Kahua Ola
Native Hawaiian Health Strategic Plan
In May 2018 the Native Hawaiian Health Committee and QHS President and CEO, Art Ushijima, requested a refresh of the 2006 Native Hawaiian Health Strategic Plan. Under the leadership of Gerard Akaka, M.D., QHS VP, Native Hawaiian Affairs and Clinical Support, Eric Martinson, QHS EVP, Endowment and Chief Investment Officer, and Sharlene Tsuda, QHS VP, Community Development, the Native Hawaiian Health Program Office, Strategic and Business Planning Department, and 18 clinical and non-clinical stakeholders, from Molokai, Hawai‘i Island, and O‘ahu, with experience and/or interest in serving Native Hawaiian communities, developed this strategic plan.

This plan describes Queen’s approach, goals, and tactics to realize our vision, e ola ka ‘āwi, healthy and well are the Hawaiians. The framework of this plan, named Kahua Ola, redefines “health” broadly as ola or the optimal balance of spirit, mind, and body, which are strengthened by connections to resources, people, places, and cultural identity, collectively referred to as the kahua. This framework acknowledges the need to address other factors that impact physical health in order to restore ola.

To fulfill the intent of Queen Emma and King Kamehameha IV, to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawai‘i, Queen’s commits the resources, bequeathed by our Founders, to achieve the goals of this plan.
# Guiding Principles

Development of this plan was grounded in Hawaiian values articulated in these guiding principles.

<table>
<thead>
<tr>
<th></th>
<th>Guiding Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Aloha aku, aloha mai</strong> - Aloha given, aloha received</td>
</tr>
<tr>
<td></td>
<td>*We will provide excellent care with respect, compassion, and kindness for our</td>
</tr>
<tr>
<td></td>
<td>patients and families, especially those in challenging circumstances*</td>
</tr>
<tr>
<td>2</td>
<td><strong>Pūpūkāhi i holomua</strong> - Unite in order to progress #2758</td>
</tr>
<tr>
<td></td>
<td>*We will seek meaningful and respectful partnerships with individuals, families,</td>
</tr>
<tr>
<td></td>
<td>communities and organizations who share in the kuleana of improving well-being*</td>
</tr>
<tr>
<td>3</td>
<td><strong>ʻA ʻohe pau ka ʻike i ka hālau hoʻokahi</strong> – All knowledge is not taught in the</td>
</tr>
<tr>
<td></td>
<td>same school. One can learn from many sources. #203</td>
</tr>
<tr>
<td></td>
<td>*We will integrate indigenous (ancestral and contemporary) and western knowledge</td>
</tr>
<tr>
<td></td>
<td>to promote healing and wellness, incorporating a multi-disciplinary approach in</td>
</tr>
<tr>
<td></td>
<td>our care delivery*</td>
</tr>
<tr>
<td>4</td>
<td><strong>Ma ka hana ka ʻike</strong> – In working one learns. #2088</td>
</tr>
<tr>
<td></td>
<td>*We will learn from our experiences and apply our learnings to continually</td>
</tr>
<tr>
<td></td>
<td>improve our effectiveness and efficiency in achieving positive outcomes*</td>
</tr>
</tbody>
</table>
Data report includes data specific to the QHS Native Hawaiian population. QHS specific data was obtained in FY20 using the existing data infrastructure capabilities for tracking and exploring the Native Hawaiian population. Some of the data presented in the following slides reference data provided in the 2018 Kahua Ola strategic plan (see notations). External non-QHS sources updated since the source date.
Native Hawaiians account for 23% of the state population.

**HAWAI‘I POPULATION BY ETHNICITY**

- Caucasian: 14%
- Hawaiian: 23%
- Chinese: 15%
- Filipino: 6%
- Japanese: 23%
- Other: 19%

Native Hawaiians are well represented in acute care (inpatient and ED).

