

Kahua Ola Native Hawaiian Health Strategic Plan

Introduction

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 'ōiwi*, 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.

- 1 **Aloha aku, aloha mai** - Aloha given, aloha received

We will provide excellent care with respect, compassion, and kindness for our patients and families, especially those in challenging circumstances

- 2 **Pūpūkāhi i holomua** - Unite in order to progress #2758

We will seek meaningful and respectful partnerships with individuals, families, communities and organizations who share in the kuleana of improving well-being

- 3 **‘A ‘ohe pau ka ‘ike i ka hālau ho‘okahi** – All knowledge is not taught in the same school. One can learn from many sources. #203

We will integrate indigenous (ancestral and contemporary) and western knowledge to promote healing and wellness, incorporating a multi-disciplinary approach in our care delivery

- 4 **Ma ka hana ka ‘ike** – In working one learns. #2088

We will learn from our experiences and apply our learnings to continually improve our effectiveness and efficiency in achieving positive outcomes

Native Hawaiian Data Report FY21

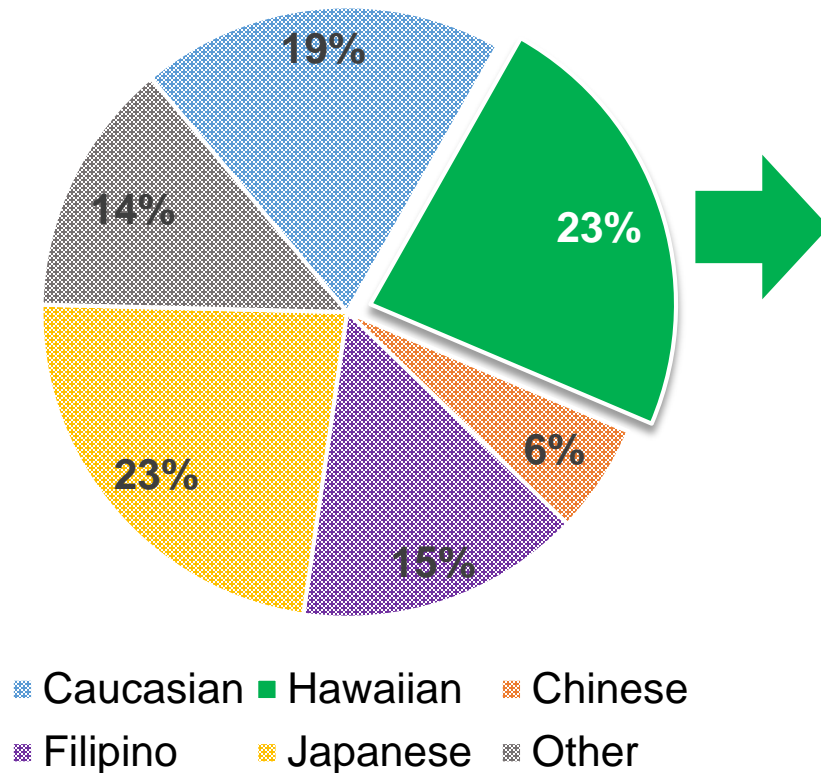
Data report includes data specific to the QHS Native Hawaiian population. QHS specific data was obtained in FY20 using the existing data infrastructure capabilities for tracking and exploring the Native Hawaiian population. Some of the data presented in the following slides reference data provided in the 2018 Kahua Ola strategic plan (see notations). external non-QHS sources updated since the source date.

