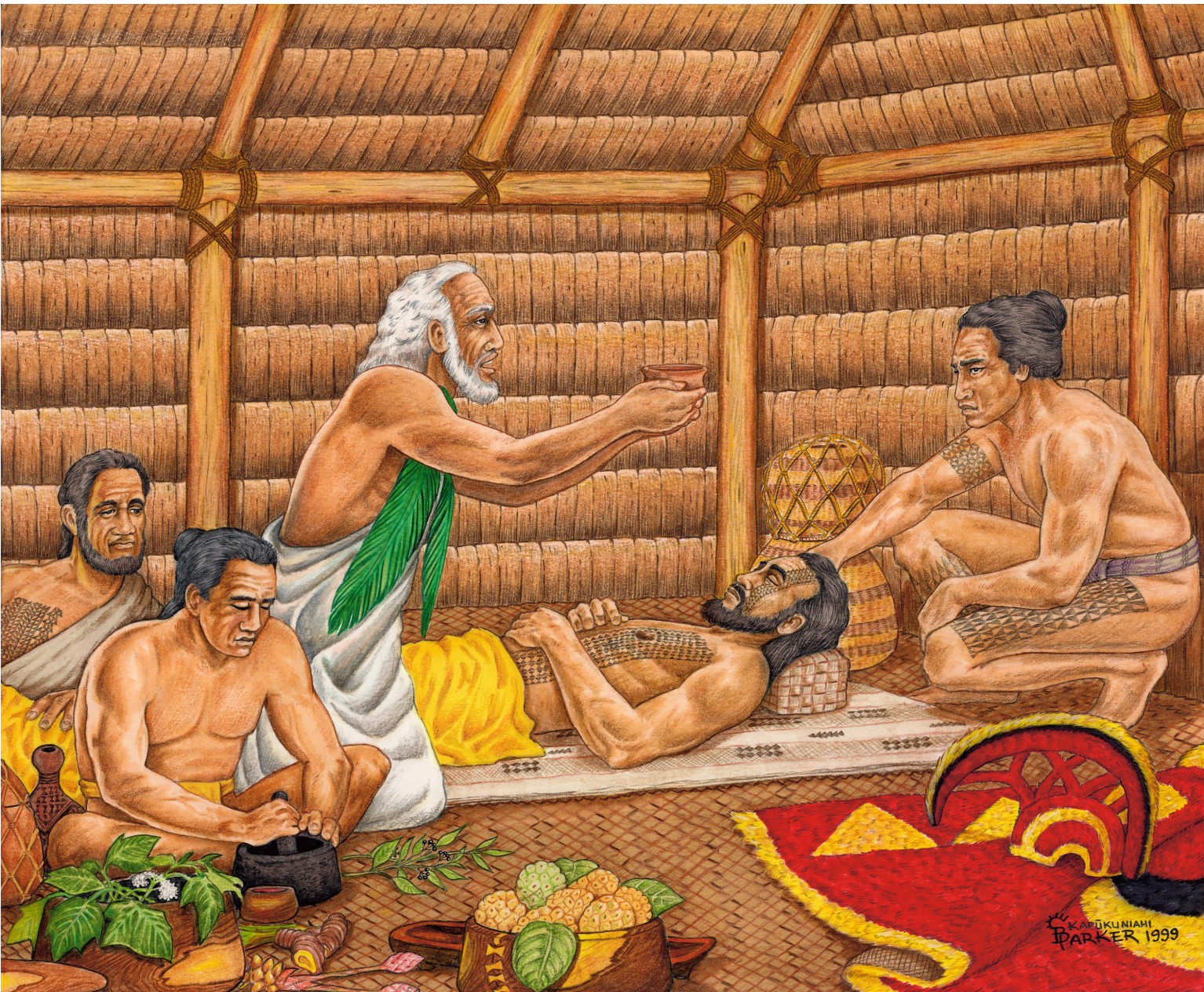
- Serve as main point of contact, as well as represent, the concerns, interests, and needs of the NH/PI community to NH/PI Federal Liaison(s) to HHS and their agencies
- Work directly with the NH/PI Federal Liaison(s) who facilitates, coordinates, educates, and informs federal health agencies of NH/PI health disparities and federal initiatives that offer opportunities for improving the health and well-being
- Oversee alignment of HHS goals, results and outcomes within the NH/PI community and their programs and services
- Serve as conduit and main point of contact to NH/PI communities and branches of service



Nā Limahana o Lonopūhā: Native Hawaiian Health Consortium—
 Visualization of roles and recommendations

How will the liaisons work each other, with HHS, and with NH/PI communities?





Kahuna Lā'au Lapa'au © 2011 Brook Kapukuniahī Parker

Nā Limahana o Lonopūhā

Native Hawaiian Health Consortium June 2011 Compendium

ON THE COVER

KAHUNA LĀ'AU LAPA'AU. A high chief injured in battle has been taken by his son and a close confidant to a Kahuna Lā'au Lapa'au or (Medical Doctor). The title "Kahuna" refers to someone who is a master in a particular craft or vocation. They are veterans of many years of training and are experts held in high regard for their knowledge, wisdom and proficiency. A Kahuna Lā'au Lapa'au's knowledge encompassed three disciplines, botany, pharmacology and medicine.

As a botanist they needed to identify and recognize plants knowing their characteristics. In preparing the plants they needed to know their proper maturity and season to harvest. They functioned as a pharmacist in mixing them in proper proportion. In prescribing and administering them, they served as physicians.

The Kahuna portrayed here offers a prayer to Lono, patron spirit of healing. He is accompanied by an "haumāna" or apprentice. The apprentice might be the son of the Kahuna Lā'au Lapa'au or an ali'i child who has shown unusual talent for learning the skills of the practitioner. The student was expected to be a fast learner for instructions were almost never given more than once or twice. The boy would never question the healing instructions and was expected to learn all the healing skills over a number of years.

The apprentice is assisting in preparing

an infusion of herbs to facilitate the healing process. These remedies were gathered from the mountain forest to the ocean (sea salt and different species of seaweed.) Some of the remedies pictured are kukui leaves (candle nut tree, *Aleurites moluccana*), used as a purgative or laxative corms of 'ōlena (tumeric *Curcuma longa*), used in healing nasal passage abnormalities. The 'ōlena was also used in a purification ceremony.

