



# NATIVE HAWAIIAN HEALTH

KAHUA OLA FISCAL YEAR 2024 ANNUAL REPORT  
JULY 1, 2023 to JUNE 30, 2024



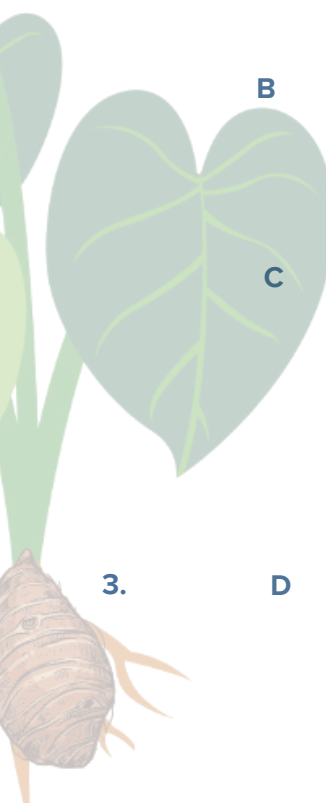
NATIVE HAWAIIAN HEALTH

~~~~~ THE QUEEN'S HEALTH SYSTEMS ~~~~~

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# The Queen's Health System's Aspirational Goals



In 1855, Alexander Liholiho 'Iolani became king at the age of twenty. At the opening of the Legislature on April 7, 1855, the wise young king gave a renowned speech on a subject that he felt "in comparison...all others sink into insignificance." He urged,

*"Our acts are in vain unless we can stay the wasting hand that is destroying our people. I feel a heavy and special responsibility resting upon me in this matter, but it is one in which you all must share."*

*~King Kamehameha IV, 1855*

This quote underscores the enduring commitment to our mission, one that aligns with the vision of our founders, King Kamehameha IV and Queen Emma. It serves as a poignant reminder that their aspirations remain relevant today.



**THE QUEEN'S  
HEALTH SYSTEM**

The Queen's Ten Year Aspirational Goals:



- To extend life expectancy and a life well lived of Native Hawaiians
- Close the gap in life expectancy in half within the decade
- Become a lifetime partner, improving the health and well-being of all those we serve

*"But let me remind you that so long as sickness shall exist, there will be a duty imposed upon us."*

*~King Kamehameha IV,  
July 17, 1860*



*"And we on our parts must not forget to shew his loving kindness in all ways."*

*~Queen Emma,  
September 29, 1873*

# Strengthening our Kahua & Transforming our Network

## What is the Kahua Ola Strategic Plan?



In May 2018, Art Ushijima, then President and CEO of The Queen's Health Systems (QHS), requested an update to the 2006 Native Hawaiian Health Strategic Plan. Under the leadership of Gerard Akaka, M.D., Eric Martinson, Tanya Suapaia and other key executives, a team of 18 stakeholders from various islands developed Kahua Ola 1.0. This updated plan was approved in 2019 for implementation in 2020, outlining Queen's approach, goals, and tactics to improve Native Hawaiian health and achieve the vision below.

### Kahua Ola Vision is “E ola ka ‘ōiwi”

*“To live, thrive, be healthy and well” “Hawaiians”  
(actualizing, bringing to fruition, realizing health and well-being for all Hawaiians)*

### Kahua Ola Framework is Grounded in Hawaiian Beliefs & Practices

#### Kahua Ola Framework



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

Figure 1.0

#### Optimal health and well-being (Ola) means:

1. Personal balance of mind, body, and spirit; and
2. Harmony and balance with humankind, environment, and spirituality

The Kahua Ola framework, adapted from “The Hawaiian Worldview” (Appendix B), honors ancestral wisdom and offers a multidimensional perspective on health and well-being. It redefines “health” for Queen’s through a Hawaiian lens as *Ola* (Figure 1.0), emphasizing harmony and balance of body, mind, and spirit. *Ola* is strengthened by a solid *Kahua* (Figure 1.0) or foundation made up of three components: *Kumu Waiwai* (connection to resources), *Pīlina* (connection to people, the social and natural environment), and *'Ike Hawai'i* (ancestral and modern knowledge and practice). A strong *Kahua* supports *Ola*.

#### Kahua Ola Goals



Figure 1.1

Thus, the three strategic plan goals were birthed from the Kahua components (Figure 1.1): Goal 1: Health Care Accessibility, Goal 2: Community Partnerships, Engagement, and Affairs, & Goal 3: Cultural Grounding, Education, and Health Care Workforce Development. This report references major accomplishments completed in Fiscal Year (FY) 24 -- from July 1st to June 30th -- in each of the Kahua Ola goal areas (Figure 1.1).



# Strengthening our Kahua & Transforming our Network

## Kahua Ola 2.0 Expansion

### What did we learn through execution of Kahua Ola 1.0?

Since the Kahua Ola Strategic Plan 1.0 was approved in June 2019 (FY20), there have been many valuable learnings. Implementing a population health strategy with a holistic framework proved challenging in traditional care settings.

