



**COMPASSION
ALOHA
RESPECT
EXCELLENCE**

FISCAL YEAR 2026 QUARTER 3 IMPACT REPORT

JULY 2025 - MARCH 2026



**NATIVE
HAWAIIAN
HEALTH**



QUEEN'S 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.



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Native Hawaiian Health Committee | May 7, 2026

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PATIENT MO‘OLELO

Kahu a Ola, Queen’s North Hawai‘i Community Hospital (QNHCH)
Primary Care Program

Pilina First. Behavioral Health Early. Lasting Engagement.



‘Anakala’s (Uncle’s) Mo‘olelo

A 68-year-old Hawaiian and Portuguese man enrolled in Kahu a Ola in January 2022 after transferring his care to QNHCH. When he engaged, he was carrying a heavy load, diagnosed with multiple chronic conditions (COPD, CHF, CAD, hypertension, sleep apnea, severe obesity) and the day-to-day challenges that come with them. He was struggling with medications and diet, had limited mobility, felt depressed and isolated, and his diabetes was dangerously uncontrolled (A1c 11.2% in 2023).

Through steady pilina, consistent outreach, and early behavioral health support, his care team (Kahu a Ola) worked with him to rebuild trust, confidence, and routine. With targeted medication adjustments, including GLP-1 therapy, he made remarkable progress: his A1c dropped from 11.2% to 5.6% by 2025 — a 50% improvement. This allowed him to safely discontinue Metformin and significantly lower his risk for diabetes-related complications.

As his physical health stabilized, his emotional and social well-being strengthened, too. Regular behavioral health engagement helped him reconnect with purpose and regain control of his daily life. He no longer needs a walker, moves with greater confidence, and has built a circle of supportive relationships.

Today, he is not just managing his health. He is thriving. He holds a leadership role in a local community association and teaches woodworking and lei hulu, sharing his skills and culture with others. His journey shows how relationship-based care and integrated behavioral health can transform safety, function, and resilience in ways that ripple far beyond the clinic.

Principle Insights

- **Relationship-based care transformed risk into safety**, shifting patterns of distrust and non-adherence toward genuine engagement.
- **Stabilizing mental health and alleviating stress proved foundational** to achieving medical stability and sustained disease control.
- **Consistent, pilina-centered outreach produced measurable safety gains**, including improved mobility and significant A1c reduction.
- **Empowerment, community connection and purpose strengthened confidence and autonomy**, reinforcing long-term engagement in care.



(Beverly EA, Gonzalez JS. (2025). The Interconnected Complexity of Diabetes and Depression. *Diabetes Spectr*; 38 (1): 23–31. <https://doi.org/10.2337/dsi24-0014>)



FUNCTIONAL ROLES

Native Hawaiian Health Kuleana

1

CULTURALLY SAFE CARE

Culturally safe care that Improves Clinical Access and Outcomes

2

COMMUNITY RELATIONSHIPS

Relationships & Pathways that Address Community Health Needs

Deepen Connection with our Founders

Cultivate connection & alignment with our Founders, heritage, mission, & culture for shared organizational identity

Address Health Disparities & Improve Well-being

Propagate data & research on Native Hawaiian health to inform decision-making, guide action, & measure progress toward well-being

Promote Equitable Care & Clinical Outcomes

Develop & optimize programs & services for Native Hawaiians that enable access, increase engagement, & improve clinical outcomes

Partner with Community

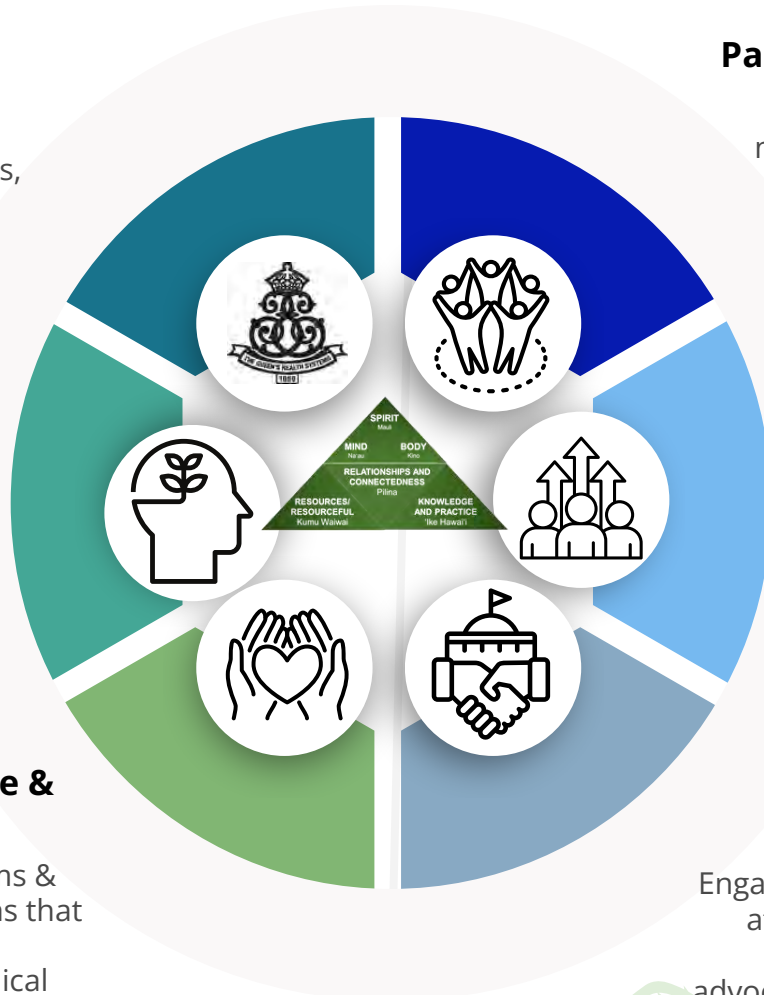
Understand community needs & foster relationships that connect communities with services, providers, & care

Strengthen Workforce Pathways

Create & expand workforce pathways for Native Hawaiians or others from disadvantaged backgrounds

Engage in Native Hawaiian Affairs

Engage in Native Hawaiian public affairs (government relations, well-being, rights, legacy, advocacy & cultural preservation)





ACCOMPLISHMENTS

Native Hawaiian Health

From July 2025 to March 2026, Native Hawaiian Health engaged in the following activities:

134

(Activities include Initiatives, Services, Partnerships, Programs, Projects, Research Studies)

The 134 unique activities align with the department's two functional roles: 1) *Culturally Safe Care*, and 2) *Relationships and Pathways that Address Community Health Needs*. Notably, **52% of activities support multiple roles**, showing intentional design and broad, cross-cutting impact.