At the close of a prayer to Lono the Kahuna stirred small pieces of 'ōlena into a bowl containing salt water. After dipping a ti leaf into the mixture the Kahuna would proceed to sprinkle the liquid onto the patient and the walls, floor and ceiling of the room. Also shown are the 'awapuhi (*Zingiber zerumbet*) or ginger plant used as a remedy for cub and sores; a sprig of pōpolo (glossy nightshade, *Solanum omericum*) whose juice of the leaves and black berries were used for wounds, skin disorders and digestive problems. Also pictured is a bowl containing noni (indian mulberry, *Morinda citrifolia*), very important in the healing process. For deep cuts the Kahuna Lā'au Lapa'au would squeeze the juice of a slightly ripe noni onto the wound. The juice from the noni fruit would tend to pull the flesh together. This was a very painful treatment but the wound would heal quickly. If conscious, the wounded high chief would drink a mixture of 'awa prepared by the Kahuna to deaden the intense pain.

The History of Lonopūhā and his Relationship to the Consortium

WE SET THE FOUNDATION of our consortium by beginning with an account into the genealogy and successive depth that root the ancient Hawaiian health system and traditional Hawaiian healing professions. This cultural basis builds a path and process in understanding the significance placed on relationships, its dependent nature that built a collaborative system focused on preventive and acute care in the history of all Native Hawaiians.

Relationships between healing professions are pillars to the overall system of traditional Hawaiian healthcare. This value was forged through time amongst two particular gods, Kamakaokūkoa'e and his younger brother Kamakanui'āha'ilono, who symbolize the customary balance to illness and healing (Chun, 1986). Kamakanui'āha'ilono later meets his student and protégée Lonopūhā and begins to train him in the disciplines of healing. This passing of knowledge, skill and practice transfers from Kamakanui'āha'ilono to Lonopūhā who receives his education in healing from this school of learning. Lonopūhā develops so strongly from his teachings that his ingenuity and proficiency in assessing, diagnosing and restoring health becomes famed throughout the land where more schools were formulated to share these methods of practice. His method becomes the base for all healing practices that rely on addressing both physiological and metaphysical approaches to

follow; integrating to anchor the system where proper treatment equated to a revitalized individual, land division, and nation.

A major historical landmark occurred in 1804 when King Kamehameha I reestablished the ancient order of Lonopūhā, the art of healing. It was during this time when trained practitioners were once again utilized for their skills to address the state of Native Hawaiian health during this period of native contact with foreign disease (Bushnell, 1993). The revival of the Lonopūhā kāhuna was the king's best practice to contend with the flurry of new illnesses infecting Native Hawaiians. Their restoration was recommended due to the kāhuna's highly developed skills of assessment and diagnostics to make definitive treatment plans for the ailing. Specifically, research indicates that descendants of Lonopūhā were engaged in a pedagogy that reestablished balanced wellness within the individual, family, and larger community.

In the early 19th century, Native Hawaiian leaders were adept to use the strength of the past to blend with the hope of a healthier future while addressing the needs of the present as diseases spread. Today, we look to these cultural strengths and the resilience of our ancestors to rebuild Native Hawaiian health in the 21st century while addressing chronic disease.

Overview of the federal inception of E Ola Mau and its Native Hawaiian health recommendations

IN FY1984 the U.S. Senate Appropriations Committee included a directive in the Supplemental Appropriations Bill for the U.S. Department of Health and Human Services (HHS) to conduct a comprehensive health needs study of Native Hawaiians. The contract called for a comprehensive review of existing health data on Native Hawaiians. The entire project was to be completed within a six-month time period. In order to accomplish the study within this short time-frame, the Hawaiian Health Research Consortium decided to organize the project around five task forces. Each task force was responsible for health data within its assigned area (E Ola Mau, 1985, p. i-ii).

The five task forces included:

- 1) Mental Health Task Force
- 2) Medical Task Force
- 3) Nutrition/Dental Task Force
- 4) Historical/Cultural Task Force, and
- 5) Strategic Health Plan Task Force.

In December 1985, the incorporated E Ola Mau Task Force produced seven reports to include an Executive Summary, Preliminary Plan and Medical Appendices.

The Native Hawaiian Health Consortium seeks to redress many of the recommendations from this cornerstone project that have gone under or unimplemented. One of the most significant outcomes of the study are the programmatic and research recommendations that laid the ground work for all Native Hawaiian health programs and research that have since followed. We look to these recommendations and the work of our predecessors as we move forward in unison to continue to improve the health outcomes of Native Hawaiians.

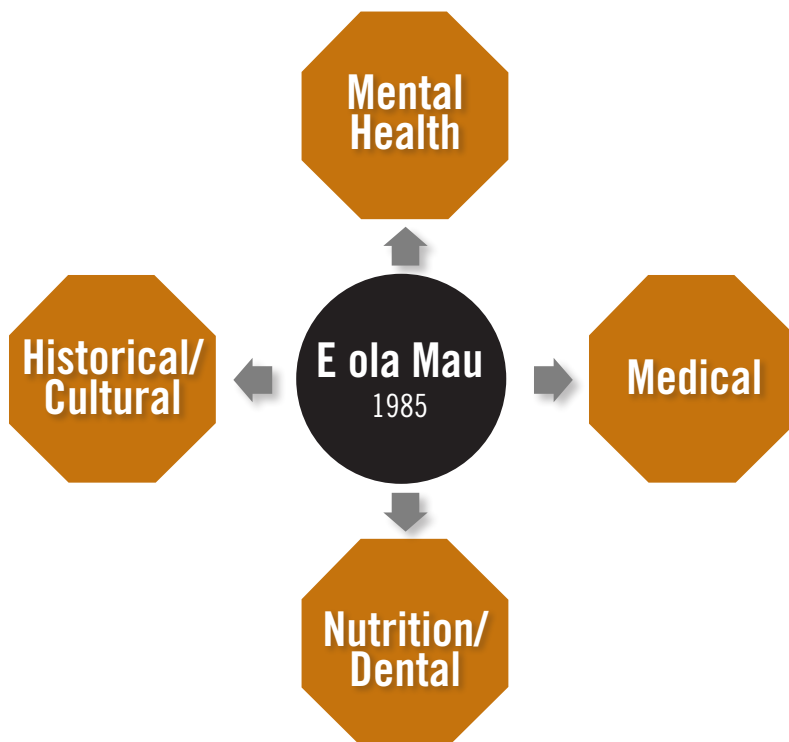
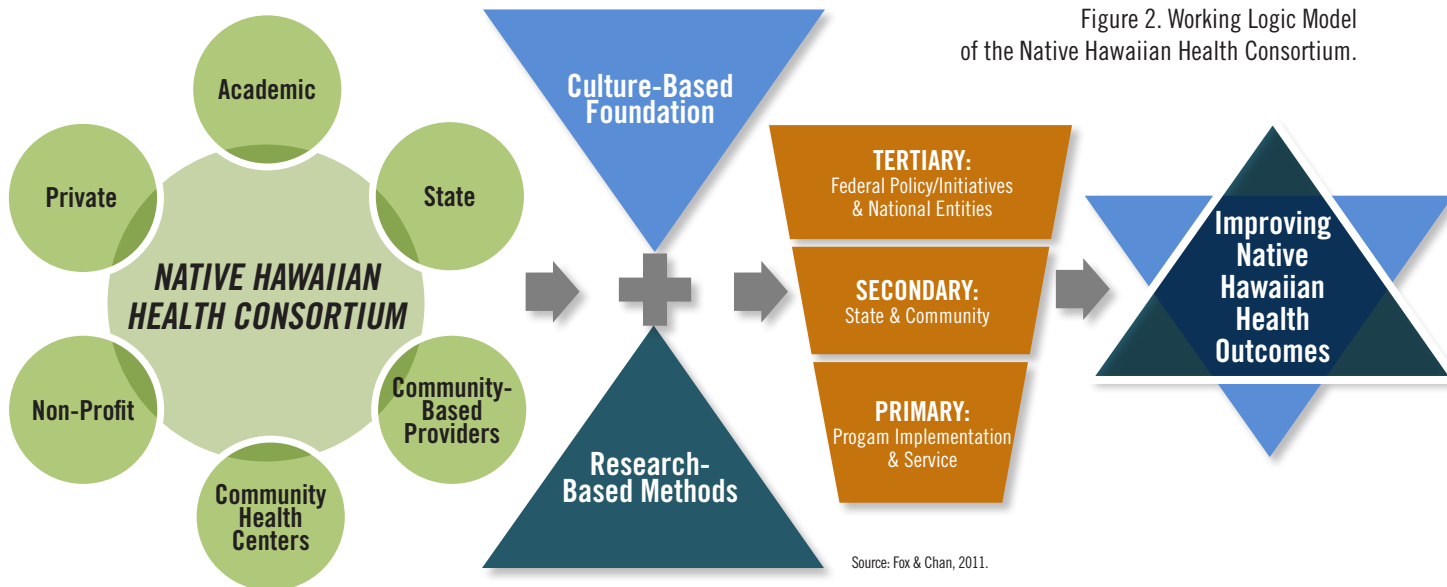