**One key learning is significant health system factors and patient factors limit access & engagement in care.**

#### Health System Factors



Culturally responsive care (including wellness and team-based care)



Culturally safe environment



Culturally responsive health-care workforce

#### Patient Factors



Trusting relationship with providers & care team



Social or geographic isolation



Easily accessible disaggregated data & population health tools



Enabling process, policies, and decision making



Other health related social needs (HRSN) like transportation



Poor health literacy

**Kahua Ola 2.0 expansion is aimed at supporting health system transformation & integration of the Kahua Ola framework across Queen's.**

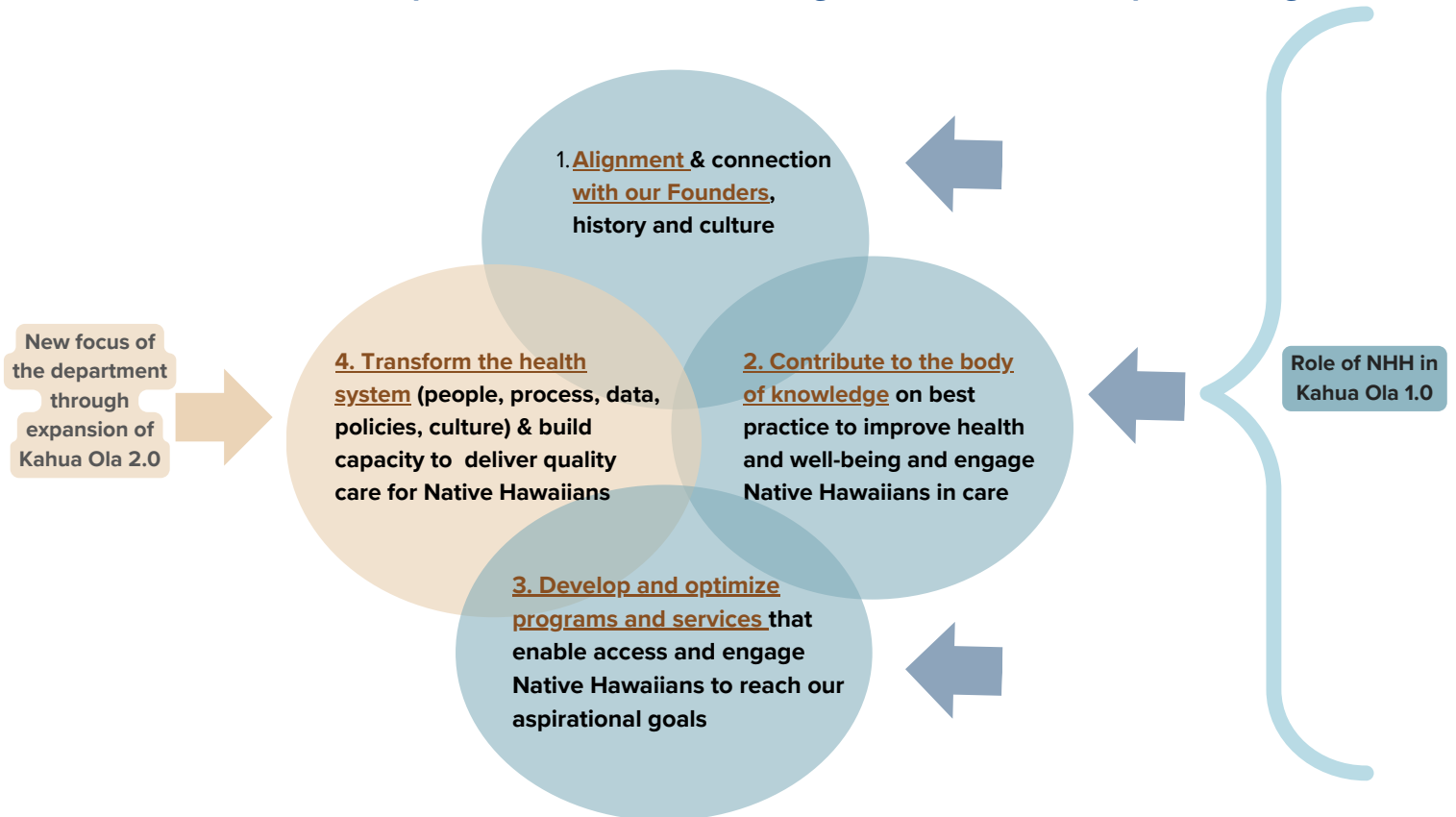


In November 2021, under the direction of Jill Hoggard Green, then President and CEO of QHS, Kahua Ola 2.0 was approved with the transformative addition of Queen's aspirational goals (see pg. 4). Additionally, the plan's scope was expanded for broader integration across Queen's aimed at addressing health system factors, patient factors, and critical health needs. A key element of this strategy was the creation of Dr. Naleen Andrade's position as inaugural EVP of NHH and Chief DEIJ and Caregiver Wellness Officer. Under Dr. Andrade's leadership, NHH grew exponentially, rapidly mobilizing with intent to reach the aspirational goal by 2030. Since then, the Kahua Ola framework has been foundational to Queen's aspirational goals.

# Native Hawaiian Health Department

## What is the Role of Native Hawaiian Health at Queen's?

The role of Native Hawaiian Health is to support the execution and delivery of activities through the Kahua Ola Strategic Plan and build capacity, programs, and knowledge for Queen's to serve Native Hawaiians, improve health and well-being, and achieve our aspirational goals.