Culturally Safe Care that Improves Clinical Access and Outcomes



Deepen Connection with our Founders



Address Health Disparities & Improve Well-Being

199

Promote Equitable Care & Clinical Outcomes



Relationships & Pathways that Address Community Health Needs



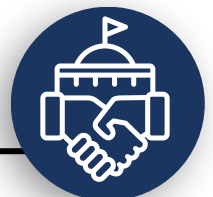
Partner with Community



Strengthen Workforce Pathways

96

Engage in Native Hawaiian Affairs





PERFORMANCE DASHBOARD

Native Hawaiian Health

NATIVE HAWAIIAN HEALTH DASHBOARD FY26 Q3



GOALS	FY25 (Baseline)	FY26 Q3 Actual	FY26 Target
CULTURALLY SAFE CARE			
Develop IT/Data Reporting Infrastructure to Capture NHs & Establish Baseline	In progress	In progress	Establish a baseline of the # (%) of NHs and all others with A1c gaps
COMMUNITY RELATIONSHIPS & PATHWAYS			
Community Engagement	31	2*	Baseline +3 NH Partnerships

*See Appendix, pg. 27 for list of partnerships



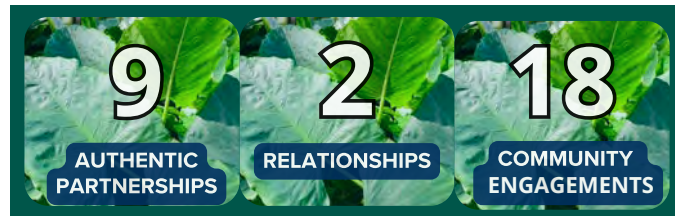
PROGRAM HIGHLIGHT: KILOhana

A Culturally Responsive Primary Care Internal Medicine Residency Rotation

KILOhana: Cultivating Pilina, Kuleana, and Culturally Responsive Care (Knowledge. Insight. Lessons. Outcomes)



KILOhana is an Indigenous, place-based education program led by Native Hawaiian Health in partnership with the UH JABSOM Primary Care Internal Medicine (UHPCIM) Residency Program. It complements clinical training by integrating community-based, culturally grounded learning. Rooted in Native Hawaiian ways of knowing, **KILOhana centers health as inseparable from ‘āina, pilina, and community.** Residents deepen their understanding of health to build trust with patients and integrate clinical care with cultural knowledge and lived experience.



"Gave me a deeper understanding..."
-Resident

Pilina in Practice: Partnerships that Uplift Health and Healing

Through immersive, community-based experiences across O‘ahu, residents engage with cultural practitioners, community partners, and culturally significant places. These experiences are grounded in **authentic partnerships** with 9 organizations, including **Maulioli Ke‘ehi, Kōkua Kalihi Valley, Waimānalo Health Center, The Daughters of Hawai‘i, ‘Iolani Palace, Ke Kula Nui o Waimānalo, Department of Land and Natural Resources, UH JABSOM, and the Hawai‘i Residency Program,** with growing collaboration with UH Center for Tropical Agriculture and Human Resilience and Waimānalo Learning Center.

KILOhana advances **culturally safe care** by strengthening **relationships and pathways** between healthcare and the community. Guided by the ‘ōlelo no‘eau, *"Ma ka hana ka ‘ike,"* it cultivates belonging, purpose, and kuleana, preparing providers who learn here, serve here, and stay here.



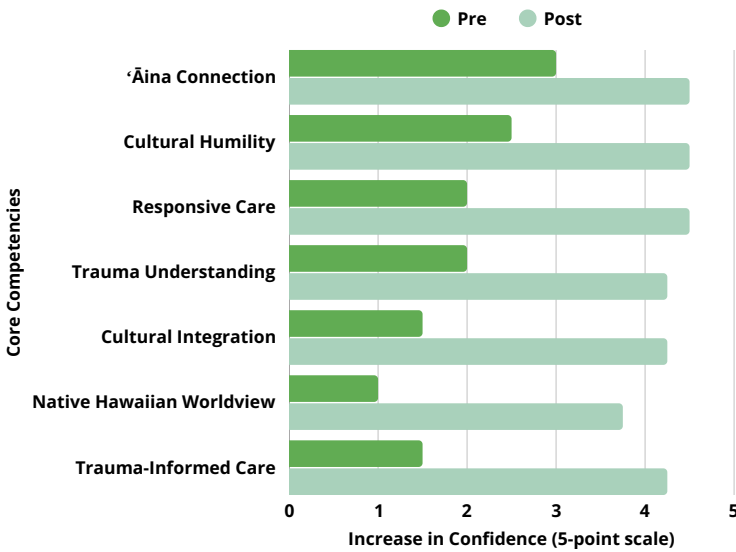


KILOhana

Results



Pre-Post Confidence Gains Across Core Competencies



"This should be mandatory." -Resident

KILOhana measurably builds first-year UHPCIM residents' capacity to deliver culturally safe, relationship-centered care. Pre-post survey results (n=4) show increased confidence across all core competencies, with gains of +1.5 to +2.75 points on a 5-point scale. **Residents moved from low-moderate to consistently high confidence in trauma-informed care, cultural humility, integrating Native Hawaiian health perspectives, and connecting 'āina and community to healing.** Resident reflections describe the program as meaningful and transformative, marking a shift from solely clinical training to a deeper understanding of cultural, historical, and relational determinants of health and strengthening the bridge between clinical care, community, culture, and relationship.

Qualitative Findings and Impact

Theme 1: Health is holistic and relational

- "Health is relational, not just biological."
- "Health is holistic and interconnected."
- "Understanding patients' background and environment matters."

Theme 2: 'Āina and place as medicine

- "'Āina (land) is medicine."
- "Systems are interconnected (ahupua'a model)."

Theme 3: Community- and culture-centered care

- "Community-centered care matters."
- "Culture and community play an important role in healing."
- "Utilize Queen's community and cultural resources."
- "Continue learning about culture, community, and health."

Theme 4: Integrating knowledge systems

- "Traditional and Western medicine can work together."

Theme 5: Relational practice, kuleana, and commitment

- "Apply these lessons in caring for Native Hawaiian and Pacific Islander patients."
- "Practice medicine with respect, humility, and connection."

Program Outcomes:



Strong interest in continued engagement with community partners.