Figure 1. E Ola Mau Task Forces.

NATIVE HAWAIIAN HEALTH CONSORTIUM: Unique Dynamics of Change



NĀ LIMAHANA O LONOPŪHĀ, the Native Hawaiian Health Consortium, is an integrated network of leading senior executives and health care providers committed to addressing the status of Native Hawaiian health throughout the State of Hawai‘i. This consortium proposes progressive models of culture and research-based methods in implementing prevention and treatment programs focused on systemic outcomes among the various levels of Native Hawaiian health and wellness. The consortium comprises private, non-profit, state, academic, community health centers and community-based providers with direct and indirect services throughout Native Hawaiian communities. This collaborative network is established to exemplify a multi-level approach to improving Native Hawaiian health outcomes in the 21st century, specifically as those outcomes relate to chronic diseases.

Creating a Native Hawaiian health network of partners is our chosen strategy to generate sustainable solutions to development challenges and addressing gaps by combining the distinct interests and resources of different organizations. The combined sectors of consortium health include:

NON-PROFIT- another key strand are tax exempt 501(c)(3) organizations dedicated to community outreach services, program development, and independent research. **I Ola Lāhui** serves Native Hawaiians and other medically underserved groups predominantly in rural Native Hawaiian communities. **Papa Ola Lōkahi** (including **‘Imi Hale, Native Hawaiian Cancer Network**) adds to our dynamic by advocating for, initiating, and maintaining culturally appropriate health strategies through physical, mental, and spiritual health avenues.

STATE- The **Office of Hawaiian Affairs (OHA)** is committed to addressing chronic disease rates among Native Hawaiians via evidence-based Research, political Advocacy, and financial Transitional Assistance. Additionally, the consortium looks forward to improve partnerships with the **Hawai‘i State Department of Health** and its divisions to make the best use of local resources in positively impacting chronic disease prevalence and incidence rates among Native Hawaiian adult males and females, children and adolescents.

COMMUNITY-BASED PROVIDERS- our network is unique in its ability to incorporate community-based providers from multi-faceted health backgrounds whose foci is caring for special populations and improving health on a daily basis. Direct services include prevention, wellness maintenance, treatment, and referral across health modalities to include traditional healing, substance abuse, prenatal care, and behavioral health, among others.

ACADEMIC- one major strand of our network comprises academic institutions, including the University of Hawai‘i at Mānoa John A. Burns School of Medicine, **Department of Native Hawaiian Health**, within the State of Hawai‘i’s only medical school. Within the same university system, we include the **Myron B. Thompson School of Social Work**, one of the premier schools of social work in the Pacific-Asia region. Further, we incorporate **Chaminade University**, a private institution serving high proportions of Native Hawaiian undergraduate and graduate degree-seeking students. These scholarly organizations support formal education, preminent scientists and health providers, and professional research capacity.

PRIVATE- the next major strand is supported by private, self-sustaining organizations to include nonexempt charitable trusts. The **Hawaii Medical Service Association (HMSA)** is Hawai‘i’s largest private health insurance entity with a commitment to addressing Native Hawaiian health through their foundation. The **Queen’s Health Systems/Queen’s Medical Center** serves as both Hawai‘i’s largest private hospital and the leading medical referral center in the Pacific Basin entrusted to perpetuate quality health care services to improve Native Hawaiian well-being as instituted by the Hawaiian monarchy in 1859.

COMMUNITY HEALTH CENTERS- balancing our consortium are community health centers such as the **Kōkua Kalihi Valley Comprehensive Family Services, Wai‘anae Coast Comprehensive Health Center** and **Waimānalo Health Center** who provide comprehensive primary medical care services at affordable costs via commitment to transforming the way our communities reach health care programs and providers. Recent initiatives to expand health centers, including a review of the process used to identify new grantees, an assessment of remaining gaps in capacity, an exploration of continuing challenges, and a discussion of unresolved policy questions are key components to us reaching the needs of these communities and future disparate projections.

FEDERAL- as a cooperative, we seek support and collaborative partnerships to continue our work with major federal health agencies under the **U.S. Department of Health and Human Services (HHS)**, to include the **Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), National Institutes of Health (NIH)**, and the **Office of Minority Health (OMH)** and other divisions as applicable to maximize improved health opportunities and benefits for Native Hawaiians.