**Figure 1.2**

The role of NHH has evolved and expanded to support the organization to achieve its aspirational goals and execute Kahua Ola 2.0. This expanded focus (Figure 1.2) to support Queen's to transform the health system and build capacity across QHS to deliver high quality culturally responsive care for Native Hawaiians.

In 2023, QHS applied for and received federal designation as a Native Hawaiian health center by Papa Ola Lōkahi per federal law 42 USC 11711(4). In FY24, Queen's served just over 56,541 Native Hawaiians, representing 18% of the approximately 317,463 Native Hawaiians in the State of Hawai'i (Appendix C, U.S. Census, 2020). From FY21 to FY24, Queen's served 122,371 Native Hawaiians, representing 39% of the State's Native Hawaiians. By 2030, the QHS aim is to increase the number of Native Hawaiians served within three years to 145,000 or 50% of all Native Hawaiians residing in Hawai'i.

Kahua Ola 2.0 Strategic Plan aims to achieve these aspirational goals by addressing the health disparities and health equity challenges discussed further on the next page through the development and execution of the NHH Kahua Ola strategic roadmap. (See page 4, 14-16)

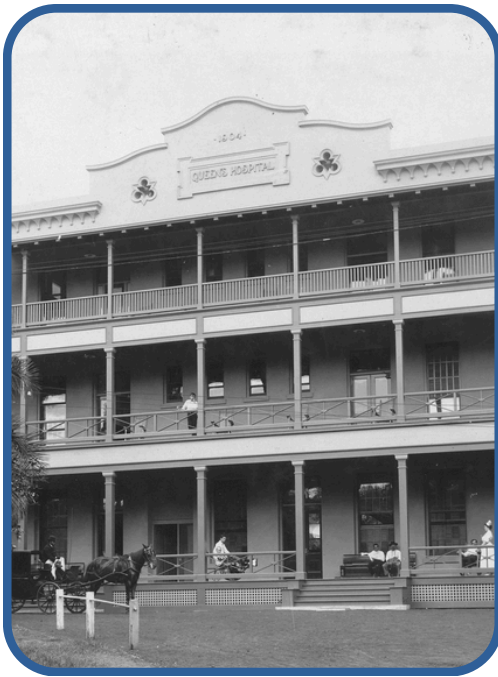


# Strengthening our Kahua & Transforming our Network

## Why is the Kahua Ola Roadmap Important?

### The Kahua Ola Roadmap addresses health disparities and health inequities for transformational change to achieve our QHS aspirational goals

- The COVID-19 pandemic all but erased the slight improvements in the gap in life expectancy for NH, which is now seven years shorter than Hawai'i's other major racial/ethnic groups.
- The Office of Minority Health reports the leading causes of death among Hawaiians are cancer, heart disease, stroke, and diabetes.
- The 2021 CDC Morbidity and Mortality Weekly Report and the COVID-19 in Hawai'i Report, state that NH (and Pacific Islanders and Filipinos) in Hawai'i are more vulnerable to the COVID-19 virus, demonstrating health disparities and inequities, particularly in geographically isolated regions.
- The 2023 CDC Pregnancy Mortality Surveillance System (PMSS) reported that the highest pregnancy-related mortality ratio in the U.S. was among Native Hawaiians and Other Pacific Islanders at 62.8 deaths per 100,000 live births.



- Maternal deaths were due to cardiovascular conditions, infection/sepsis, cardiomyopathy, hemorrhage, embolism, hypertension, and stroke.
- The 2021 Health Care Association of Hawai'i Community Health Needs Assessment identified five (5) significant health needs impacted by the COVID-19 pandemic in Hawai'i: Financial Security, Food Security, Mental Health, Housing, and Trust & Equitable Access.
- Other studies (e.g., 2003 'Imi Pono – Hawai'i Well-being Survey; 2023, U.S. Census Bureau, American Community Survey) indicate NH communities often face challenges in accessing healthcare due to factors such as geographical remoteness, cultural preferences, housing instability, and transportation difficulties.

The NHH Kahua Ola strategic roadmap identifies nine components (see page 16) QHS must have in order to fully execute Kahua Ola. The strategic roadmap, included in this report, describes a phased approach and timeline with proposed activities to build organizational capacity to attain our aspirational goals (see page 18).





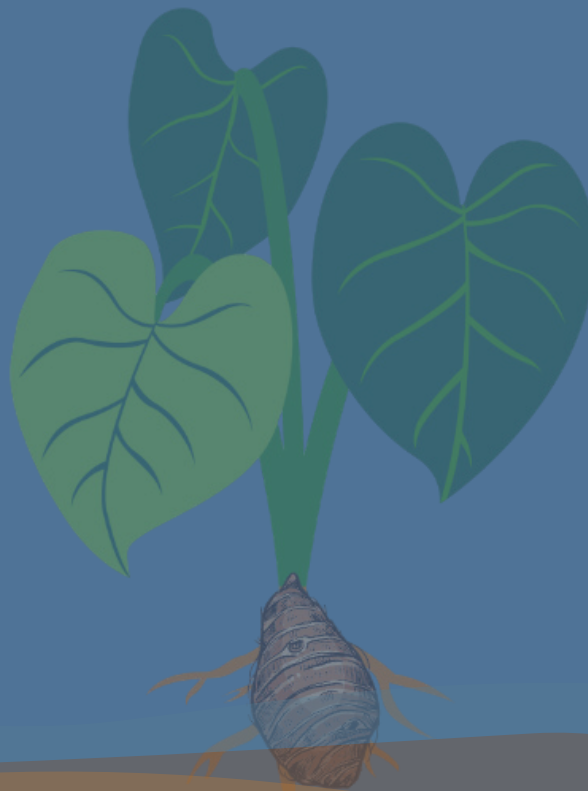
NATIVE HAWAIIAN HEALTH

THE QUEEN'S HEALTH SYSTEMS

## 2. Executive Summary

KAHUA OLA FISCAL YEAR 2024 ANNUAL REPORT

JULY 1, 2023 to JUNE 30, 2024



# Strengthening Our Kahua & Transforming Our Network

## FY24 Accomplishments

In FY24, **NHH oversaw 322 projects, initiatives, and activities with a completion rate of 76% (246)** by the end of the fiscal year. See below for a breakdown.