**NATIVE HAWAIIANS SERVED BY QUEEN’S**

Native Hawaiians as % of Total QHS Patient Population (FY18)

- Inpatient: 23%
- ED: 27%
- Outpatient: 19%
- Queen Emma Clinics: 21%
- Primary Care*: 14%

* Represents The Queen’s Health Care Centers (Hawai‘i Kai, Kapolei, Downtown)

Source: Hawai‘i State Department of Health, Hawaii Health Survey 2012
Native Hawaiian Population by Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Native Hawaiians*</th>
<th>Total Population</th>
<th>% of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;C Honolulu</td>
<td>182,121</td>
<td>953,207</td>
<td>19%</td>
</tr>
<tr>
<td>Waiʻanae</td>
<td>28,404</td>
<td>48,519</td>
<td>59%</td>
</tr>
<tr>
<td>Windward Oʻahu</td>
<td>33,761</td>
<td>115,164</td>
<td>29%</td>
</tr>
<tr>
<td>West Oʻahu (excl. Waiʻanae)</td>
<td>46,590</td>
<td>270,964</td>
<td>17%</td>
</tr>
<tr>
<td>North Shore</td>
<td>9,085</td>
<td>34,452</td>
<td>26%</td>
</tr>
<tr>
<td>Central Oʻahu</td>
<td>16,269</td>
<td>94,019</td>
<td>17%</td>
</tr>
<tr>
<td>Urban Honolulu</td>
<td>48,012</td>
<td>390,089</td>
<td>12%</td>
</tr>
<tr>
<td>Hawaiʻi County</td>
<td>54,919</td>
<td>185,079</td>
<td>30%</td>
</tr>
<tr>
<td>East Hawaiʻi</td>
<td>33,453</td>
<td>104,704</td>
<td>32%</td>
</tr>
<tr>
<td>North Hawaiʻi</td>
<td>9,621</td>
<td>32,503</td>
<td>30%</td>
</tr>
<tr>
<td>West Hawaiʻi</td>
<td>11,845</td>
<td>47,872</td>
<td>25%</td>
</tr>
<tr>
<td>Maui County</td>
<td>36,758</td>
<td>154,834</td>
<td>24%</td>
</tr>
<tr>
<td>Maui</td>
<td>31,666</td>
<td>144,444</td>
<td>22%</td>
</tr>
<tr>
<td>Lānaʻi</td>
<td>611</td>
<td>3,135</td>
<td>19%</td>
</tr>
<tr>
<td>Molokai</td>
<td>4,481</td>
<td>7,255</td>
<td>62%</td>
</tr>
<tr>
<td>Kauaʻi County</td>
<td>15,978</td>
<td>66,921</td>
<td>24%</td>
</tr>
<tr>
<td>Total</td>
<td>289,776</td>
<td>1,360,041</td>
<td>21%</td>
</tr>
</tbody>
</table>

*May include Other Pacific Islanders

- Hawaiʻi County has the highest percentage (30%) of Native Hawaiians among its total population
- Communities with the largest proportion of Native Hawaiians
  - Molokai (62%)
  - Waiʻanae (59%)
  - Hana, Maui (57%)
- Communities with the largest number of Native Hawaiians
  - West Oʻahu, including Waiʻanae (74,994)
  - Urban Honolulu (48,012)
  - Windward Oʻahu (33,671)

Source: State of Hawaiʻi Primary Care Needs Assessment 2016, Hawaiʻi Department of Health (data as of 2010)
Age Distribution

Higher proportion of children and young adults among Native Hawaiians

Although improving, Native Hawaiians have a lower life expectancy

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Native Hawaiian</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-14</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>15-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>65-75</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

Life Expectancy

<table>
<thead>
<tr>
<th>Age</th>
<th>State</th>
<th>Native Hawaiians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiians</td>
<td>74.3</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>80.5</td>
<td></td>
</tr>
</tbody>
</table>

- Life expectancy for Native Hawaiians increased by 11.8 years since 1950, however remains 6.2 years lower than overall residents of Hawai‘i
- Mortality Rates: Higher mortality rates than all other ethnicities
  - Infant mortality improving