NĀ LIMAĀNA O LONOPŪHĀ: Our Cornerstones to Support Rebuilding Native Hawaiian Health

Cultural Foundation: Practices, Values, Customs, and Beliefs

In congruence with the E Ola Mau recommendations and evidence-based cultural resiliency studies, we build this cooperative acknowledging and drawing from our cultural practices, values, customs, and beliefs as the indigenous people of Hawai'i. Through this foundation we assemble with the ability to integrate our unique cultural heritage with conventional Western medicine, practice and research to provide Native Hawaiians optimal health opportunities.

TRADITIONAL HEALTH AND HEALING

Part of our cultural foundation looks to the historical and cultural context of health among Native Hawaiians, specifically the energy in our traditional healing practices, such as hāhā (assessment and diagnosis), ho'oponopono (conflict resolution), lomilomi (physical therapy), 'ai kūpele (therapeutic nutrition), and lā'au lapa'au (herbal medicine). These multi-disciplinary arts address the physical, emotional, and spiritual well-being in the healthy balance of our people.

Integrated Services

A problem analysis on the health conditions and needs of Native Hawaiians reveal a need for better access to wellness support and social services for Native Hawaiians. A great need for superior integrative and supportive educational guidelines and improved economic policies for Native Hawaiians is evident across the health spectrum. Our consortium will specifically utilize our knowledge and expertise in the integration of substance use, prenatal care, mental and behavioral health influences to impact chronic disease based on these model methods.

Multi-tiered Approaches: Prevention, Management, and Treatment creating systemic change

Social health determinants, or risk factors, that consist of individual behaviors, family or peer influences, community and environmental factors, and government or systemic policies and norms are uncovered through our partnerships. Consequences of risk factors can be plotted across a similar spectrum, ranging from impacts on individual lives, families, groups, and the community as a whole. This kind of problem analysis draws upon historical/ cultural research, quantitative data, and intimate knowledge of the target population and community. Mapping the range of systemic barriers in this manner aide in highlighting patterns as well as possible points of intervention to address either the causes or impacts of our direction.

Progressive Directions: Working together to focus on Native Hawaiian chronic disease - Obesity

Obesity was selected as a target indicator for the consortium as obesity further exacerbates or contributes to other related chronic diseases. Being obese puts you at a higher risk for health problems such as heart disease, stroke, high blood pressure, diabetes and more. We acknowledge the obesity prevalence rates within our Native Hawaiian community and will relate obesity research and services to addressing other chronic diseases: cardiovascular disease, cancer, asthma, and diabetes as we move forward.

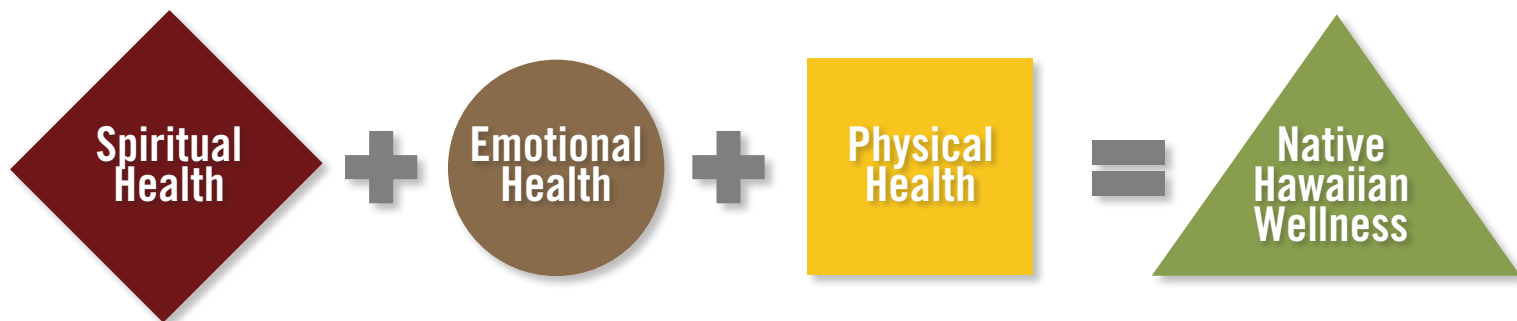


Figure 3. Multi-Level Native Hawaiian Wellness.

Ako 'e ka hale a pa'a, a i ke komo ana mai o ka ho'oilo, 'a'ole kulu i ka ua Hilinehu.

*Thatch the house beforehand so when winter comes it will not leak in the shower of Hilinehu.
Do not procrastinate; make preparations for the future now*

(Pukui, 1983, #100).

NATIVE HAWAIIAN HEALTH CONSORTIUM: Operative Methods of Collaborative Effect

WE OUTLINE the following manners in how the consortium will work together to address the three hierarchical layers (primary, secondary, tertiary) of systemic change for Native Hawaiian health: research, direct service programs, community outreach, education and training, prevention programs and services, and policy recommendations.

RESEARCH

We move to increase the capacity of reliable Native Hawaiian health data and research through organizational and community partnership. We seek to better describe, understand, and address the growing health concerns of our Native Hawaiian elders, men, women, children, and infants. This will be addressed by improved data collecting, tracking, reporting, and projections by disaggregated race/ethnicity by committed consortium partners.

>> This should include computer-based data systems and models to link network partners and monitor/track efficacy in accordance with race/ethnicity reporting standards under OMB Directive No. 15.

>> Including support of GIS mapping technology of chronic disease incidence and prevalence and documentation for underserved Native Hawaiians.

We commit our network to report and publish findings related to identified strengths, evidence-based programs, and best-practice models for sharing, communication, and transparency of partnering in the use of resources for the benefit of the Native Hawaiian community at-large.

>> This will include tracking and reporting clinical outcomes and the specific impact to reduce chronic disease disparities.

DIRECT SERVICE PROGRAMS

We desire to work with HHS to improve coordination of obesity prevention efforts of the Hawai'i State Department of Health targeting Native Hawaiian population through an inter-sectoral approach.

COMMUNITY OUTREACH

We commit to medically underserved communities in the Hawai'i: specifically, Kalihi, Waimānalo and Wai'anae on the island of O'ahu, who demographically comprise large concentrations of Native Hawaiians.

HEALTH MANAGEMENT EDUCATION AND TRAINING

We promote increased access to nutritionally healthy foods and prevent childhood obesity starting with youth and targeting families.

We promote increased access to physical exercise starting with weight management and decreased BMI.

PREVENTION PROGRAMS AND SERVICES

We aspire to build capacity within communities, both rural and urban, to conduct prevention programs and provide services.

HEALTH POLICY RECOMMENDATIONS

We seek focused advocacy efforts on policy and environmental change to enhance prevention and control of chronic disease and associated risk factors specific to Native Hawaiians within the federal, state, and community levels.