### Project Report by Kahua Ola Goal

Total Projects

**322**



**Goal 1: Kumu Waiwai**  
Health Care Accessibility



**Goal 2: Pilina**  
Community Partnerships,  
Engagement  
& Affairs



**Goal 3: 'Ike Hawai'i**  
Cultural Grounding,  
Education, and Healthcare  
Workforce Development

### Project Breakdown

↓  
**40**

Culturally safe clinical care programs & optimization, community health activities, and wellness promotion (including research & quality improvement)

↓  
**57**

Community collaborations, traditional wellness practices, community outreach, empowerment, representation, legislative advocacy activities, trauma-informed and culturally resonant care

↓  
**225**

Cultural & spiritual grounding, education & training activities, curriculum development

**12**

Healthcare scholarships & stipends

### Project Productivity



Figure 2.0 provides a snapshot of the stage of each project at the end of FY24.

Figure 2.0



# Strengthening Our Kahua (Foundation)

## FY24 Year-End Financial Report

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# Strengthening our Kahua & Transforming our Network

## Overall Summary of Learnings

### **Ma ka hana ka 'ike. In working one learns.**

Below is a synthesis of the detailed performance report (pages 18-51) summarizing key learnings from FY24.

**Mental health services are needed for Native Hawaiian youth and adults that include interventions and resources tailored for each community to accommodate for regional diversity, socioeconomic factors, culturally preferences, and health service disparities** (See page 20):

- Maui County has the highest reported mental health needs among teens compared to other counties.
- Hawai'i & O'ahu County have the highest reported mental health needs among adults.
- Moloka'i has a higher ranking of negative mental health trends compared to the island of Maui (from the Mental Health Index).

**Population health management tools, systems, and processes are not widely available or underutilized across Queen's. More work is needed to develop capacity in this area** (See page 21).

- NHH continues to spearhead (with a few other departments) the development and integration of population health tools, systems, and processes. While we have made large strides, there are few departments aligned.
- Commitment to this effort as an early adopter has been lengthy, time-consuming, and slow (given limited proficiency or technical expertise in this area), thus requiring many hours from a small group of experts, slowing efficiency and timeliness.
- One approach is to consider long term goals in any optimization and loop in others to support broader optimization across multiple areas. The Healthy Planet optimization work group NHH currently participates in is an excellent example.

**The health and well-being of our caregivers is foundational for safe, culturally responsive care. Developing a culturally safe environment for all caregivers is critical** (See pages 22-34).

- About half of Kahua Ola clinical caregivers express burnout.
- Clinics where programs reside that are experiencing staffing shortages due to financial headwinds have a direct impact on clinical program staff and patients.
- Kahua Ola programs continue to experience staffing gaps due to unfilled positions or unapproved positions.
- Hiring dedicated clinical supervisors has proved efficacious in moving programs forward and providing needed support and guidance to front-line caregivers who were not adequately supported by clinic supervisors due to limited capacity.

**Systemwide training in trauma-informed care and harm reduction is necessary at all points of entry.**

**For Native Hawaiians, every connection matters.** Being present with humility and without judgment and following through when a patient needs support develops trust and access.

- Access is a priority. Virtual approaches may extend opportunities to reach patients, however, they must be culturally informed.
- Hiring the "right" person for clinical care is critical to overall program success (one who can make connections and establish relationships with patients while communicating effectively with PCP and care team).

**The health of the 'āina is inherently tied to the health of the people.** Our community is teaching us about the importance of the 'āina in health. We need to listen and learn.

**A cohesive, culturally-informed community engagement strategy with cultural protocol that can be adaptable for each community is needed at Queen's.** The community wants to be involved and a partner.

- Community engagement should occur whenever we enter a community to provide care or reside in it.
- Identifying place-based leaders and taking time to listen, build trust and follow-through is a key tenant. This supports self-determination. This is also true for patients.
- Leaders at listening sessions shared they "want a partner not a Savior".
- Connection with community keeps us grounded in other ways of knowing and doing, in ancestral practice, and allows us to learn from lived experience of others.

**The following aspects are critical to reaching our aspirational goal:**

- Integration of Kahua Ola across all six organizational strategies
- Prioritization of goals
- Adequate resources to achieve timeline commitments (or timeline extensions)
- Intentional communication and collaboration to break down silos. Pilina (relationships) is important.