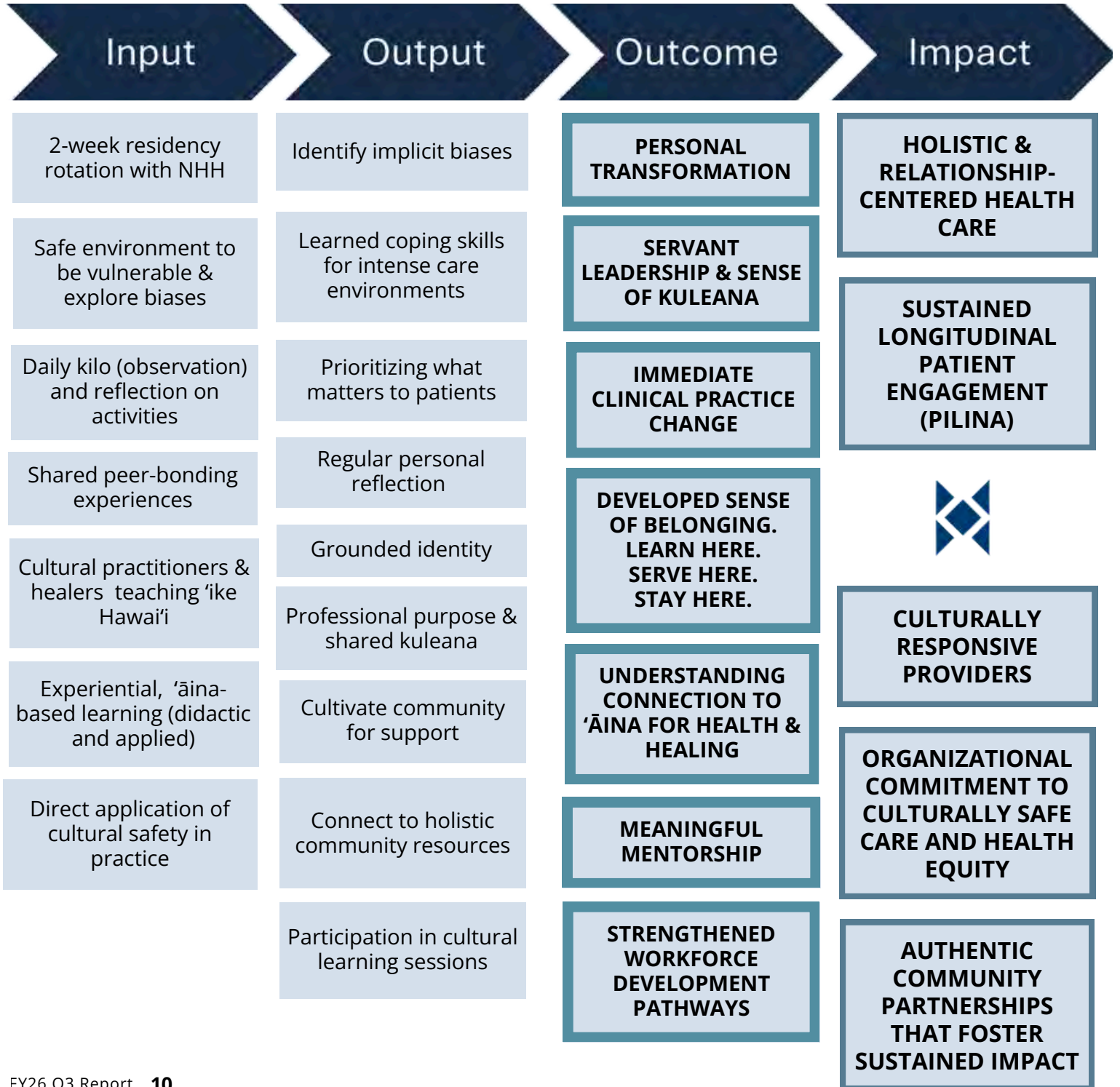




KILOhana

Outcomes and Impact

This logic model shows how the Kilo-hana program aligns with NHH’s functional roles, demonstrating how integrated efforts drive meaningful impact and system transformation. It highlights authentic, trust-based community partnerships as the foundation of culturally responsive care. Although one of 134 NHH initiatives, Kilo-hana reflects the intentional, multidimensional work needed to realize Hōkūpa’a. In just two weeks, residents engage in formative experiences with NHH staff that shape their perspectives, practice, and future care. This exemplifies the enduring contributions of Native Hawaiian Health within Queen’s and beyond.





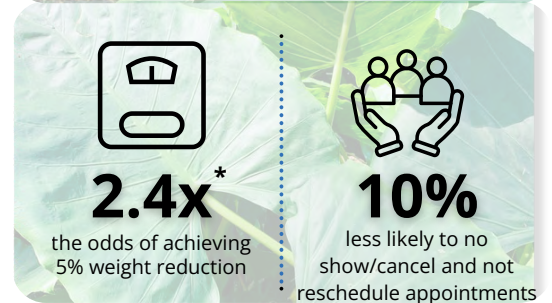
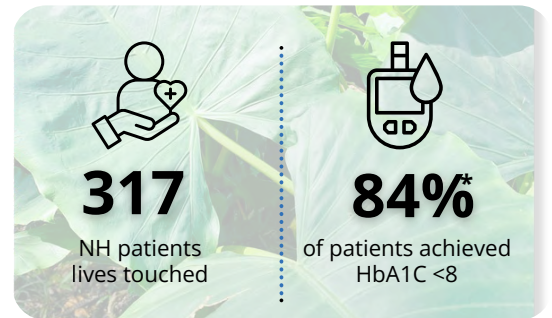
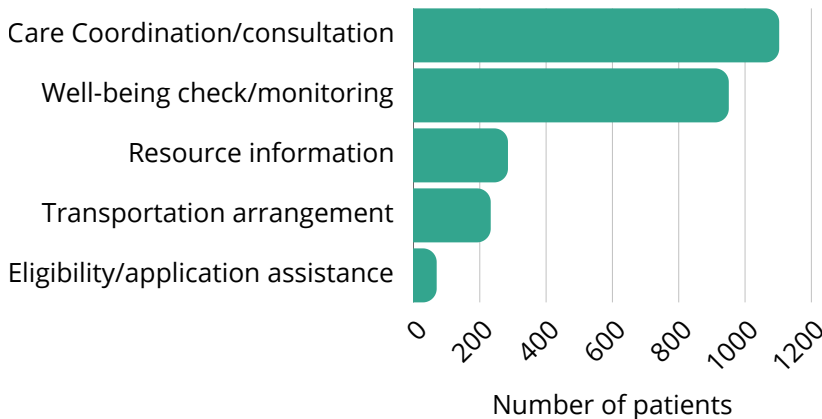
CLINICAL PROGRAM RESULTS

Kahua Ola Programs Providing Culturally Responsive Care

Our three Kahua Ola programs (Kilolani, Kahu a Ola, Nā Pua Kaiona) address health equity and promote access to care for Native Hawaiians through culturally responsive chronic disease management and healthcare navigation.

CUMULATIVE PROGRAM RESULTS

Top 5 navigator services across Kahua Ola programs



*Represents patients in the Kahu a Ola and Kilolani Primary Care programs, where HbA1C and weight are tracked. Nā Pua Kaiona is excluded.

PROGRAM HIGHLIGHTS

Kilolani (Queen Emma Clinics)

Patients enrolled in Kilolani had

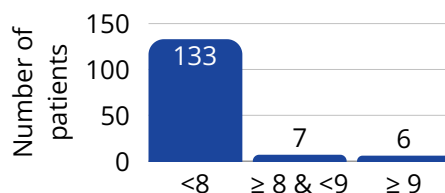
2.6x higher

odds of achieving a 5% reduction in body weight compared to clinically similar patients not enrolled.

Kahu a Ola (QNHCH Primary Care)

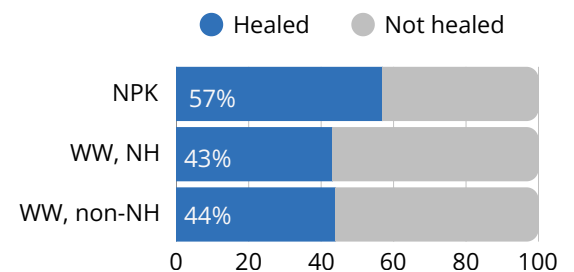
91%

of Kahu a Ola patients experienced at least a 1 point reduction in HbA1c to achieve an HbA1c <8.



Nā Pua Kaiona (QMCWO Wound Care)

Patients with diabetes enrolled in Nā Pua Kaiona showed greater wound healing (p < 0.05) than Native Hawaiian and non-Native Hawaiian patients with diabetes receiving care at the West Wound Center.