Figure 4. Methods of Effect.

E 'imi i ke ola mawaho.

Seek life outside.

Consult a kahuna to see what is causing the delay in healing.
Said when a person lies sick, and recovery is slow.

(Pukui, 1983, #311).

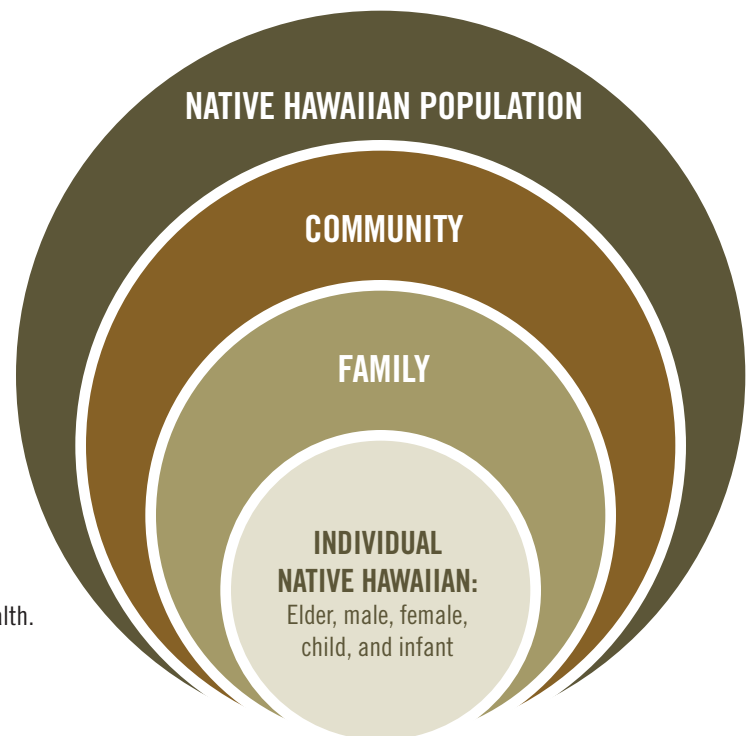
NĀ LIMAHANA O LONOPŪHĀ: Progressive Steps for Systemic Change

NEXT STEPS

- Continue building strategic partnerships at the community, state, and federal levels;
- Convene bi-monthly meetings of Nā Limahana o Lonopūhā Native Hawaiian Health Consortium to build intergroup collaboration and build capacity of support staff to assist executive leaders within each partner organization;
- Consortium approval to adopt John A. Burns School of Medicine, Department of Native Hawaiian Health initiative to eliminate health disparities among Native Hawaiians;
- Consortium approval to partner with the Pacific Islander Alliances (Sela Panapasa, University of Michigan);
- Consortium review of “Native Hawaiian and Other Pacific Islander Health Data Act of 2011” proposed in January 2011;
- Convene Native Hawaiian Health Summit.

OUR NEXT STEPS AND GOALS will be aligned to influence change through top-down and bottom-up design. We recognize the nested layers of impact in the processes of both decomposition and synthesis modeling to impact the status of Native Hawaiian health. In these ways, we will work to address individuals, families, communities, and overall Native Hawaiian wellbeing. Through these layers, we emphasize interconnectedness, active wellness, shared decision making, and higher levels of Native Hawaiian vitality for all. Our next steps and goals will work to maximize our actions and harness resources to create progressive turning points for our health in the 21st century.

Figure 5. Nested layers of impact on Native Hawaiian Health.



TARGETED GOALS OF CONSORTIUM

- Solidified MOA between organizations under Nā Limahana o Lonopūhā Native Hawaiian Health Consortium;
- Signed Declaration of Maui Ola between organizations under Nā Limahana o Lonopūhā Native Hawaiian Health Consortium;
- Collaborate with HHS Workgroup for federal consultation regarding the implementation targets of HHS Asian American, Native Hawaiian and Pacific Islander Plan;
- Increase outreach to Native Hawaiian/Pacific Islander populations in the SAMHSA’s Minority Fellows Program (MFP), which provides stipends to doctoral level students to increase the number of culturally competent behavioral health professionals;
- Planning for federal liaison for Native Hawaiian/Pacific Islander health initiatives within a federal health agency;
- Begin data systems development planning with federal agencies for consistency and comparability across entities and geographics.

RECOMMENDATION

*We recommend a **federal liaison** for Native Hawaiian/Pacific Islander health initiatives within a **federal health agency**.*

Nā Limahana o Lonopūhā Native Hawaiian Health Consortium

Key Organizational Representatives as of June 2011



A. AUKAHI AUSTIN, PH.D.
Executive Director
I Ola Lāhui, Inc.
Non-Profit

Licensed Psychologist
Waimānalo Health Center
Community Health Center
aaustin@iolalahui.org
808.525.6255



DAVID D. DERAUF, M.D., M.P.H.
Executive Director
Kōkua Kalihi Valley Comprehensive Family Services
Community Health Center
dderauf@kkv.net
808.791.9400



DIANE PALOMA, M.B.A, PH.D. (ABD)
Director of Native Hawaiian Health Program
The Queen's Health Systems
Private
dpaloma@queens.org
808.537.7717



Papa Ola Lokahi
Nana I Ka Pono Na Ma

HARDY SPOEHR
Executive Director
Papa Ola Lōkahi
Non-Profit
hspoehr@papaolalokahi.org
808.597.6550



Chaminade University

HENRY HALENANI GOMES, M.S.
Director of the Office of Native Hawaiian Partnerships
Chaminade University
Academic
hgomes@chaminade.edu
808.735.4750



JILL OLIVEIRA GRAY, PH.D.
Director of Research and Evaluation
I Ola Lāhui, Inc.
Non-Profit

Licensed Psychologist
Waimānalo Health Center
Community Health Center
Oliveiraj009@gmail.com
808.349.9267



JOANN TSARK, M.P.H.
Project Director
'Imi Hale Native Hawaiian Cancer Network
Papa Ola Lōkahi
Non-Profit
jtsark@imihale.org
808.526.1700



Papa Ola Lokahi
Nana I Ka Pono Na Ma



KAMANA'OPONO M. CRABBE, PH.D.
Research Director
Office of Hawaiian Affairs (OHA)
State Agency
kamanaoc@oha.org
808.594.0280



JOSEPH KEAWE'AIMOKU KAHOLOKULA, PH.D.
Chair and Associate Professor of Native Hawaiian Health
John A. Burns School of Medicine- Department of Native Hawaiian Health
University of Hawai'i at Mānoa
Academic
kaholoku@hawaii.edu
808.692.1047