**Maternal health services for NH families to support healthy mothers and healthy babies is of critical importance. NH and other Pacific Islanders have the highest pregnancy related mortality ratio in the U.S.**

- Other studies point to lack of healthcare access due to geographical remoteness and cultural preferences.
- Access to culturally responsive and safe birthing classes and postpartum support enhances safe, healthy, and happy deliveries, whether in the home or hospital.
- For rural areas on Hawai'i Island, more research is needed to determine gaps in care for pregnant mothers.

# Strengthening our Kahua & Transforming our Network

## Overall Summary of Learnings Continued...

### **I Kua Na'u - National Institute for Health (NIH) Research Study** (see page 45)

The I Kua Na'u research study, funded by the NIH, focused on advance care planning (ACP) for kupuna, is entering into its final 14 months. Here are key learnings from our work for FY24:

- The qualitative formative research completed early on in the study that informed the development of the videos and curriculum, was key to the successful implementation of the randomized control trial.
- Kūpuna are wanting to know more about ACP and want to ease the burden on their loved ones. They are eager to participate in the study.

### **OLA Hawai'i Research Study - The Kilolani Project** (see pages 46-49)

Focus groups with Native Hawaiian diabetic patients in the Kilolani Program revealed several crucial insights for effective healthcare delivery. Participants emphasized the importance of:

- **Aloha - A Humanistic Approach:** Participants emphasized the importance of a humanistic approach characterized by respect, compassion and positivity.
- **Pilina - Building Connections:** Establishing trusting, personal relationships was crucial, with community navigators often seen as family rather than just workers
- **Improved Access:** The Kilolani Project allowed for increased access to clinic and community resources, significantly enhancing patient support.
- **Trauma-Informed Care:** Addressing adverse childhood experiences and mental health stigma through trauma-informed care emerged as a critical need.
- **Resilience:** The value of spirituality and tradition in fostering resilience and self-belief was recognized as a key component to health and wellbeing.
- **Preference for Local Care:** Participants expressed a strong preference for healthcare providers who are local and share similar cultural backgrounds, enhancing trust and understanding.

These findings underscore the importance of culturally tailored, compassionate, and community-based approaches in healthcare for Native Hawaiian diabetic patients, emphasizing the need for holistic care that addresses both physical and emotional well-being within a culturally relevant context.

### **The development of the *Cultural Integration and Design Experience Strategy*** (see page 22) **has been foundational to developing a culturally safe environment grounded in our founders and values in the ED & West O'ahu ED Projects.**

- We've learned through this process that we often focus on prioritizing safe spaces for patients. However, creating a culturally safe environment for caregivers who take care of patients is central to providing quality care.
- Consultation throughout the project process at design and functional planning stages has contributed to informing design outcomes to ensure the essence of Queens, our founders, and our values is imbedded in the spaces we create.
- This process has been challenging, given the traditional architecture is based on western principles that prioritize functional and superficial design over intention and essence. This distinct difference in paradigm has made collaboration with the project team critical.
- Through this process, we've learned a key tool of bridging western and eastern knowledge (similar to our British and Hawaiian Queen) is having multiple cultural experts and caregivers involved in the process that can translate mo'olelo, culture, concepts, principles, intentions, and essence into design outcomes

### **2024 'Imi Pono Well-Being Survey (Appendix L)**

The 2024 'Imi Pono Survey, with 1,784 participants (62.4% Native Hawaiian), revealed significant health disparities and cultural preferences among Native Hawaiians. Key findings include:

- **Health Challenges:** Native Hawaiians face higher rates of chronic illnesses (41% vs. 29.7% for non-Native Hawaiians) linked to historical trauma and socio-economic hardships. They also reported lower levels of physical and mental health over the past year.
- **Health Priorities:** Key components of a healthy life include physical activity (55.5%), nutritious food (46.6%), and absence of long-lasting illness (44%). Financial stability is also crucial (33.2%).
- **Cultural Relevance:** Native Hawaiians prefer learning from cultural practitioners and "talk story" sessions, emphasizing traditional wisdom over mainstream media for health information.
- **Healthcare Preferences:** They value cultural competence in healthcare providers, preferring those who understand local customs and are open to culturally grounded treatments. There is a significant preference for integrated care combining conventional and traditional methods.
- **Barriers to Access:** Major barriers include difficulty securing appointments, limited availability, high costs, and time constraints. Despite these challenges, most found accessing medical care relatively easy.



# Strengthening Our Kahua & Transforming Our Network

## FY24 Ka 'Ike Pono Native Hawaiian Health Results

### Results

Through system efforts, the NHH and Diversity Equity Inclusion Social Justice (DEIJ) FY24 Ka 'Ike Pono target was met. The NHH Kahua Ola Roadmap was completed and approved by the executive team in alignment with the threshold target.

Moreover, social determinants of health (SDoH) screenings were successfully executed across all Queen's emergency departments (ED) (QMC-Manamana, QMC-WO, MGH, and QNHCH) in compliance with regulatory requirements. Staff worked diligently to increase screenings conducted in Queen's ED. Resources were provided to patients in response to positive SDoH screenings at each ED encounter to address health related social needs (HRSN).