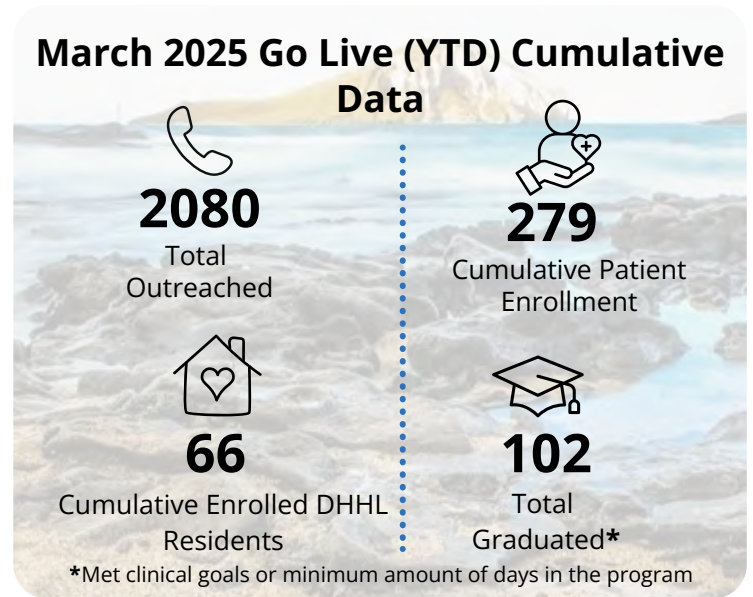
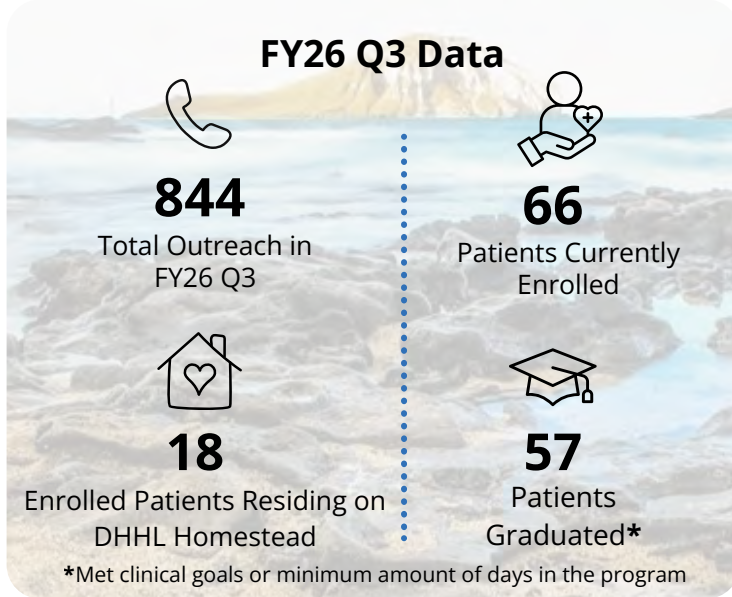
Note: NPK = Nā Pua Kaiona, WW, NH = West Wound, Native Hawaiian, WW, non-NH = West Wound, non-Native Hawaiian; Data from 2/23/2024 - 12/31/2025



REMOTE PATIENT MONITORING

Culturally Safe Care

Remote Patient Monitoring (RPM) is expanding access to care by enabling patients to receive **continuous home health monitoring**. This model reduces barriers such as transportation challenges and limited appointment availability, ensuring timely interventions, particularly for underserved Native Hawaiian communities.



Adherence Rates

Regular self monitoring is a key element to **successful, long term chronic disease management**.

Adherence rates among RPM patients are:

39% higher
than HRS national average for **weight monitoring**

36% higher
than HRS national average for **blood glucose monitoring**

Mental Health

Patients' self-reported mental health scores **improved** by an average of

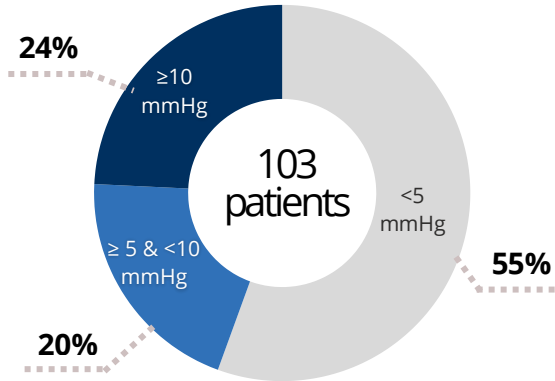
2.9 points

Note: Survey tool used is PROMIS (Patient-Reported Outcomes Measurement Information System). PROMIS is a patient-reported physical, mental, and social well-being.

A **2- to 6-point increase** is considered the threshold at which **patients perceive themselves as meaningfully changed**.¹

Blood Pressure

Change in systolic blood pressure among patients enrolled at least 90 days



- A **5 mmHg reduction** in systolic blood pressure **reduces risk of stroke by 10%**.^{2,3}
- **Each 5 mmHg reduction** in systolic blood pressure results in a **10% decreased risk of cardiovascular disease events**.^{2,4}

1. Terwee, C. B. et al. Minimal important change (MIC): a conceptual clarification and systematic review of MIC estimates of PROMIS measures. Qual Life Res 30, 2729-2754 (2021).
 2. Ettehad, D. et al. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis. The Lancet 387, 957-967 (2016).
 3. Kaindl, L., Hotz, J. F. & Ferrari, J. Cutting-edge stroke prevention strategies. eNeurologicalSci 39, 100561 (2025).
 4. Canoy, D. et al. How Much Lowering of Blood Pressure Is Required to Prevent Cardiovascular Disease in Patients With and Without Previous Cardiovascular Disease? Curr Cardiol Rep 24, 851-860 (2022).



E OLA KA 'ŌIWI

Promote Equitable Care & Clinical Outcomes

Queen Emma Cares



"We, on our parts, must not forget to show... loving kindness in all ways"
- Queen Emma Kaleleonālani Nae'a (1873)

Background

Prior to his retirement, Dr. Gerard Akaka, Vice President of Native Hawaiian Affairs, received hundreds of calls and requests from Native Hawaiians seeking free care. In response, he sought to create a comprehensive website that could address community questions and barriers to financial access. After more than two dozen collaborative meetings, the Queen Emma Cares website was thoughtfully developed by Native Hawaiian Health, Kaleiopapa: Unity & Wellness, Revenue Cycle, Legal, Patient Relations and Financial Services, IT, and Marketing. The site went live in January 2026

Purpose

To educate those who are unfamiliar with the Hospital's history and "free treatment," and to assist patients, particularly Native Hawaiians, who are uninsured or underinsured, in qualifying for financial assistance aligned with their ability to pay.

History of Care for Native Hawaiians

Drawing on historical context from *The Queen's Medical Center* author, Jason Kimura, and linking to the Queen's Will, the Hospital's Charter, and the Financial Assistance Application and Policy, this webpage reflects our long-standing commitment to equitable access to care for those most in need, regardless of ability to pay or ethnicity.

Expected Benefits

To deliver culturally responsive care; reduce reliance on tertiary services; and improve timely and equitable access to programs across QHS. Additional benefits include increasing the number of Native Hawaiians served and improving life expectancy through sustained engagement in care and overall wellness.

Will and Legacy

[View the Charter of The Queen's Hospital >](#)

[Explore Queen Emma's Will >](#)

- Charter (transcribed)
- Queen Emma's Will (transcribed)



E OLA KA 'ŌIWI

Promote Equitable Care & Clinical Outcomes

FY26 Q3 Data (GO LIVE on January 1, 2026)



396

Page Views



322

Total Link Clicks



34

Will Clicks



21

Charter Clicks



9

Financial Aid Applications



82

File Downloads



9

Phone Calls Received

FAQ

- ▼ I heard that Hawaiians don't pay anything. How come they made me pay?
- ▼ I don't qualify for Quest or Medicare but I'm Hawaiian. Can I get services at Queen's?
- ▼ I need services at a medical facility other than Queen's. Will Queen's pay for that?
- ▼ I live on a neighbor island. Will Queen's pay for my flights to Oahu for treatment?
- ▼ I have insurance but I still can't afford to pay my bill. Can you help?
- ▼ I'm Hawaiian and I heard you have a program just for Hawaiians. What is it?

Apply for Financial Aid

The Queen's Health Systems is committed to providing medical services to patients and objectively considers each patient's financial ability to pay for the cost of hospital services.