Source: Assessment and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Peoples, Dept. of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, 2013

Source: Hawai‘i State Department of Health, Hawai‘i Health Survey 2012
Health Status and Barriers to Access

- Leading causes of death
  1. Heart Disease
  2. Cancer
  3. Stroke
  4. Diabetes
  5. Injuries

- Disproportionately higher prevalence of chronic medical conditions

- 25% shortage of primary care physicians in Hawai‘i

- 1 in 4 Native Hawaiians/ Pacific Islanders under 65 years old do NOT have health insurance

MORTALITY RATES

Source: Assessment and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Peoples, Dept. of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, 2013
Native Hawaiians have a higher chronic disease risk in comparison to other groups resulting from higher prevalence of obesity, smoking, and chronic alcohol use.

**Obesity**
- 77% of Native Hawaiians are overweight or obese
- Prevalence of having two or more chronic conditions increases with obesity
- Physical activity on par with other ethnic groups; improvements made over 5 year period

**Cigarette Use**
- More than half of Native Hawaiians earning under $15k per year are smokers
- **Native Hawaiians more likely to smoke** than any other ethnic group
- Native Hawaiians the only group with more female smokers than male smokers

**Alcohol Use**
- Percentage of alcohol use was similar to other ethnic groups, however, Native Hawaiian/Pacific Islander had one of the **highest percentages of heavy drinking**

Source: Assessment and Priorities for Health & Well-Being in Native Hawaiians & Other Pacific Peoples, Dept. of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, 2013
Lessons Learned From 2006 NH Strategic Plan Clinical Initiatives

Cardiac * Oncology * Obesity * Neuroscience * Diabetes * Medicine * Behavioral Health

Care for patients and families

- Reaching out to remind patients of appointments
- Follow-up after discharge
- Partner with community providers to continue caring for patients

Provide culturally appropriate education and resources

- Diseases and procedures
- Health factors
- Care management
- General resources

Support access to health management tools

- Weight scales
- Digital blood pressure machines

Awareness of integrative care

- Hawaiian protocol practices (poi/ti-leaves)
- Evidence-based complementary and alternative medicine modalities*

*Not including plant/herbal medicines, acupuncture, and other modalities that conflict with hospital standards and accreditation
Extensive interviews and quantitative data analysis highlighted these significant health issues

1. Many individuals in Hawai‘i lack a foundation for health – security, justice, hope, love, time, good food – the basic things that every human being needs to have a reasonable chance at assembling a truly healthy life.

2. Many feel that Hawai‘i is losing its sense of community – including aspects of the place, values, culture, and practices – and this loss is diminishing health itself.

3. For many in Hawai‘i, particularly those with the greatest needs, the relationship to the health care system is a poor one, often seen as lacking in humanity, empathy, and availability.

Source: Community Health Needs Assessment for the People and Islands of Hawai‘i, Healthcare Association of Hawai‘i, produced by Islander Institute, December 2018.
1. IMPROVE CARE EXPERIENCE

Redesign care delivery model to be culturally-based; educate and engage physicians and staff in understanding culturally-appropriate approaches; support trusted community providers by integrating needed health care services

2. IMPROVE ACCESSIBILITY

Mobilize and virtualize care; expand clinical and financial navigational services to improve Hawaiian patients’ access to needed services; concerns about subsidizing health care costs are still being raised; create an education-to-workforce pipeline and support Native Hawaiian practitioners

3. STRENGTHEN COMMUNITY RESOURCES & RELATIONSHIPS

Nurture relationships with community organizations and establish meaningful partnerships that enhance the support network; explore innovative partnerships to contribute to areas in preventive services (e.g., children, youth)
1. Possible overutilization of emergency department and underutilization of primary care and outpatient specialty care

2. More than 60% of the population are 35 and younger, which will likely increase demand for pediatrics, women’s health and OB services

3. Leading causes of death in which Native Hawaiians are disproportionately represented include heart disease, cancer, diabetes