Native Hawaiian Population

Native Hawaiians account for 23% of the state population

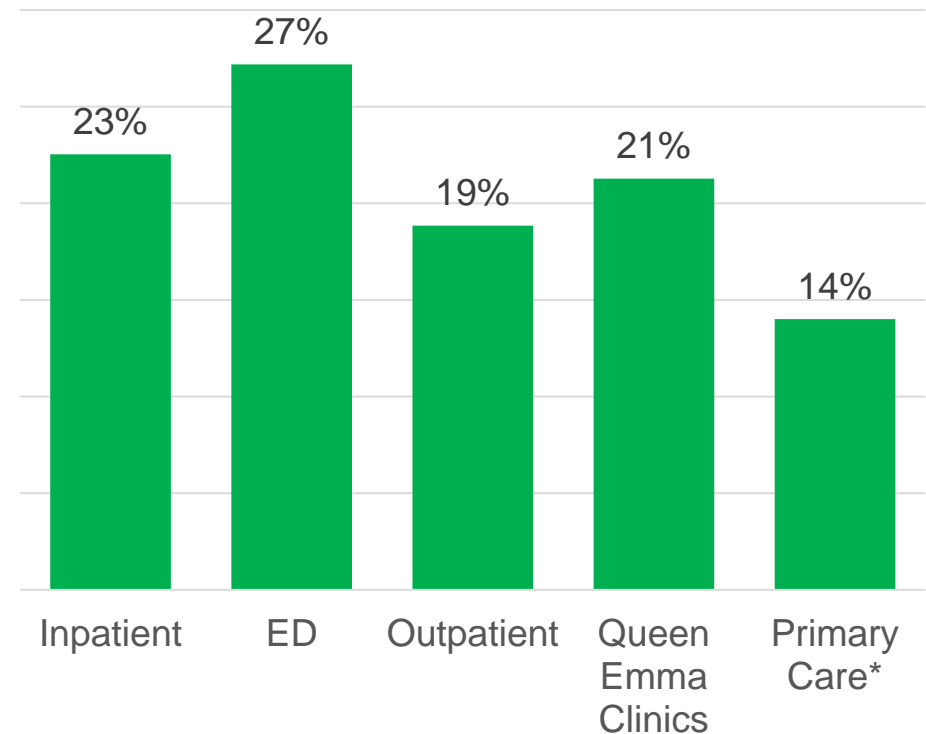
Native Hawaiians are well represented in acute care (inpatient and ED)

HAWAI'I POPULATION BY ETHNICITY



NATIVE HAWAIIANS SERVED BY QUEEN'S

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



Native Hawaiian Population by Region

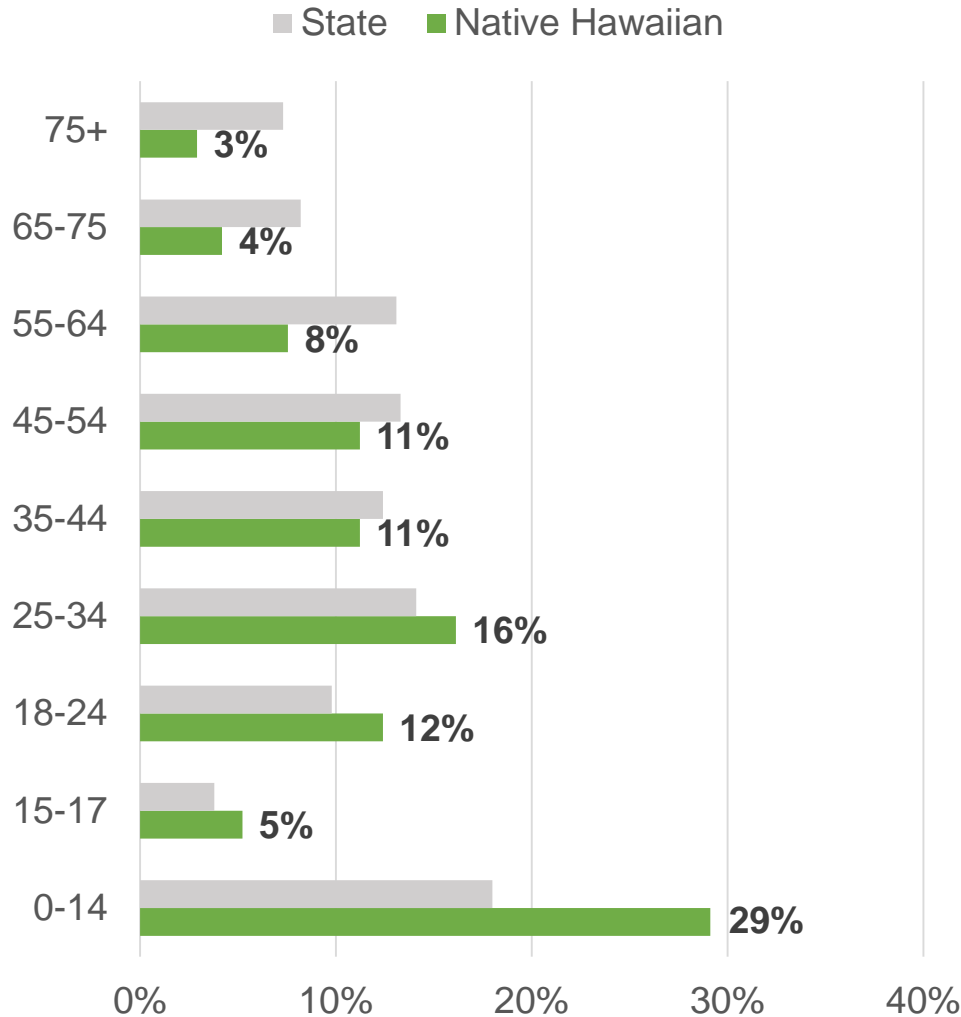
	Native Hawaiians*	Total Population	% of Total
C&C Honolulu	182,121	953,207	19%
Wai'anae	28,404	48,519	59%
Windward O'ahu	33,761	115,164	29%
West O'ahu (excl. Wai'anae)	46,590	270,964	17%
North Shore	9,085	34,452	26%
Central O'ahu	16,269	94,019	17%
Urban Honolulu	48,012	390,089	12%
Hawai'i County	54,919	185,079	30%
East Hawai'i	33,453	104,704	32%
North Hawai'i	9,621	32,503	30%
West Hawai'i	11,845	47,872	25%
Maui County	36,758	154,834	24%
Maui	31,666	144,444	22%
Lāna'i	611	3,135	19%
Molokai	4,481	7,255	62%
Kaua'i County	15,978	66,921	24%
Total	289,776	1,360,041	21%