The FY24 target was exceeded; by fiscal year-end, the number of NH patients screened in the ED for SDoH increased by 15.7% (28,216 NH encounters screened) compared to FY23 (Figure 2.1). Most notably, MGH (27%) and QNHCH (34.7%) increased the number of NH screened for SDoH in the ED well above target, reaching superior (See Appendix D).

### Learnings

Results from NH SDoH screenings across QHS ED showed a higher percentage of NH patients with positive SDoH across all SDoH domains compared to non-Hawaiians (lower) suggesting the increased vulnerability among the NH population screened compared to non-NH. Additionally, although the percentage of NH screened in Queen's ED increased, the total percentage of NH patients who screened positive for SDoH (2.7%) was statistically lower than the overall State of Hawai'i average (17%) for food insecurity. This finding poses concerns related to reporting accuracy of patients during acute crisis. More inquiry is needed to understand this gap.

### Next Steps

The next phase of work includes expanding mandatory SDoH and HRSN screenings for all patients in ambulatory settings across QHS in compliance with regulatory requirements. This work has already begun with teams mobilizing to support IT, clinical, and operational execution. Recommendations are to continue monitor trends in the percentage of positive screenings among NH in ambulatory settings compared to the State average and reported SDoH domains.

|                                                                                                           | FY23                          | FY24                                                                                                                                        |                                                                                                           |                                                                                                            |                                                                  |                                                                  |
|-----------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|
|                                                                                                           | ACTUAL                        | THRESHOLD                                                                                                                                   | TARGET                                                                                                    | SUPERIOR                                                                                                   |                                                                  |                                                                  |
| <b>NATIVE HAWAIIAN HEALTH &amp; DEIJ</b>                                                                  |                               |                                                                                                                                             |                                                                                                           |                                                                                                            |                                                                  |                                                                  |
| <b>NATIVE HAWAIIAN HEALTH</b>                                                                             | 24,379 NH encounters screened | Develop a roadmap to strategically address Native Hawaiian health disparities across QHS by June 30, 2024 AND 24,379 NH encounters screened | 8% increase in the # of Native Hawaiian patients screened for SDOH & HRSN (26,329 NH encounters screened) | 16% increase in the # of Native Hawaiian patients screened for SDOH & HRSN (28,279 NH encounters screened) |                                                                  |                                                                  |
|                                                                                                           | FY23                          | FY24 Target/Superior                                                                                                                        | FY 24                                                                                                     |                                                                                                            |                                                                  |                                                                  |