4. Top medical concerns of Hawaiian-serving organizations in the Ulu Network\(^1\) include diabetes, obesity, and mental & behavioral health

5. Hawaiians have a higher chronic disease risk in comparison to other groups resulting from higher prevalence of obesity, smoking, and chronic alcohol use

6. According to the 2019 Community Health Needs Assessment – “many individuals in Hawai‘i lack a foundation for health…,” and “…the relationship to the healthcare system is a poor one…”

7. Stakeholders highlighted the need to improve the experience for Hawaiian patients, reduce barriers to accessing services, and strengthen relationships to build community networks

---

\(^{1}\) Ulu Network: formed by the University of Hawai‘i’s Center for Native and Pacific Health Disparities Research Center as a community coalition dedicated to improving the health and well-being of Native Hawaiians and other Pacific Peoples.
Kahua Ola

Makawalu (multiple perspectives):
Kahua ola – a healthy foundation
Kahu a ola – shepherding health
Ka hua (fruit) ola – healthy outcomes
By 1800, the population had declined by 48% since Cook set foot on Hawai‘i. By 1820, it had declined 71%; by 1840, it declined 84%.

A new demographic analysis, using an innovative technique, estimates that there were 683,000 Native Hawaiians on the island in 1778, when British explorer Capt. James Cook arrived.
Our Founding

Hale Maʻi O Ka Wahine Aliʻi
Founded on May 24, 1859, by Queen Emma and King Kamehameha IV

A Royal Legacy

to “stay the wasting hand that is destroying the Hawaiian people”

Circa 1860
OUR MISSION
To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawaiʻi.
Optimal health balance means

1. Personal balance of mind, body, spirit
2. Connection to resources, people, places, and cultural identity

---

1 Source: The concept of the ola triangle resembles the Hawaiian Worldview for individuals as described in “ʻIke Hawai‘i – A Training Program for working with Native Hawaiians,” Journal of Indigenous Voices in Social Work, Duponte, Martin, Mokuau, Paglinawan, Vol 1, Issue 1, February 2010.
Collaboratively strengthen accessibility to health care and community resources by creating a support network that empowers Native Hawaiians to improve their health and well-being.

He maka au, he ‘upena kākou (I am an eye, we [collectively] are a net)

Potential Partners in a SUPPORT NETWORK

Lunalilo Home
Kamehameha Schools
Lili‘uokalani Trust
Department of Hawaiian Home Lands
JABSOM Dept. of Native Hawaiian Health
Papa Ola Lōkahi
Office of Hawaiian Affairs
State of Hawai‘i – Department of Health and Department of Human Services
Wai‘anae Coast Comprehensive Health Center
Kahua Ola Goals

GOAL 1
HEALTH CARE ACCESSIBILITY
Build trust and accessibility for Hawaiians in targeted communities

GOAL 2
COMMUNITY SERVICES SUPPORT NETWORK
Connect patients to resources in the community to address health-related social needs

GOAL 3
TRAINING AND EDUCATION
Promote and support training and education of culturally responsive approaches to care delivery
## Goal 1: Health Care Accessibility

**Build trust and accessibility for Hawaiians in targeted communities**

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>TACTICS</th>
</tr>
</thead>
</table>
| **A** Primary Care (incl. Peds & Women’s Health) | • West O‘ahu: Design a culturally-responsive primary care clinic  
• **North Hawai‘i:** Create a task force at NHCH primary care clinic to investigate cultural protocols/processes and data to inform clinical practices and future clinic design  
• **Targeted Communities:** Collaborate with community organizations to provide services in culturally responsive ways (training, dissemination, evaluation)  
• Evaluate feasibility of entering new markets (e.g., Windward O‘ahu) to improve accessibility |
| **B** Specialty Care | • **Targeted Communities:** Increase specialty care access (e.g., wound care, mental health services, OB) based on community needs/data  
• Stabilize and/or expand telemedicine access |
| **C** Navigation | • Evaluate navigation program to determine the best way to evolve and scale services across the system  
• Train and assign navigators based on need (clinical/financial) |
**Goal 2: Community Services Support Network**