LORETTA J. FUDDY, A.C.S.W., M.P.H
Director of Health
Hawai'i State Department of Health
State Agency
loretta.fuddy@doh.hawaii.gov
808.586.4410



Waianae Coast Comprehensive Health Center

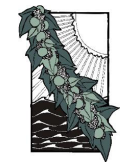
MARY ONEHA, PH.D.
Chief Operating Officer
Waianae Coast Comprehensive Health Center
Community Health Center
MOneha@wcchc.com
808.967.3612



NOREEN MOKUAU, D.S.W.
Interim Dean and Professor
Myron B. Thompson- School of Social Work
University of Hawai'i at Mānoa
Academic
noreen@hawaii.edu
808.956.6300



RICHARD PEZZULO, M.B.A.
Chief Operating Officer
Office of Hawaiian Affairs (OHA)
State Agency
richardp@oha.org
808.594.1999



ROBIN MIYAMOTO, PSY.D.
Director of Training
I Ola Lōhui, Inc.
Non-Profit
rmiyamoto@iolalahui.org
808.525.6255



TIM JOHNS, J.D.
Senior Vice President
Hawaii Medical Service Association (HMSA)
Private
tim_johns@hmsa.com
808.948.5581

No kahi ka pilikia, pau a pau. | *When one is in trouble, all [give aid]* | (Pukui, 1983, #2332).

For further research and information related to Native Hawaiian Health, please contact:

Kamana'opono M. Crabbe, PhD - *Research Director*
Mark Eshima, MA - *Lead Researcher*
Kealoha Fox, MA - *Research Analyst*
Keola Kawai'ulā'iliahī Chan - *Research Analyst*

Demography Section
Research Division
808.594.1769

For research and data citations,
contact demography@oha.org



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The Physician by Herb Kawainui Kane © 2011 Herb Kane Heritage Trust

Native Hawaiian

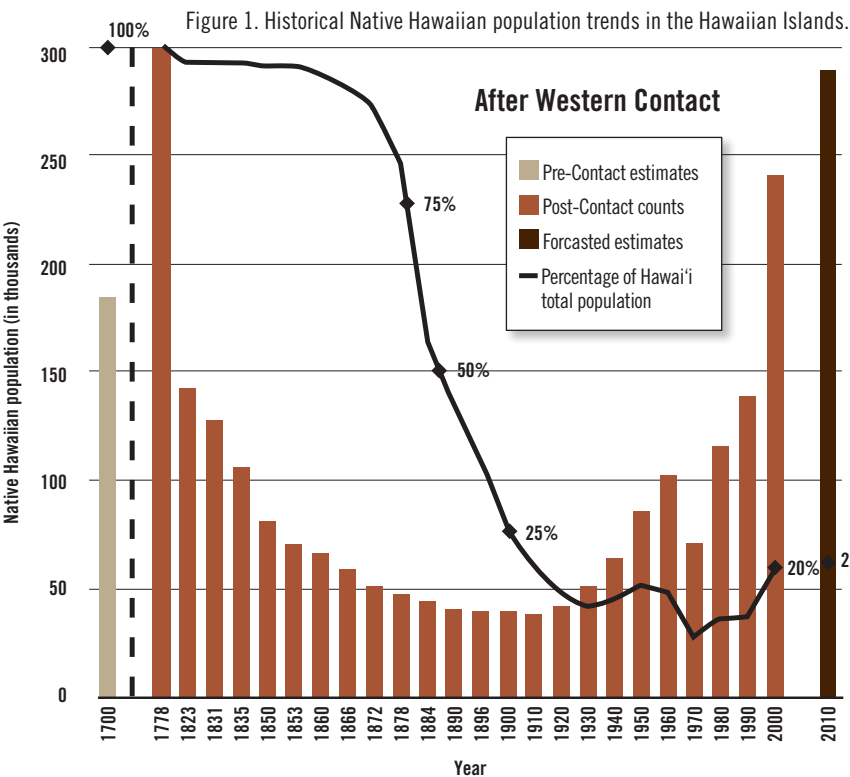
Health Fact Sheet 2011

OVERVIEW OF NATIVE HAWAIIAN HEALTH

Research shows that in present day there is a Native Hawaiian public health crisis when analyzing chronic disease indicators, specifically cardiovascular disease, obesity, diabetes, asthma, and cancer. We report these statistics in order to shed light on this issue and applicable contextualized determinants of health status rates.

NATIVE HAWAIIAN POPULATION

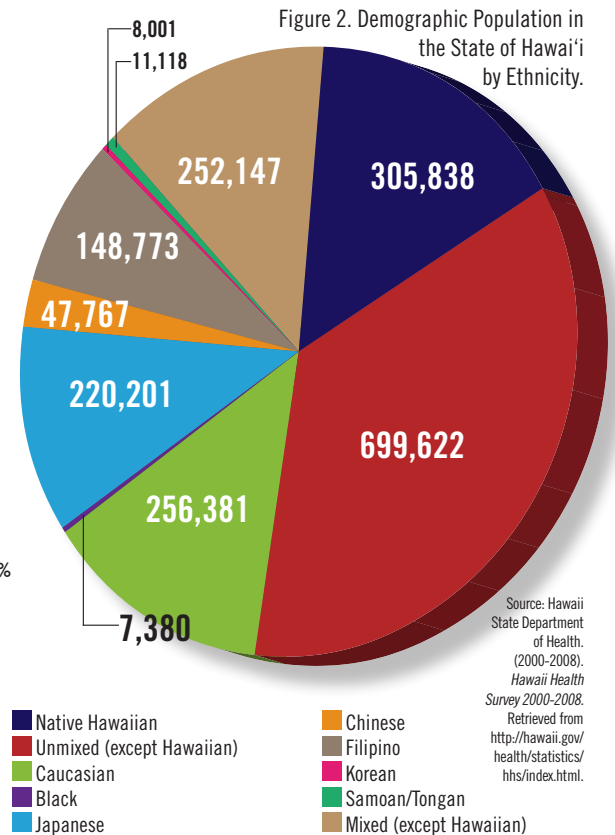
The Native Hawaiian population makes up approximately 22% (305,838) of the State of Hawai'i total population (see Figure 2). This number has been slightly increasing over the past 10 years (DOH, 2008). In the Census 2000, 161,507 Native Hawaiians lived in the Continental U.S. (2001). Today, over 40% of the Native Hawaiian population resides off the Hawaiian Islands.



Source: Hsu, P., & Nielson, J. (2010). *Population update 2010: The R&E annual update series*. Honolulu: Kamehameha Schools Research & Evaluation, p. 1.