*May include Other Pacific Islanders

- Hawai'i County has the highest percentage (30%) of Native Hawaiians among its total population
- Communities with the *largest proportion* of Native Hawaiians
 - Molokai (62%)
 - Wai'anae (59%)
 - Hana, Maui (57%)
- Communities with the *largest number* of Native Hawaiians
 - West O'ahu, including Wai'anae (74,994)
 - Urban Honolulu (48,012)
 - Windward O'ahu (33,671)

Age Distribution

Higher proportion of children and young adults among Native Hawaiians



Although improving, Native Hawaiians have a lower life expectancy

Life Expectancy	Age
Native Hawaiians	74.3
State	80.5

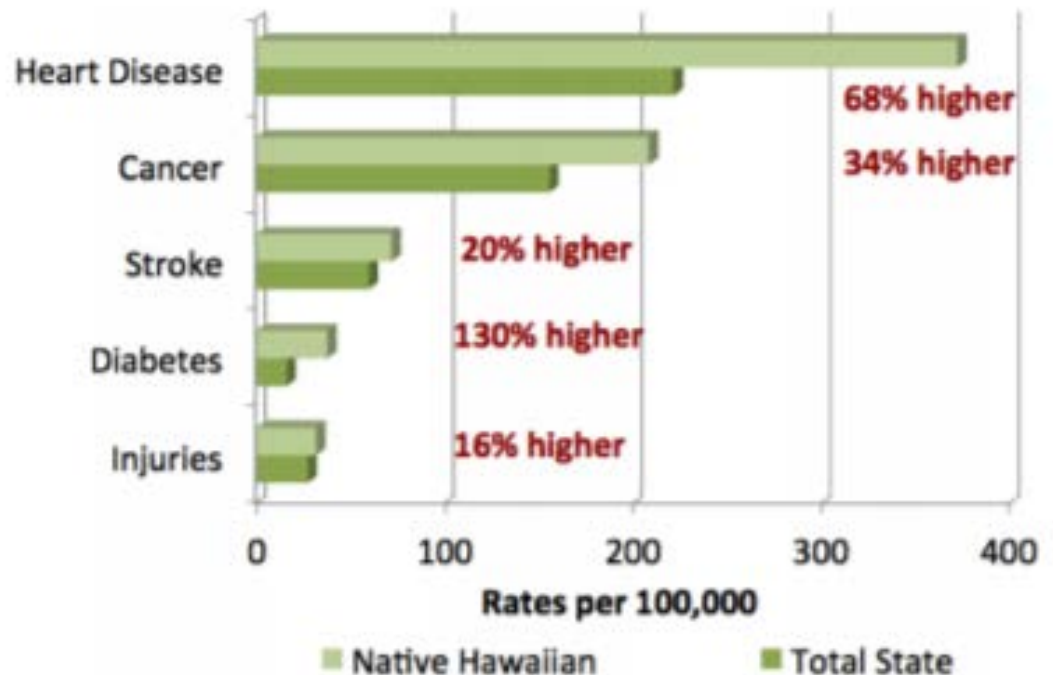
- Life expectancy for Native Hawaiians increased by 11.8 years since 1950, however remains 6.2 years lower than overall residents of Hawai‘i
- Mortality Rates: Higher mortality rates than all other ethnicities
 - Infant mortality improving