[Apply for financial aid to help cover health care costs](#)

Summary

Access extends beyond clinical services to include transparent, culturally responsive education and communication. Tools like the Queen Emma Cares website demonstrate how comprehensive, accessible information can successfully address community questions and needs. While overall traffic is still growing, engagement data indicate that those who do visit the site find the information useful and act on it. Patient Financial Services also created a brochure based on the website to hand out to patients.

THE QUEEN'S HEALTH SYSTEM

Queen Emma Cares

"We, on our parts, must not forget to show... loving kindness in all ways"
Queen Emma (1873)

The Queen's 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.

For More Information :

- (808) 691-7261 (Native Hawaiian Health)
- emmacares@queens.org

HISTORY OF CARE FOR NATIVE HAWAIIANS

Queen Emma and King Kamehameha IV solicited subscriptions from private individuals, government representatives and local businesses to help fund the building and establishment of a public hospital that was subsequently named The Queen's Hospital. In the beginning, the majority of the hospital's operating income came from dedicated tax-revenues and legislative grants from the Kingdom of Hawai'i. It was this government funding – not Queen Emma's estate – that helped pay the cost of care for many who were admitted as patients to The Queen's Hospital.

While The Queen's Hospital did, in fact, provide free treatment to Native Hawaiians in its early years, it never did so unconditionally. Free care was determined by each patient's need, the availability of beds and whether the hospital had the ability to treat specific medical conditions. Queen Emma, who lived for 25 years after the hospital was established, subsequently bequeathed much of her land to The Queen's Hospital without restrictions or stipulations on how such lands were to be used.

Today, The Queen's Hospital is known as The Queen's Medical Center. It is a member of a family of companies under the umbrella of The Queen's Health Systems, which is supported by various sources, including payments from patients, insurance companies, and substantial reimbursements from government payers such as Medicare and Medicaid. Queen's continues to provide health care services to all the people of Hawai'i regardless of their ethnicity or their ability to pay—the same as it did since The Queen's Hospital was established in 1859.

The Queen's Health Systems assists patients who are uninsured or underinsured to qualify for a level of financial assistance, in accordance with their ability to pay. Financial assistance may be provided in the form of free care for patients who qualify or a discount may be applied to inpatient and/or outpatient service charges (excluding cosmetic or self-pay flat rate procedures). This policy covers hospital/facility charges and professional fees for employed providers. Qualified persons of every race and ethnicity are eligible to receive such free or discounted care through Queen's long-standing Financial Assistance Policy or its Self-Pay Discount Package Pricing Policy.

(808) 691-4211 (Financial Services Office)

Guiding us into the future and recommitting to the intent of our Founders

HŌKŪPA‘A

NORTH STAR

Reduce disparities in Healthy Life Expectancy among Native Hawaiians and other vulnerable populations.



IWIKUAMO‘O

HO‘I HOU I KA IWIKUAMO‘O

Reminds us to return to our backbone:
Our Founders, Our Families, Our Patients, Our Community



LONG TERM OBJECTIVE A1c GAP CLOSURE

Ka 'Ike Pono Goals FY26-28

Purpose

Reduce incidence, prevalence & impact of diabetes management through improved A1c control among high-risk and high-utilization populations from FY26 - FY28.

Goal

Improve A1c by 3% among Native Hawaiians and other vulnerable populations through a coordinated, system-wide approach.



Fiscal Year-To-Date Cumulative Accomplishments

	FY25	FY26	FY27	FY28
L/T OBJECTIVE: TO REDUCE INCIDENCE, PREVALENCE & IMPACT OF DISEASE				
Chronic Disease Management (Diabetes): % Controlled A1c (Care Gap Closure)	77% (CY25)	→		80% (CY28) +3.0% (# lives impacted)



Baseline & Target Established for HMSA Population



Key Workstreams Launched

WORK GROUP
Data & Reporting

- Complete surveillance baseline *IN PROGRESS*
- Define patient population via HEDIS & clinical expertise *IN PROGRESS*
- Develop DM patient registry *IN PROGRESS*
- Optimize EPIC functionality

WORK GROUP
Clinical Practice Change

- Inventory current DM strategies & programs *IN PROGRESS*
- Survey providers on utilization of existing programs
- Complete gap analysis *IN PROGRESS*
- Develop & implement solutions (e.g., bulk ordering) with key success measures

WORK GROUP
Care Pathway

- Inventory current DM strategies & programs *IN PROGRESS*
- Develop proposed care pathway solutions & success measures
- SDOH integration
- Center DM prevention with patient voice

Ensure cultural responsiveness throughout process and in implementation



LONG TERM OBJECTIVE A1c GAP CLOSURE

Ka 'Ike Pono Goals FY26-28

Our Approach

KEY STEPS

1 ESTABLISH BASELINE

Use DM REGISTRY + COREO + CARE*Link

2 DEFINE TARGET POPULATION

Focus on pre-diabetes & diabetes for practice change.

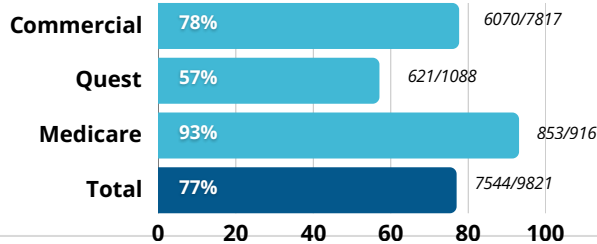
3 VALIDATE REPORT

Clinical reporting for prevention, outreach, and longitudinal tracking.

Baseline Data

LANE 1: COREO DATA (BASELINE)

% patients with Controlled HbA1c by HMSA Plan Type, CY2025*



*Data includes all HMSA Primary Care Payment Model (PCPM) attributed lives under QCIPN, including independent practices, not just QHS. Controlled A1c is defined as: Commercial <8, Quest <8, Medicare ≤ 9

LANE 2: CARE*Link (REFINED CRITERIA)

Proposed Inclusion Criteria for Baseline Refinement:

- Patients 18-75+ years of age
- DM (types 1 and 2) (ICD-10 defined)
- All payors, and also attributed to a Queen's PCP
- HbA1c thresholds:
 - HbA1c ≤ 9.0% (Medicare)
 - HbA1c < 8% (Medicaid/Commercial)
- Encounter in Epic in past 24 months
- Encounter type (e.g., telehealth visit)
- Race/ethnicity (e.g., Native Hawaiian flag)

Key Learnings: Opportunities in four areas emerged, contributing to slower progress.



WHAT HAVE WE LEARNED SO FAR?



WHAT WILL WE DO DIFFERENTLY?

ACCESS

Wait times and siloed work across programs limits continuity and access.

Map current interventions and gaps to streamline diabetes care, including focus in rural areas

CULTURALLY RESPONSIVE CARE

Limited provider time reduces the quality of A1c and lifestyle counseling.
15.5% of patients have diabetes, but only 10.3% are linked to primary care.
Technical solutions (e.g., bulk ordering) require providers and clinic engagement.

Explore innovative, team-based care to enable more meaningful patient outcomes.
Engage patients to co-design A1c and health-related social needs-focused solutions.
Engage primary care, QCIPN, and specialists early and continuously through integrated data and QI efforts.

CAREGIVER WELLNESS

Limited resources and overburdened staff slow progress.

Define clear goals and required resources to hardwire interventions.

POPULATION HEALTH DATA INFRASTRUCTURE

Our data infrastructure and quality measures cater to payors vs. our clinical insight or patient priorities.
Lack of common & standardized definitions

Set standards and measures that matter to patients and work for providers.
Explore using a Common Data Models (CDM) to organize and unify data.