THE HISTORICAL AND CULTURAL LINKS TO NATIVE HAWAIIAN HEALTH OF THE PAST

To fully comprehend the state of the contemporary health status of Native Hawaiians, it is essential to explicate the foundations of traditional Hawaiian health practices that lead to a thriving society of physically adept people. Critical to the well-being and vigor of Native Hawaiians was a highly structured system of ancient medical art forms of preventive health, acute care, and holistic healing. From 1776 to 1893, a 90% depopulation of the Native Hawaiian community took place due to severe biological, psychological, and physical displacements Native Hawaiians faced within their own homes (Blaisdell, 1998) (see Figure 1). Thus, to contextualize the plight of Hawai'i's indigenous people, it is important to acknowledge the structure of ancient Hawaiian healing and the state of wellness prior to foreign contact.



Source: Hawaii State Department of Health, (2000-2008). *Hawaii Health Survey 2000-2008*. Retrieved from <http://hawaii.gov/health/statistics/hhs/index.html>.

NATIVE HAWAIIANS ENROLLED IN HEALTH CARE MAJORS

It is important to track the post-secondary enrollment rates of Native Hawaiians pursuing majors in applicable health care fields. These rates will directly link to current and future Native Hawaiian capacity to prevent and treat fellow Native Hawaiian infants, youth, adults, and seniors who suffer from physical and emotional diseases and disorders.

- There is but one School of Medicine in Hawai'i – just 8% (39 students) of John A. Burns enrollment is of Native Hawaiian ethnicity (UH IRO, 2009).

Figure 3. Comparing Native Hawaiian Post-Secondary Enrollment Rates in Health Fields.

Indicator	University of Hawai'i at Mānoa (N)	Native Hawaiians Majored in College / School (N)	Native Hawaiians Majored in College / School (%)
School of Medicine	479	39	8
Psychology Department	294	25	8.5
School of Human Nutrition, Food & Animal Sciences	185	23	12
School of Nursing & Dental Hygiene	665	96	14
School of Social Work	301	63	21

Source: University of Hawai'i, IRO, 2010.

MATERNAL AND CHILD HEALTH STATUS OF NATIVE HAWAIIANS

In an average year in Hawai'i, 18,350 babies are born; being of Native Hawaiian race represents just over a *quarter* of all births. Native Hawaiian mothers have some of the greatest health inequities compared to other ethnicities and State of Hawai'i rates in 16 measured indicators (PRAMS, 2010). **48%** of deaths in Hawai'i, *originating from perinatal period*, are accounted by the Native Hawaiian ethnic group (Office of Health Status Monitoring, 2009).

Figure 4. Comparing Native Hawaiian Health by Maternal and Child Health Indicators.

Indicator	State of Hawai'i (2004-2008 Average)	Native Hawaiian (2004-2008 Average)	Healthy People 2010 Objective
Unintended Pregnancy	45.3%	54.1%	30.0%
Inadequate Preconception Vitamin Use	63.4%	73.3%	20.0%
First Trimester Prenatal Care	82.2%	78.7%	90.0%
Smoking During Pregnancy	8.5%	13.9%	0.0%
Drug Use During Pregnancy	2.7%	3.9%	0.0%
Breastfeeding at Eight Weeks	71.0%	62.6%	75.0%

Source: PRAMS, 2010; USDHHS, 2009

CHRONIC DISEASE STATUS OF NATIVE HAWAIIANS

Research and data indicate that Native Hawaiians suffer some of the worst health inequities in the State of Hawai'i and rival disparate health conditions across the Continental U.S. Figure 5 compares chronic Native Hawaiian disease rates to those of the State of Hawai'i and national prevalence statistics. These indicators call for a plan of action to seriously address the critical state of current Native Hawaiian health and chronic disease prevalence among our people.

Specifically, (Papa Ola Lōkahi, N.D.; WHIAAPI Fact Sheet, N.D.)

- Native Hawaiians are over 5 times as likely to experience diabetes between the ages of 19-35 (11% vs. 2%) compared to non-Hawaiians.
- Native Hawaiians have the highest rate of deaths due to cancer compared to any other ethnic group in Hawai'i.

Figure 5. Comparing Native Hawaiian Health by Chronic Disease Indicators.

Chronic Disease Indicator (2009)	United States	State of Hawai'i	Native Hawaiians in Hawai'i
Heart Attack	11.4	2.9	6.0
High Blood Pressure	28.7	30.2	36.3
Obesity	26.9	22.9	49.3
Diabetes	8.3	8.5	13.4
Asthma	13.4	16.9	26.5
Prostate Cancer	2.2	3.8	3.6

Source: BRFSS, 2009; CDC/NCHS National Health Survey, 2009; HBRFSS, 2009; Health USA, 2009.