|                                                                                                           | Baseline                      |                                                                                                                                             | Q1 Actual                                                                                                 | Q2 Actual                                                                                                  | Q3 Actual                                                        | Q4 Actual                                                        |
| Develop a roadmap to strategically address Native Hawaiian health disparities across QHS by June 30, 2024 | None                          | N/A                                                                                                                                         | In progress                                                                                               | In progress                                                                                                | In progress                                                      | Roadmap completed                                                |
| Increase in the # of Native Hawaiian patients screened for SDOH & HRSN                                    | 24,379 NH encounters screened | <b>Target:</b> 8% (26,329 encounters)<br><b>Superior:</b> 16% (28,279 encounters)                                                           | <b>13%</b> compared to FY23 Q1 (6,534 NH encounters screened)                                             | <b>9.5%</b> compared to FY23 Q2 (13,205 NH encounters screened)                                            | <b>11.4%</b> compared to FY23 Q3 (20,282 NH encounters screened) | <b>15.7%</b> compared to FY23 Q4 (28,216 NH encounters screened) |

Figure 2.1



# NHH Kahua Ola Roadmap FY25-FY30

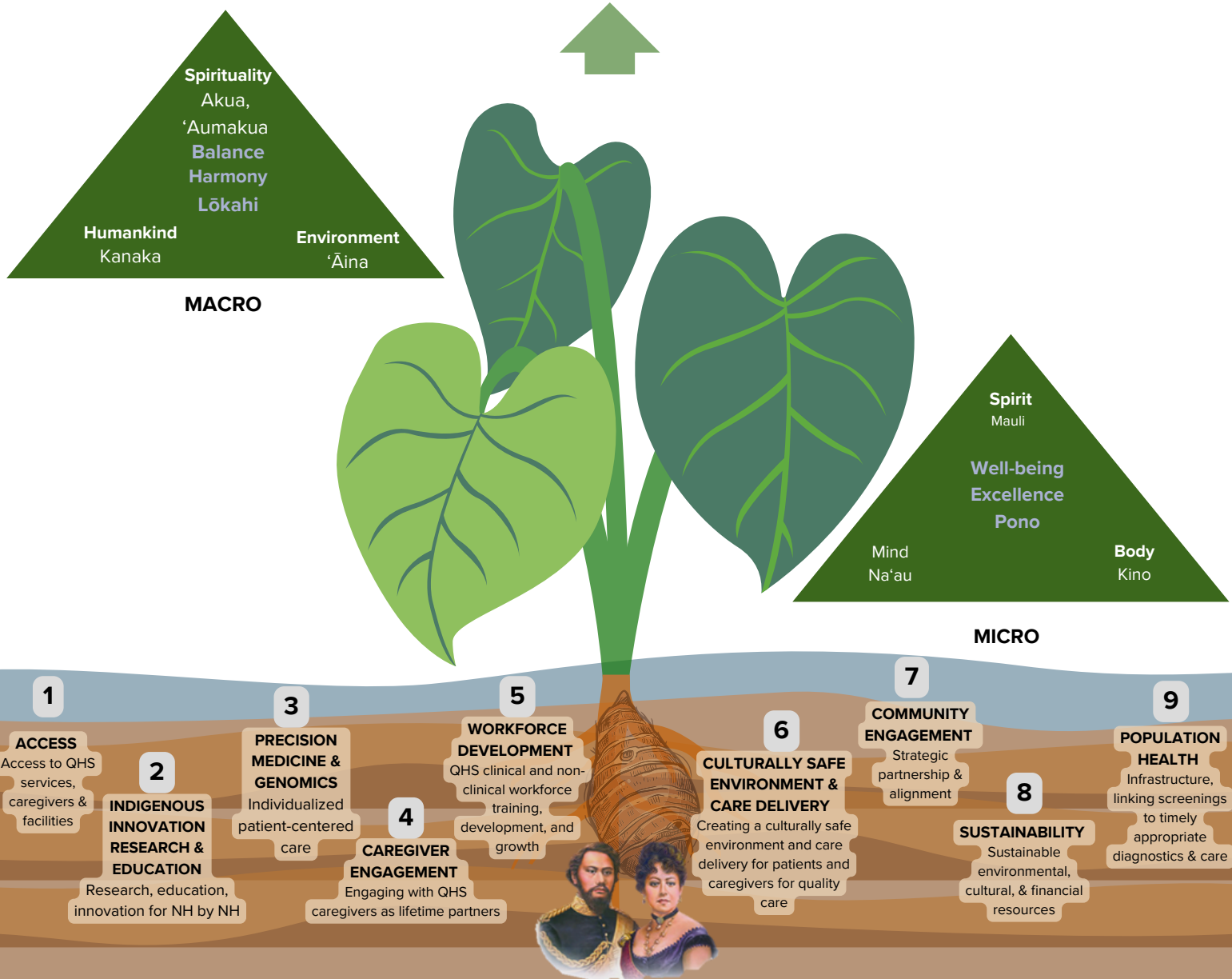
## Nine Key Components Needed to Execute Kahua Ola Across QHS

The strategic roadmap identifies nine components QHS must have in order to fully execute Kahua Ola and build organizational capacity to attain our aspirational goals. The strategic roadmap proposes a phased approach over 5-years with incremental activities built upon prior action that lead to the next steps of actions or phases.

### QHS Aspirational Goal



Our organization's mission, founded on the vision of our founders, is to enhance the health and well-being of Native Hawaiians and all the people of Hawai'i. Kahua Ola acts as both a framework and a strategy to achieve this goal. The Kahua Ola roadmap consists of nine key components currently in development, crucial for bolstering our organizational capacity to attain our QHS aspirational goal (refer to page 3). We see our QHS aspirational goals as a metric for gauging our progress in achieving our mission. See graphic below:

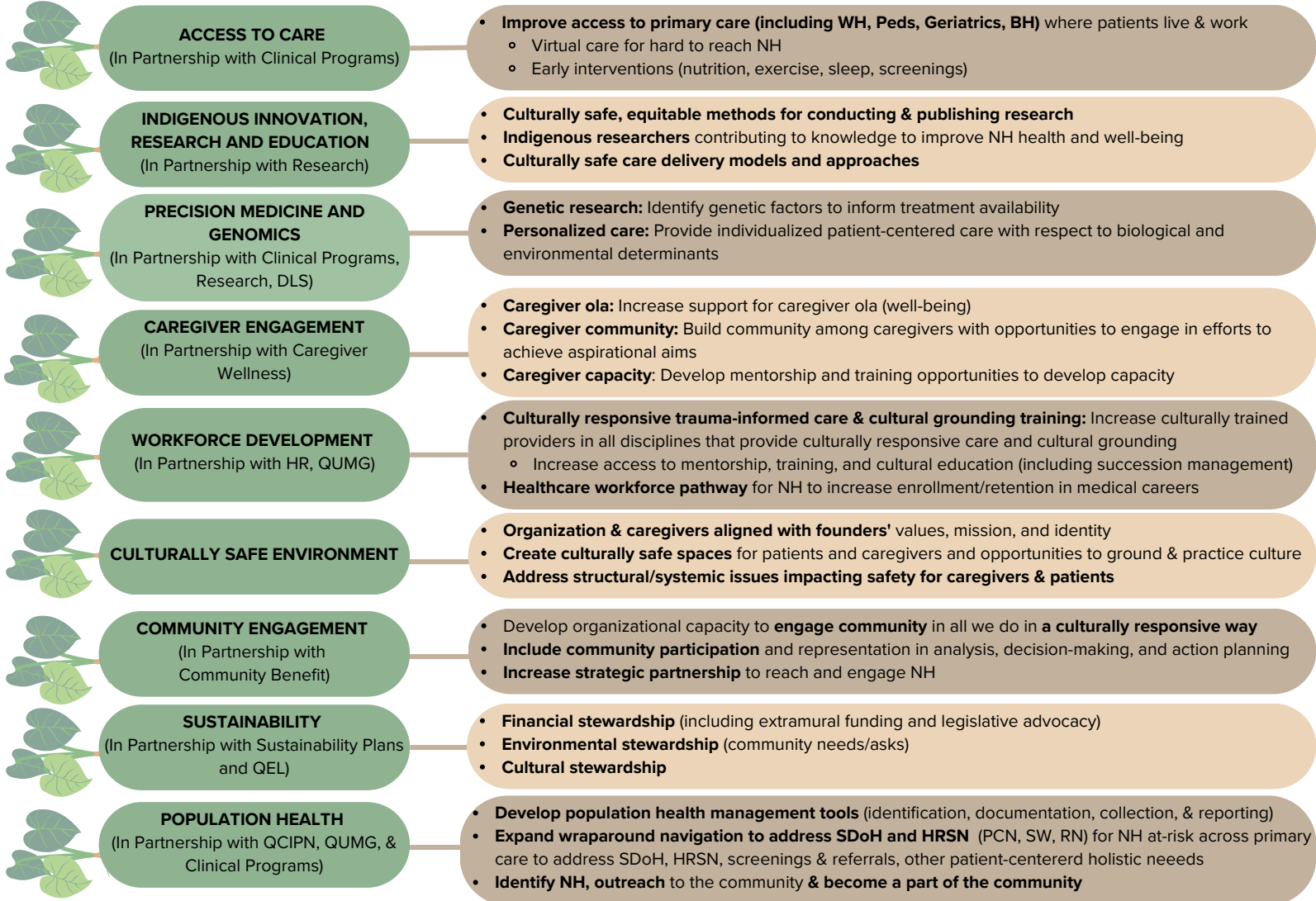


# NHH Kahua Ola Roadmap Action Plan










## Roadmap Components & Focus Areas for FY25-FY30

### Framework Component

### Focus Areas



## Roadmap Components, Focus Areas, Timeline, FY25 Activities, & Proposed Measures

| Roadmap Component                                                                                                                     | Focus Areas (Inputs)                                                                                                                                                                                                                                      | Activities<br>FY25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Outcomes                                                    | Measures (Proposed Draft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>ACCESS TO CARE</b>                                | <ul style="list-style-type: none"> <li>Access to high quality primary care (including WH, Peds, Geriatrics, &amp; BH)                             <ul style="list-style-type: none"> <li>Virtual care</li> <li>Early interventions</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>QEC redesign &amp; Kilolani expansion alignment with behavioral health focus</li> <li>Remote patient monitoring program</li> <li>Expansion of Native Hawaiian birthing program (Hawai'i Island); continue planning for West O'ahu</li> <li>Ola Hou I Ka