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

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



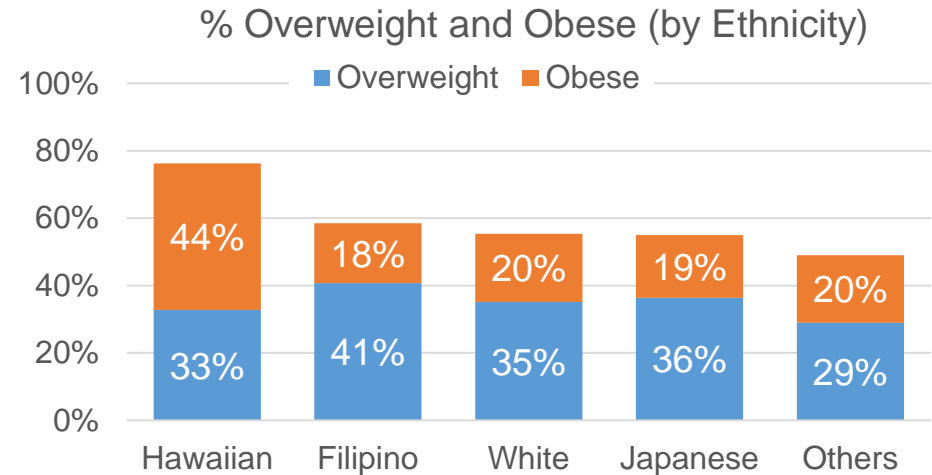
Source: (Johnson, Oyama, and Marchand, 2004)

Native Hawaiians have higher chronic disease risk in comparison to other groups

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**

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

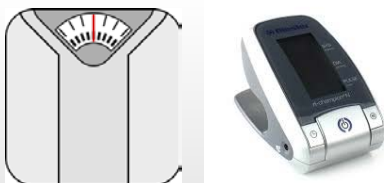
Provide culturally appropriate education and resources

- 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

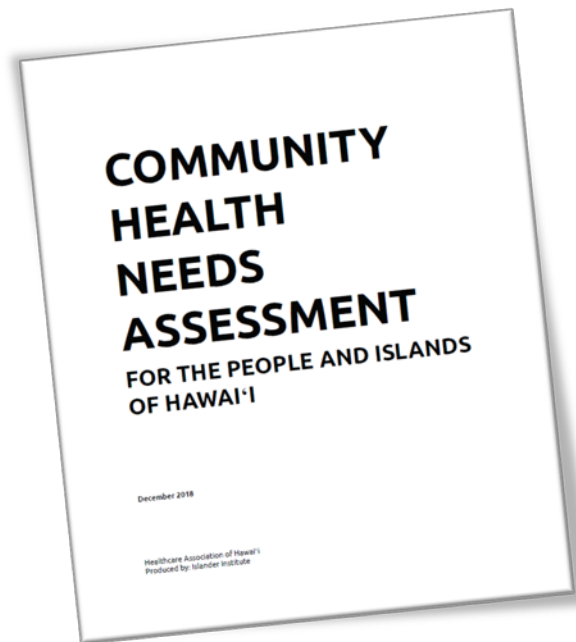
- Hawaiian protocol practices (poi/ti-leaves)
- Evidence-based complementary and alternative medicine modalities*