COMMUNITY ENGAGEMENT FOR NATIVE HAWAIIAN HEALTH

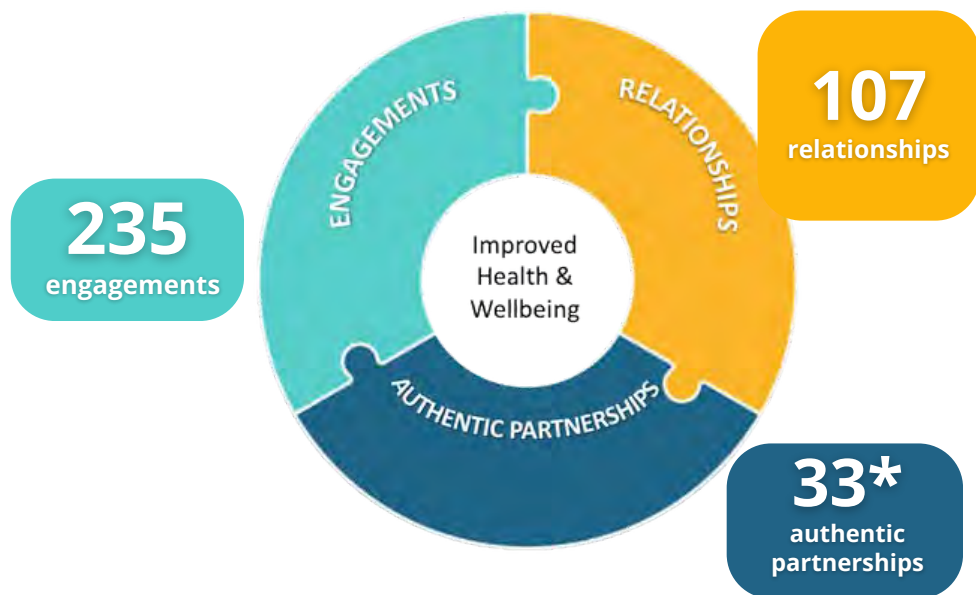
Ka 'ike Pono Goals FY26-28

Through the KIP community engagement plan, we have developed a framework grounded in the fundamental truth that health and well-being are strengthened through connection. Engagements, relationships, and authentic partnerships (Figure 1) are not just supportive elements of our work; they are essential to creating meaningful, lasting change.

Authentic partnerships ground our health system in the **shared values and priorities of the communities we serve**. By forming new relationships, we expand our reach and deepen our impact for Native Hawaiians and all the people of Hawai'i.

When we engage with intention and humility, trust grows. Guided by the four components (Figure 2), **authentic partnerships create pathways to improved health and well-being that no single effort or organization can achieve alone.** The following pages, 21-22, provide examples of this framework (Figure 3 and 4).

Figure 1. Community Engagement Framework with FY26 Q1-Q3 data from Native Hawaiian Health



(*See Appendix, page 27)

FIGURE 2. AUTHENTIC PARTNERSHIP FRAMEWORK





HAWAI‘I GOOD FOOD ALLIANCE

Applying the Authentic Partnership Framework



The Hawai‘i Good Food Alliance (HGFA), founded in 2019, is a statewide nonprofit that strengthens and coordinates Hawai‘i’s local food systems by aligning partners across food production, distribution, health, and community wellbeing. As a convening and coordinating entity, HGFA addresses systemic gaps that drive food insecurity and inequitable access to nutritious, culturally relevant food—grounding its work in Hawaiian values such as mālama ‘āina and the understanding that food systems are inseparable from health, culture, and economic resilience. Through this role, HGFA serves as a trusted connector between community priorities and institutional systems, advancing long-term, sustainable solutions rather than isolated interventions.

FIGURE 3. HAWAI‘I GOOD FOOD ALLIANCE AUTHENTIC PARTNERSHIP FRAMEWORK

Principle Alignment:

- The relationship is characterized by **mutual trust, respect, genuineness, and commitment**
- **Guiding pillars:** Cultural grounding, food is medicine, equity, community-based, and mālama ‘āina.
- **Make clear and open communication an ongoing priority** by striving to understand each other’s needs and self-interests and developing a common language.
- **Values multiple kinds of knowledge and life experiences**

Community Transformation and Capacity Building:

- A cohort of leaders representing food hubs throughout Hawai‘i participated in a year long fellowship to strengthen their leadership skills. The goal was to learn from one another, from practitioners, and community experts through a cultural lens so they can more effectively lead their particular hubs while supporting their communities.



- Food is Medicine Summit Planning Committee Representative
- Provide support to one another based on complementary expertise on health, ‘ai pono, Native Hawaiian and underserved communities and curriculum development
- Leadership pilina for over 20 years

- **Moderated a panel discussion** of young kānaka (e.g., farmer, fishermen, dietitian, food hub) who are making our kūpuna proud (i.e., becoming leaders) at a Kalihi ‘Ai Pono Event at Ho‘oulu ‘Āina in Oct 2025
- **Presented to Food Hub leaders** on Workplace Culture through a Hawaiian Lens
- **Food is Medicine Summit** (pending October completion) that will convene approximately 150-200 participants to support
- **Advancing food security and food sovereignty** by decreasing dependence on imported food and investing in the infrastructure to grow, distribute, teach about, and consume more locally grown and raised foods



HAWAI'I FOOD BANK

Applying the Authentic Partnership Framework



The Hawai'i Foodbank, a Hawai'i-based 501(c)(3) founded in 1982, is the state's primary hunger-relief organization and sole Feeding America member. As the central hub of Hawai'i's emergency food system, it collects, stores, and distributes food through more than 200 partner agencies on O'ahu and Kaua'i, while supporting Neighbor Island food banks. Its mission is to ensure immediate, reliable access to food for individuals and families facing hunger. Operating at scale, the Foodbank provides a critical safety net during ongoing economic hardship and in times of crisis.

FIGURE 4. HAWAI'I FOOD BANK AUTHENTIC PARTNERSHIP FRAMEWORK

Principle Alignment.

- The Partnership forms to **serve a specific purpose** and **may take on new goals** over time
- The Partnership **agrees upon mission, values, goals, measurable outcomes, and processes** for **accountability**
- There is **feedback among all stakeholders** in the Partnership, with the **goal of continuously improving** the Partnership and its outcomes.

Personal Transformation:

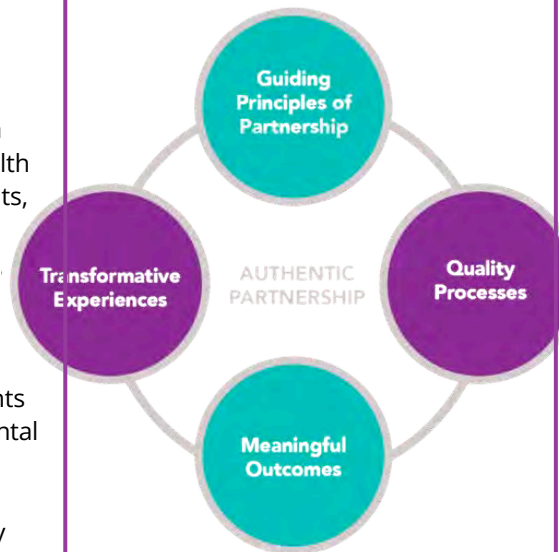
- Address food insecurity for community members and patients in crisis

Institutional transformation:

- QMC Kahi Mohala becomes a safe place to address the health related social needs of patients, their families, and other community members.