**Connect patients to resources in the community to address health-related social needs**

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Community</td>
<td>1. Inventory community/health services that target Native Hawaiians</td>
</tr>
<tr>
<td>Services</td>
<td>2. Analyze data to understand gaps (needs vs. services available)</td>
</tr>
<tr>
<td>B Navigation</td>
<td>1. Implement screening (tailored for Hawaiians) to identify health-related social needs, at key clinical delivery sites</td>
</tr>
<tr>
<td>C Community</td>
<td>1. Nurture relationships with community organizations (community liaisons) where appropriate</td>
</tr>
<tr>
<td>Partnerships</td>
<td>- Create/develop action plans with community partners</td>
</tr>
<tr>
<td></td>
<td>- Set mutual goals/expectations with community partners</td>
</tr>
<tr>
<td></td>
<td>2. Develop school-based partnerships to engage families in health and wellness</td>
</tr>
<tr>
<td>D Infrastructure</td>
<td>1. Develop and implement processes for intake, selection, monitoring, evaluation, reporting</td>
</tr>
<tr>
<td></td>
<td>2. Establish a management committee with the authority to recommend decisions and to oversee the implementation of the processes</td>
</tr>
</tbody>
</table>
Goal 3: Training and Education

*Promote and support training and education of culturally responsive approaches to care delivery*

<table>
<thead>
<tr>
<th>FOCUS AREA</th>
<th>TACTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Health Care Workforce</td>
<td>▪ Partner with University of Hawai‘i (UH) System to redesign Community Health Workers program curriculum to include culturally-responsive foundation and approaches</td>
</tr>
<tr>
<td></td>
<td>▪ Fund cohorts of students through the Community Health Workers certificate program (15 credits)</td>
</tr>
<tr>
<td></td>
<td>▪ NHCH: Partner with University of Hawai‘i at Hilo and Hawai‘i Community College (including Pālamanui) to provide scholarships and to become a “teaching site” for nurses/techs/therapists/medical assistants</td>
</tr>
<tr>
<td>B QHS Employees and Providers</td>
<td>▪ Create system-wide task force to investigate current successful approaches to care delivery</td>
</tr>
<tr>
<td></td>
<td>▪ Provide learning opportunities to QHS providers to understand the needs of Hawaiian families/communities</td>
</tr>
<tr>
<td></td>
<td>▪ Create an inventory of resources available within QHS and in the community to use for their patients</td>
</tr>
<tr>
<td>C Knowledge Sharing</td>
<td>▪ Evolve teaching programs to include education/training in culturally responsive approaches</td>
</tr>
<tr>
<td></td>
<td>▪ NHCH and MGH: Explore ways for MGH and NHCH to serve as teaching sites</td>
</tr>
<tr>
<td></td>
<td>▪ Incorporate cultural learning opportunities in Queen’s University course offerings or through seminars, classes and workshops</td>
</tr>
<tr>
<td>Goal</td>
<td>Focus</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-------------------------------------</td>
</tr>
</tbody>
</table>
| Goal 1. Health Care Accessibility         | Hawaiian population (Ka ʻōiwi)      | • Increase use of outpatient services\(^1\), especially primary care  
• Increase the # of Hawaiians with dedicated primary care provider/home  
• Improve patient satisfaction (e.g., CGCAHPS\(^2\)) |
| Goal 2. Community Services Support Network | Hawaiian serving organizations       | • Increase the # of engaged organizations serving Native Hawaiians  
• Establish support network of multidisciplinary organizations with shared goals  
• Improve timely access to services |
| Goal 3. Training and education            | System-wide employees and providers | • Increase participation in culturally responsive learning  
• Increase employee engagement and provider satisfaction  
• Improve recruitment of providers; culturally safe space |

\(^1\) Outpatient (OP) services includes primary care, OP specialty care, ancillary services, but excludes OP emergency room visits  
\(^2\) CGCAHPS: Clinician and Group Consumer Assessment of Healthcare Providers and Systems
Appendices
**Conceptual Framework: OLA**

*Ola* (health, well-being) is a holistic perspective that encompasses three elements: the mind, body and spirit. In the Native Hawaiian worldview, the separation of mind, body, and spirit does not exist. Native Hawaiian culture values the BALANCE between these three components as a cornerstone to their well-being and was exemplified through tradition and practices.