A FURTHER LOOK AT NATIVE HAWAIIAN OBESITY

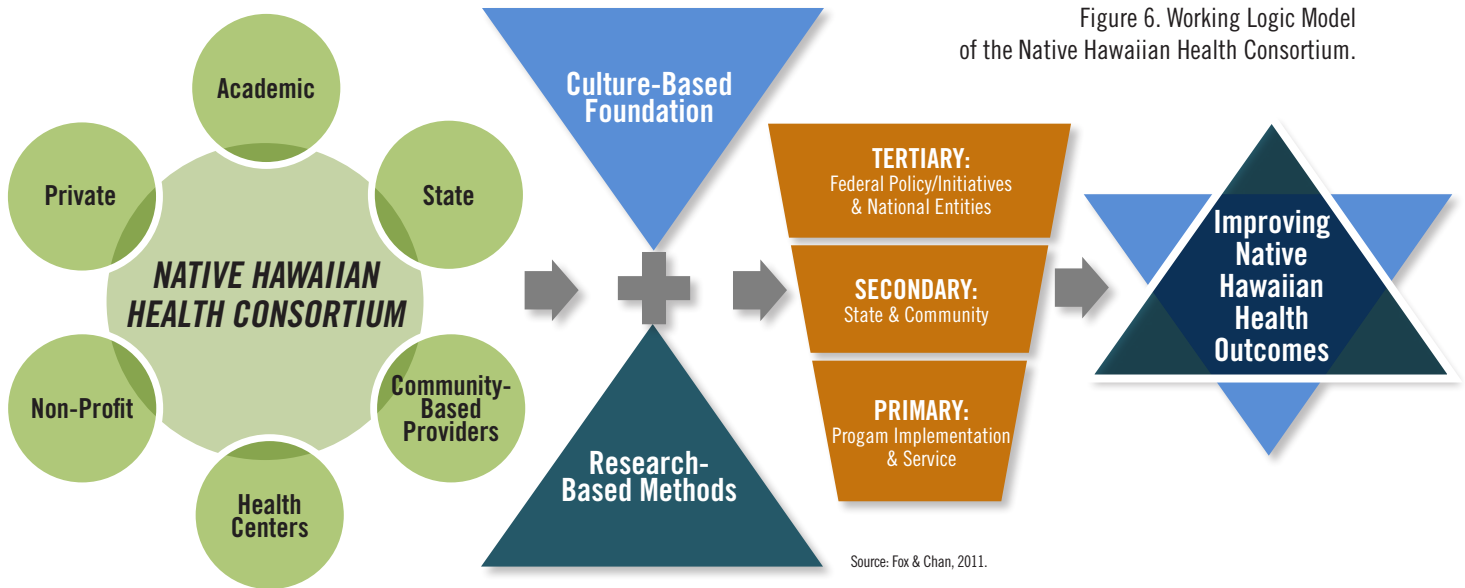
- **75.5%** of Native Hawaiians are at risk for being *overweight or obese*, compared to 57.2% in the State (HBRFSS, 2010).
 - Healthy People 2010 objective was to *lower* Obesity prevalence to 15%.
- **23.3%** of Native Hawaiian mothers are categorized with *Preconception Obesity* compared to 15.8% in the State of Hawai'i (PRAMS, 2010).
- **19%** of Native Hawaiian *youth* are Obese, according to their BMI levels, compared to 14.5% in the State of Hawai'i and 12.0% in the U.S. (BRFSS, 2009; CDC, 2008).
 - In 2006, **39.4%** of Native Hawaiians were Obese, in 2007, **43.2%**. This is a 10% increase in Native Hawaiian Obesity in 3 years (2009, 49.3%) (HBRFSS, 2006; HBRFSS, 2007).
 - Comparatively, 36.8% of Non-Hispanic Blacks and 30.7% of Hispanics were nationally classified as Obese in 2010 (BRFSS, 2010).
 - The two U.S. regions with the highest rates of Obesity prevalence were the South (28.4%) and the Midwest (28.2%). The State of Hawai'i has higher rates of Obesity (30.2%) than either of these two regions (BRFSS, 2010; MedNews, 2011).

OTHER VALUABLE NATIVE HAWAIIAN HEALTH INDICATORS:

- **5.8%** of Native Hawaiians *do not have any* kind of health care coverage (HBRFSS, 2010).
 - **9.5%** of Native Hawaiians *have not had* a routine checkup visit to a doctor in over 5 years, the highest of all ethnicities in the state (HBRFSS, 2010).
- **17%** of Native Hawaiians rate their general health status as "fair" or "poor", the highest of all ethnicities in the state (HBRFSS, 2010).
- Among the Top 10 leading causes of death among Native Hawaiians: *accidents, diabetes, cardiovascular disease, cancer, and inflammation of the kidneys* (Office of Health Status Monitoring, 2009).
- **60%** of Native Hawaiian youth in Grade 12 have a lifetime prevalence of any illicit drug use compared to 53% in the Nation and 47% for the State of Hawai'i sample in the same grade (Pearson, 2004).
- **8.9%** of Native Hawaiian adults reported lifetime methamphetamine use - higher compared to any other ethnic group in the state (Hawai'i State Treatment Needs Assessment dataset, 2004).

- The highest adult prevalence rates of methamphetamine use in the state are found in *Kauai County* (UH Center on the Family, 2007).

THE NATIVE HAWAIIAN HEALTH CONSORTIUM



Nā Limahana o Lonopūhā, the Native Hawaiian Health Consortium, is an integrated network of leading senior executives and health care providers committed to addressing the status of Native Hawaiian health throughout the State of Hawai‘i. This consortium proposes progressive models of culture and research-based methods of implementing prevention and treatment programs focused on systemic outcomes among the various levels of Native Hawaiian health and wellness. The consortium comprises private, non-profit, state, academic, health centers and community-based entities with direct and indirect services throughout Native Hawaiian communities. Such collaboration is critical to a multi-level approach to addressing health care in the 21st century among indigenous peoples.

RECOMMENDATION

*We recommend a **federal liaison** for Native Hawaiian/Pacific Islander health initiatives within a **federal health agency.***

The Office of Hawaiians Affairs (OHA) was established to help provide the opportunity for a better life and future for all Native Hawaiians. In 2010, OHA was reorganized with a specific role focused on research and results to guide its efforts and actions. This new era of OHA has a particularly strategic strand focused on improving Native Hawaiian health for its beneficiaries. Part of this health effort has determined a strong need for leadership capacity to address Native Hawaiian health issues between and within the social layers of influence. Through institutional partnership, the Native Hawaiian Health Consortium was formed to increase organizational coordination, collaboration, and comprehensiveness to seek support from federal agencies on Native Hawaiian health issues for the common health interests of these partners and their networks.

ON THE COVER

WEARING A LEI of shredded ti leaves, a *kahuna lapa‘au* prepares an infusion of herbs, some to be ground up in the stone mortar near his knee. Many remedies were gathered from the sea to the mountain forests, and some were cultivated. Smoke curls up behind him from a small fire over which *noni* leaves are being charred for use in a preparation.

He holds a sprig of *pōpōlo*, perhaps the most important of all medicinal plants. The juice of the leaves and the black, sweet berries was used in treatments for skin disorders, wounds, and digestive problems. In the bowl at lower right are fruit and leaves of *noni*, perhaps the second most important plant in healing. Leaves of *kukui*, in the basket at right, were used as a laxative or a purge. A small bowl (lower center) holds red salt (*pa‘akai ‘alaea*) evaporated

from seawater steeped in red ochreous earth. On the platter, right to left, are yellow-blossomed ‘*ilima*, the seaweed *limu kala*, and the corms of ‘*olena* (tumeric). Behind the platter are stalks of *kō* (Polynesian sugar cane). At lower left is the ginger ‘*awapuhi*.

At left, a broken bone is being set. It is said that specialists in bone setting went through a lengthy apprenticeship from which they graduated only after breaking and successfully setting a bone in a member of their family. At right, a physician manipulates the body of a patient with varying pressures calculated to help him make his diagnosis.

Physicians observed rituals expressing respect toward Lono, patron spirit of healing, and strived to emulate their ancestral ‘*aumakua*, conducting their lives in a manner that would make them worthy of receiving *mana*.

For further research and information related to Native Hawaiian Health, please contact:

Kamana‘opono M. Crabbe, PhD - *Research Director*
 Mark Eshima, MA - *Lead Researcher*
 Kealoha Fox, MA - *Research Analyst*
 Keola Kawai‘ula‘ilihi Chan - *Research Analyst*

Demography Section
 Research Division
 808.594.1769

For research and data citations, contact demography@oha.org