Community transformation:

- Developing multi-sector relationships to provide a network of support for patients and families impacted by mental illness
- Slow and progressive transformation of community perceptions of QMC Kahi Mohala as a center for holistic healing



2 Formal Agency & Program Partnership Agreements:

- QMC Manamana ED, Queen's Care Coalition (Pre-existing)
- QMC Kahi Mohala – newly added in FY26

Kahi Mohala Food Pantry Established in FY26:

- Temporary disaster feeding partner
- Food safety training certificate
- Civil rights training certificate
- Distribution center orientation completed
- Reporting training completed
- Partner onboarding completed
- Established permit for cold storage
- Regular site visits scheduled
- Authorized shoppers designated, shopping schedule, account management
- Refrigerator purchased for Kahi Mohala through donations

- QMC Manamana, Queen's Care Coalition - availability of **food baskets for houseless individuals** enrolled in Queen's Care Coalition
- QMC Kahi Mohala - **availability of food for patients/families** (discharging) and the **West O'ahu community**
- **Donations** drive for December 2025



NATIVE HAWAIIAN AFFAIRS

Proposed FY27 Budget Changes

Proposed cuts in federal spending in Hawai'i total

\$1.3 Billion

(excludes defense & military spending)

According to preliminary analyses, this would mean a nearly **\$1,000 loss for every Hawai'i resident**. However, potential impact would be concentrated among the 44% of individuals, many of whom are Native Hawaiian, who are classified as poor or working class under the ALICE threshold. These are the residents who rely on programs like Medicaid (MedQUEST), SNAP, and other federal programs for daily living. **It is estimated that Hawai'i residents living below the ALICE threshold would experience a financial loss of about \$2,100 per person.**

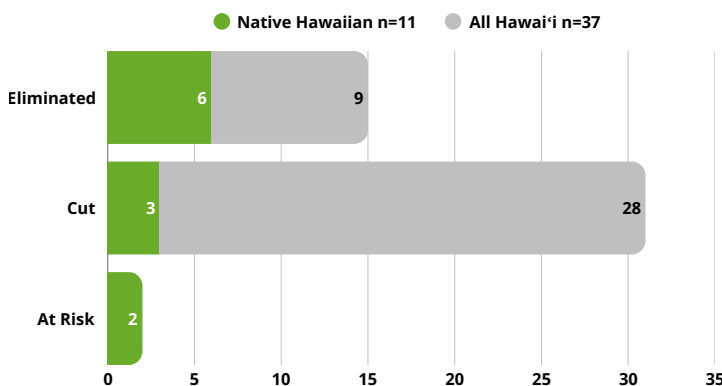
Overall, federal funds to Hawai'i are projected to rise by approximately \$638 million. However, this increase is largely driven by higher military spending. Recipients of these funds represent a distinct economic sector compared to domestic program beneficiaries. Most new funding flows to INDOPACOM operations and defense contractors.



FEDERAL BUDGET CUTS TO NATIVE HAWAIIAN PROGRAMS

WHAT'S BEING ELIMINATED AND WHO IT IMPACTS

Number of programs classified as at risk, cut, or eliminated in the proposed FY27 federal budget



Native Hawaiian programs at risk of elimination:

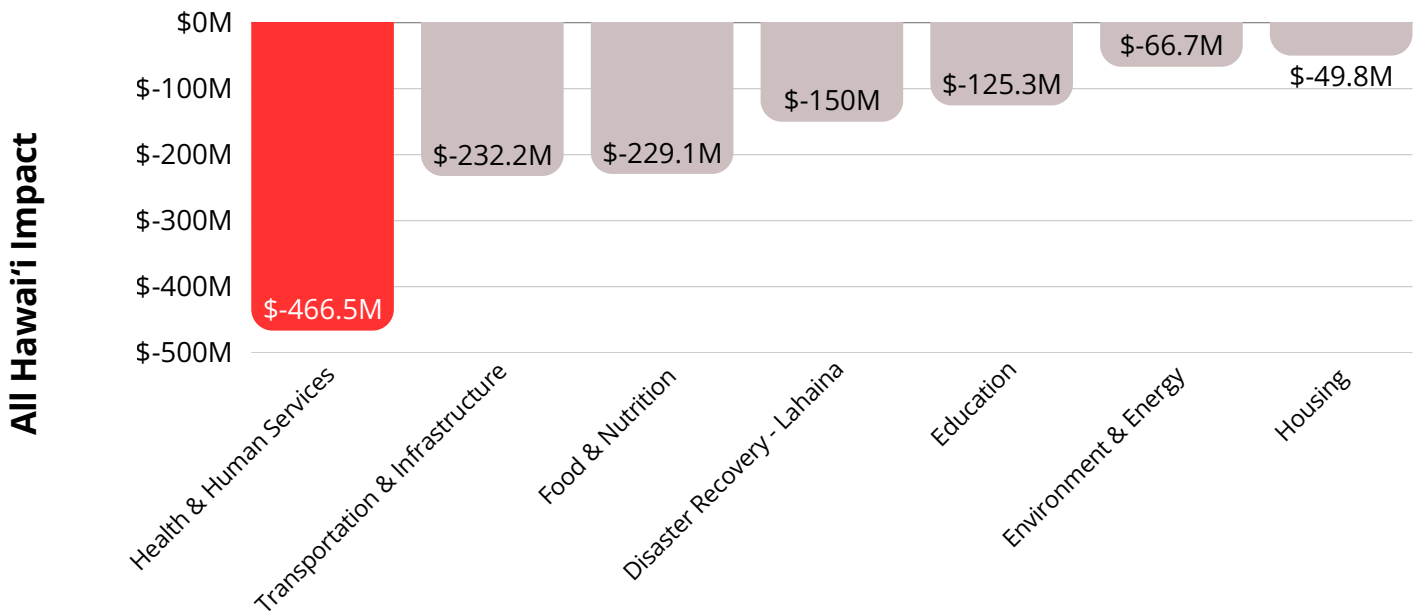
- Native Hawaiian Housing Block Grant (NAHASDA/DHHL)
- Native Hawaiian Education Program (NHEP)
- Native Hawaiian Career & Technical Education (CTE)
- Native Hawaiian Broadband & Housing (NTIA/USDA)
- NATIVE Act / Cultural Tourism Grants
- Native Hawaiian-Serving Institutions (Title III-A & III-F)



NATIVE HAWAIIAN AFFAIRS

Proposed FY27 Budget Changes

Program types most impacted by proposed FY27 budget of programs that are classified as at risk, cut, or eliminated



Cuts to **Medicaid** and **ACA Marketplace Tax Credits** account for over

\$420M
(90%)

of total proposed cuts to Health & Human Services funding in Hawai'i

According to the American Community Survey (2018-2022),

25%
of Native Hawaiians

under the age of 65 rely on Medicaid or other public insurance as their health coverage

Source: Nambi Ndugga, N., Hill, L., and Artiga, S.. Key Data on Health and Health Care for Native Hawaiian or Pacific Islander People, (KFF, Dec 3, 2024).





NATIVE HAWAIIAN AFFAIRS

Monitoring the Federal Landscape



LAWSUIT FILED BY “DO NO HARM” vs. US DHHS + Robert F. Kennedy Jr, US HRSA + Thomas Engels

- On March 30, 2026, the advocacy organization **Do No Harm** filed a federal lawsuit in U.S District Court for the District of Columbia.



CLAIM EXCLUSION OF NON-NATIVE HAWAIIANS IS “DISCRIMINATORY” AND “UNLAWFUL”

- The suit challenges the legality of the Native Hawaiian Health Scholarship Program (NHHSP)—a cornerstone initiative of the Native Hawaiian Health Care Act (NHHCA) of 1988, administered by Papa Ola Lōkahi (POL).