Today, Native Hawaiians experience complex and multiple health and social disparities that are often linked to social determinants of health. Despite the extreme difficulties Native Hawaiians have faced, they remain a steadfast, and resilient community as evident by the progress made in restoring Native Hawaiian language through education and reviving cultural practices.

*Ola* encompasses a collective perspective that includes a thriving ‘ohana and community much like the concept of population health management.

**Spirit (Mauli)** - Life, heart, seat of life; integrates the traditional (‘aumakua) and contemporary beliefs (Christianity) of Hawaiians; represents the spiritual and emotional bonds between family members¹; anchor to earth

**Mind (Naʻau)** - mind, heart, affections; of the heart or mind; the emotional seat of kanaka; the merging of head and heart; dual system of knowing and feeling of the body, spirit and place; and the place/seat of wisdom

**Body (Kino)** - the physical body

Sources: (1) OHA, Volume 3: Social Determinants of Health
Kumu Waiwai (Resources/Resourceful):
Access to livable income and resources that can support daily needs (housing, water, food, medicine, healthcare, etc.); capability to gain access to necessary resources.

Pilina (Relationships and Connectedness):
Healthy social relationships amongst families and communities; adequate support systems in the workplace, household, and community; connections to people (past and future generations) and place

ʻIke Hawaiʻi (Knowledge and Practice):
Delivery of high quality, holistic care through appropriate integration of indigenous ancestral wisdom (ʻHawaiian thinking”) and contemporary practices that guides protocol with western knowledge; intergenerational transfer of knowledge and having multiple perspectives (makawalu)

The number of NHs enrolled in UH community colleges jumped ... from 13.6% to 28.8%. With investments and innovations ... pathways to advanced education and economic opportunities [are increasing].
(Source: “Assessment and Priorities for Health & Well-being in Native Hawaiians & Other Pacific Peoples,” Department of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, University of Hawai‘i at Mānoa), 2013

NHS continue to draw on traditional cultural values to strengthen the social systems that serve as a primary source of support and resolve – family and community.
(Source: “Assessment and Priorities for Health & Well-being in Native Hawaiians & Other Pacific Peoples,” Department of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, University of Hawai‘i at Mānoa), 2013

Continued promotion of traditional values, such as lōkahi, ʻohana, and aloha, strengthen the resilience, identity, and social connectedness of NHs ... contribute to their physical, mental, and spiritual health.
(Source: “Assessment and Priorities for Health & Well-being in Native Hawaiians & Other Pacific Peoples,” Department of Native Hawaiian Health, Center for Native and Pacific Health Disparities Research, John A. Burns School of Medicine, University of Hawai‘i at Mānoa), 2013
Stakeholders

This plan included the insights and perspectives of physicians, nurses, social workers, and administrators from Molokai, Hawai‘i Island, and O‘ahu. Many of these stakeholders have years of experience serving Native Hawaiian communities.

- Andrea Hermosura
- Ashley Shearer
- Bernadette Merlino
- Cindy Kamikawa
- Coraleen Valdez
- Danny Cheng, M.D.
- Emmett Aluli, M.D.
- Ian Chun, M.D.
- Jan Kalanihuia
- Jason Chang
- Kapunahele Montgomery
- Kau‘ionalani Nishizaki
- Kehau Kong, M.D.
- Naleen Andrade, M.D.
- Rick Bruno, M.D.
- Susan Murray
- Todd Seto, M.D.
- Whitney Limm, M.D.