*Not including plant/herbal medicines, acupuncture, and other modalities that conflict with hospital standards and accreditation

2019 Community Health Needs Assessment Highlights

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

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)

Analysis Summary: Significant Health Care Issues

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 Network¹ 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*

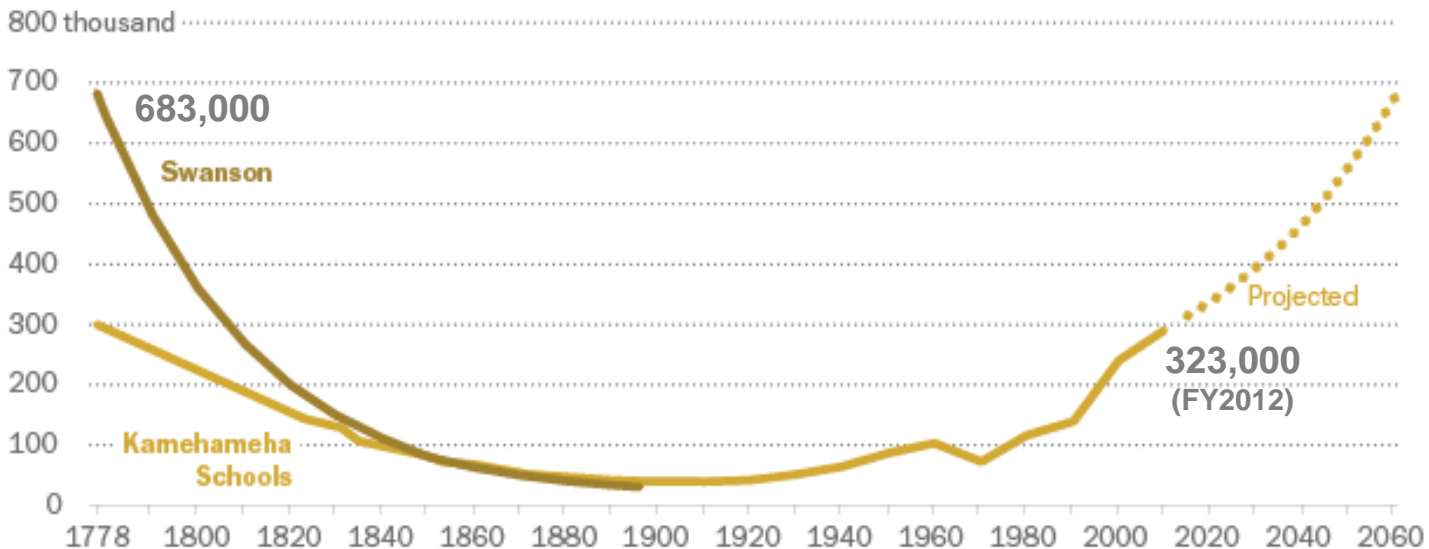
Ka hua (fruit) ola – *healthy outcomes*

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.

Native Hawaiian Population Makes a Comeback After Sharp Decline

Estimates of the Native Hawaiian population in Hawai'i



Note: Swanson data counts only Native Hawaiian population; Kamehameha Schools includes those who are Native Hawaiian alone and in combination with other races in 2000 and after.

Sources: David Swanson, "A New Estimate of the Hawaiian Population for 1778, the Year of First European Contact"; Kamehameha Schools 2014. Ka Huaka'i: 2014 Native Hawaiian Educational Assessment. Honolulu: Kamehameha Publishing

PEW RESEARCH CENTER



A Royal Legacy

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

Hale Ma‘i O Ka Wahine Ali‘i

Founded on May 24, 1859, by Queen Emma and King Kamehameha IV



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 Hawai'i.