AMID FEDERAL UNCERTAINTY

- NHHSP has operated for more than 35 years to expand the Native Hawaiian health workforce.



GROWING CONCERNS AMONG NATIVE HAWAIIANS AS A COMMUNITY ISSUE

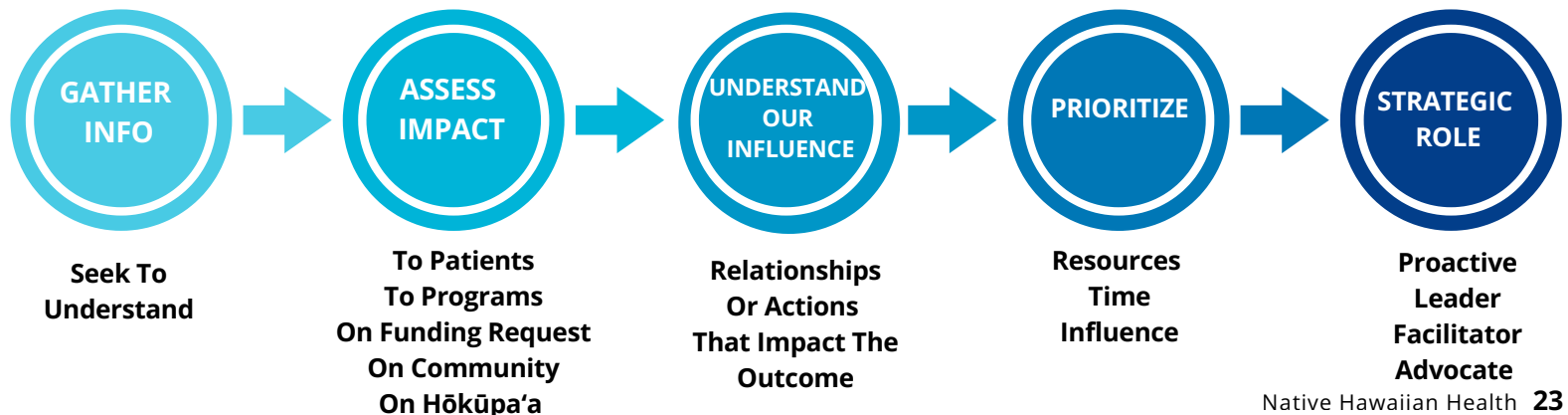


- The lawsuit claims that restricting scholarship eligibility to Native Hawaiian applicants is unlawful racial discrimination and violates the Equal Protection Clause of the U.S. Constitution
- POL is not named in the lawsuit.
- POL funding is not currently at risk

Healthcare Leaders among our Native Hawaiian Health Scholarship awardees

Photo Source: <https://www.papaolalokahi.org/blog/native-hawaiian-health-scholarship-program-how-it-works>

THE QUEEN’S HEALTH SYSTEMS’ CONTINUES TO MONITOR THE FEDERAL LANDSCAPE





SUMMARY OF LEARNINGS

Ma ka hana ka 'ike. Through the work we learn.

ADAPTIVE AND COORDINATED CRISIS RESPONSE

Effective crisis response in health care depends on adaptive systems, strong coordination, and trusted, culturally grounded relationships. The Kona Low storms illustrated this clearly: while teams adapted in real time, gaps in alignment and communication emerged and slowed response. The experience reinforced that agility alone is insufficient without shared understanding, cultural humility, and trusted internal leaders with deep community connections to guide rapid, informed action during uncertainty.



ACCESS THROUGH AN INDIGENOUS LENS MEANS MORE THAN GETTING AN APPOINTMENT

It includes clear, transparent, culturally relevant communication rooted in trusted relationships. Access means care that is acceptable, approachable, affordable, accessible, and available—care that meets needs and supports informed decisions. Tools like the Queen Emma Cares website make financial resources easy to find and culturally grounded. Continued investment in approaches that meet patients where they are, build trust, and empower individuals will strengthen access and engagement.

TEAM-BASED CARE IS FOUNDATIONAL FOR LONGITUDINAL AND HOLISTIC CARE

In a dynamic healthcare landscape—and with an aging population experiencing increasingly complex needs—team-based models are essential. As we expand our capacity for value-based care and population health, care coordinators and navigators play a critical role in reducing barriers to access, guiding patients through complex systems, and enabling clinical teams to focus on delivering high-quality care. Sustained investment in these roles is vital to improving patient outcomes and supporting caregiver well-being.

CAREGIVER STRAIN, ACCESS, AND WORKFORCE WELL-BEING

Heavy workloads, competing priorities, staffing & resource constraints, and a high-stress work environment contribute to caregiver burden. Workforce well-being is interconnected with a culture of safety for caregivers and patients. It is the thread that supports empathy for others. Sustained investments in supporting our workforce are imperative.

COMMUNITY-CENTERED ENGAGEMENT AND CULTURALLY RESPONSIVE PRACTICES START WITH LISTENING AND ASSUMING ALOHA



Effective health care engagement begins with intentional dialogue grounded in listening. Culture and culturally responsive care are foundational because it shapes how care, communication, and services are understood, trusted, and acted upon. Health, decision-making, and engagement are inseparable from lived experience, especially in culturally diverse communities. Genuine, authentic, and mutually respectful relationships, built through sustained listening and cultural humility, create the conditions for care and engagement efforts to resonate and succeed.



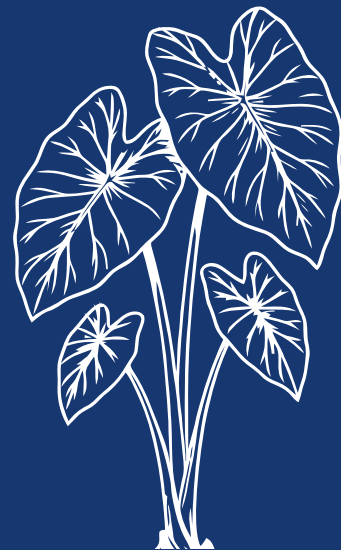
APPENDIX: AUTHENTIC PARTNERSHIPS

Native Hawaiian Health

1. aio Digital
2. ACP Decisions
3. Bobby Yamauchi Company
4. Consuelo Foundation
5. Daughters of Hawai'i
6. Department of Hawaiian Home Lands
7. Derigo Health
8. Department of Land & Natural Resources
9. Hawai'i Food Bank*
10. Hawai'i Good Food Alliance*
11. Hawai'i Residency Program
12. Hawaiian Council
13. Hui Mālama i ke Ala 'Ūlili
14. 'Iolani Palace
15. 'Iolani School
16. John A. Burns School of Medicine, Department of Native Hawaiian Health
17. Kamehameha Schools
18. Kawānanakoa Foundation
19. Ke Kula Nui o Waimānalo
20. Keali'i Po'oloa
21. Kōkua Kalihi Valley
22. Leila Ryusaki
23. Lili'uokalani Trust
24. Lisa Watkins-Victorino, PhD
25. Mauliola Ke'ehi
26. Office of Hawaiian Affairs
27. Papa Ola Lōkahi
28. Parker Ranch
29. Research Corporation of the University of Hawai'i
30. St. Andrew's Schools
31. University of Hawai'i Foundation
32. Wai'anae Coast Comprehensive Health Center
33. Waimānalo Health Center



*Authentic Partners as of FY26



**COMPASSION
ALOHA
RESPECT
EXCELLENCE**



**NATIVE
HAWAIIAN
HEALTH**



Native Hawaiian Health

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Email: nhh@queens.org

<https://www.queens.org/about/native-hawaiian-health-qhs/>