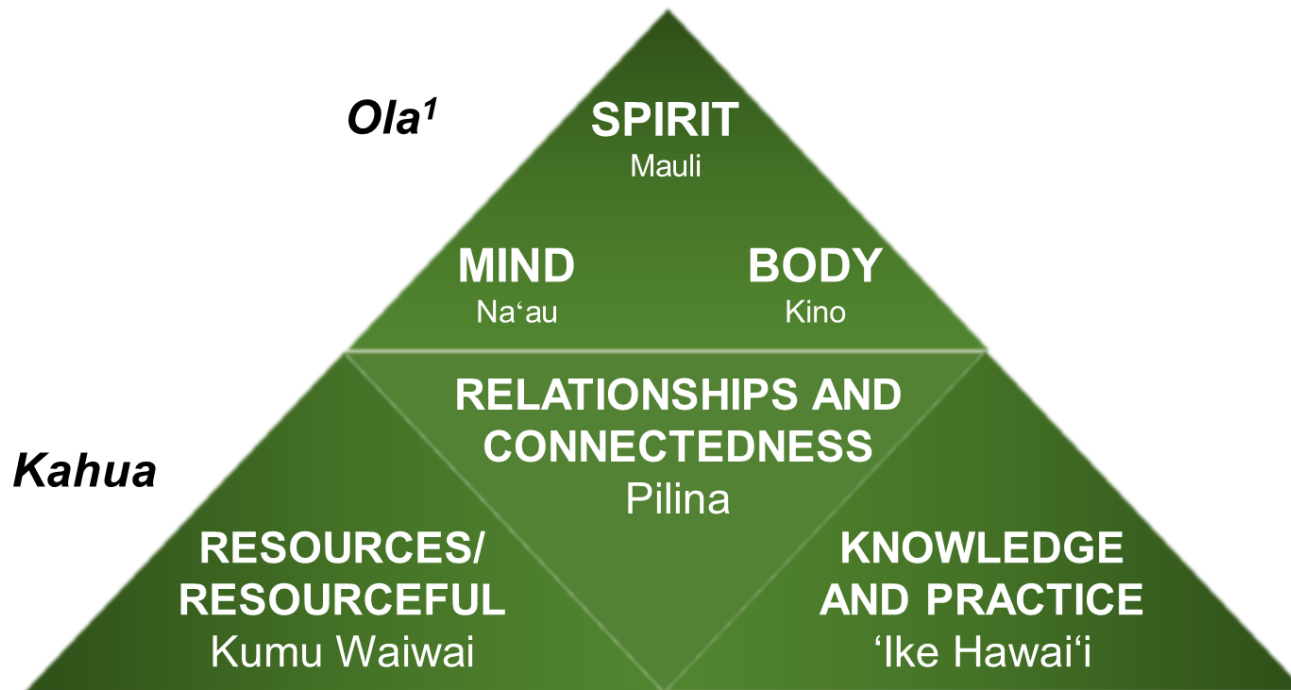
OUR VISION

E ola ka 'ōiwi

(Healthy and well are the Hawaiians)

Optimal health balance means

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

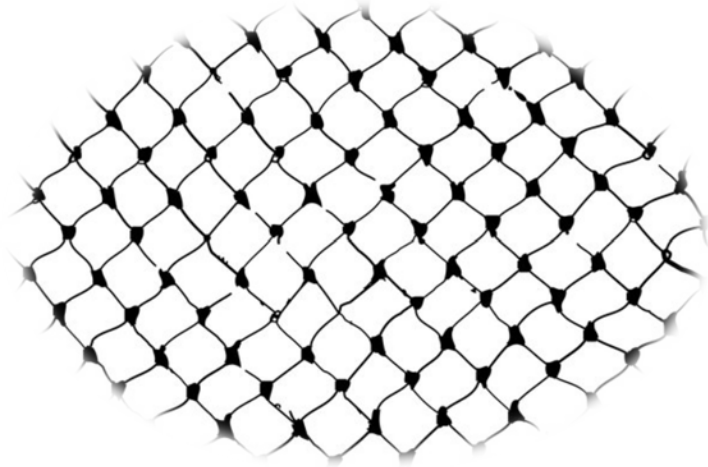


Strengthen the resilience, identity, and social connectedness of Native Hawaiians to enhance our physical, mental, and spiritual health.

¹ Source: The concept of the ola triangle resembles the Hawaiian Worldview for individuals as described in “‘Ike 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.

Queen's Commitment to Our Patients and the Community

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 2

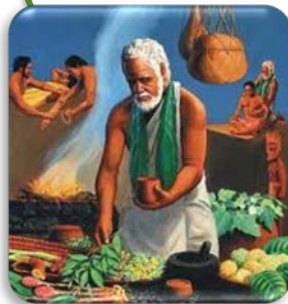
COMMUNITY SERVICES SUPPORT NETWORK

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

GOAL 1

HEALTH CARE ACCESSIBILITY

*Build trust and
accessibility for
Hawaiians in targeted
communities*



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



FOCUS AREA		TACTICS
A	Primary Care (incl. Peds & Women's Health)	<ul style="list-style-type: none">▪ <u>West O'ahu</u>: Design a culturally-responsive primary care clinic▪ <u>North Hawai'i</u>: Create a task force at NHCH primary care clinic to investigate cultural protocols/processes and data to inform clinical practices and future clinic design▪ <u>Targeted Communities</u>: 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	<ul style="list-style-type: none">▪ <u>Targeted Communities</u>: 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	<ul style="list-style-type: none">▪ 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



FOCUS AREA		TACTICS
A	Community Services	<ul style="list-style-type: none">▪ Inventory community/health services that target Native Hawaiians▪ Analyze data to understand gaps (needs vs. services available)
B	Navigation	<ul style="list-style-type: none">▪ Implement screening (tailored for Hawaiians) to identify health-related social needs, at key clinical delivery sites
C	Community Partnerships	<ul style="list-style-type: none">▪ Nurture relationships with community organizations (community liaisons) where appropriate<ul style="list-style-type: none">○ Create/develop action plans with community partners○ Set mutual goals/expectations with community partners▪ Develop school-based partnerships to engage families in health and wellness
D	Infrastructure	<ul style="list-style-type: none">▪ Develop and implement processes for intake, selection, monitoring, evaluation, reporting▪ Establish a management committee with the authority to recommend decisions and to oversee the implementation of the processes

Goal 3: Training and Education

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



FOCUS AREA		TACTICS
A	Health Care Workforce	<ul style="list-style-type: none">Partner with University of Hawai'i (UH) System to redesign Community Health Workers program curriculum to include culturally-responsive foundation and approachesFund cohorts of students through the Community Health Workers certificate program (15 credits)<u>NHCH</u>: Partner with University of Hawai'i at Hilo and Hawai'i Community College (including Pāalamanui) to provide scholarships and to become a "teaching site" for nurses/techs/therapists/medical assistants
B	QHS Employees and Providers	<ul style="list-style-type: none">Create system-wide task force to investigate current successful approaches to care deliveryProvide learning opportunities to QHS providers to understand the needs of Hawaiian families/communitiesCreate an inventory of resources available within QHS and in the community to use for their patients
C	Knowledge Sharing	<ul style="list-style-type: none">Evolve teaching programs to include education/training in culturally responsive approaches<u>NHCH and MGH</u>: Explore ways for MGH and NHCH to serve as teaching sitesIncorporate cultural learning opportunities in Queen's University course offerings or through seminars, classes and workshops

Desired Outcomes



Ultimate Outcome

Improvements in negative health behaviors (e.g., substance abuse) or risk factors (e.g., obesity)

Goal	Focus	Outcomes
Goal 1. Health Care Accessibility	Hawaiian population (Ka 'ōiwi)	<ul style="list-style-type: none"> • Increase use of outpatient services¹, especially primary care • Increase the # of Hawaiians with dedicated primary care provider/home • Improve patient satisfaction (e.g., CGCAHPS²)
Goal 2. Community Services Support Network	Hawaiian serving organizations	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 (Na'au) - 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

Conceptual Framework: KAHUA

(the necessary foundation to improve ola)

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

‘Ike Hawai‘i (Knowledge and Practice):

Delivery of high quality, holistic care through appropriate integration of indigenous ancestral wisdom (“Hawaiian 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, ‘ohana, 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.