Hula</li> </ul>                                                                                                                                                                                                                                                                                                                                                                | <b>Improved Health &amp; Well-being</b>                     | <ul style="list-style-type: none"> <li># of NH served</li> <li>Timely Access e.g., time to schedule, time to referral</li> <li># of NH established with PCP</li> </ul>                                                                                                                                                                                                                                                                                                                       |
|  <b>INDIGENOUS INNOVATION, RESEARCH AND EDUCATION</b> | <ul style="list-style-type: none"> <li>Culturally safe, equitable methods for conducting &amp; publishing</li> <li>Develop indigenous researchers</li> <li>Culturally safe care delivery models &amp; approaches</li> </ul>                               | <ul style="list-style-type: none"> <li>Contract extension with NH 'āina-based researcher</li> <li>Maulioli Ke'ehi Longitudinal Program Evaluation ('āina &amp; health)</li> <li>Continue I Ku'a Na'u (Advanced Care Planning)</li> <li>Culturally responsive program survey development &amp; NH Focus Groups</li> </ul>                                                                                                                                                                                                                                                                                                                                                      | <b>Contribute to the body of knowledge on best practice</b> | <ul style="list-style-type: none"> <li># of projects or research studies</li> <li>Published or actionable findings</li> <li># of indigenous researchers or partners</li> <li>Policies, methods in place</li> </ul>                                                                                                                                                                                                                                                                           |
|  <b>PRECISION MEDICINE &amp; GENOMICS</b>             | <ul style="list-style-type: none"> <li>Genetic Research</li> <li>Personalized Patient Centered Care</li> </ul>                                                                                                                                            | <ul style="list-style-type: none"> <li>Build department &amp; team</li> <li>Data protection, management, sovereignty planning</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Develop and optimize programs and services</b>           | <ul style="list-style-type: none"> <li>Department developed, team hired.</li> <li># of completed studies</li> <li># of redesigned programs, protocols, CPMs</li> <li># of patients served through individualized plans</li> </ul>                                                                                                                                                                                                                                                            |
|  <b>CAREGIVER ENGAGEMENT</b>                          | <ul style="list-style-type: none"> <li>Caregiver ola (well-being)</li> <li>Build caregiver community &amp; engage in efforts</li> <li>Build caregiver capacity (mentorship, training)</li> </ul>                                                          | <ul style="list-style-type: none"> <li>'Āina-based contracts to support experiential learning for caregivers.</li> <li>Access to experiential learning opportunities (e.g., wahi pana, work days).</li> <li>NHH succession management &amp; mentorship</li> <li>Physician &amp; resident orientation/education</li> </ul>                                                                                                                                                                                                                                                                                                                                                     | <b>Empowered Individuals &amp; Families</b>                 | <ul style="list-style-type: none"> <li># of caregivers engaged in strategy</li> <li># of cultural contracts executed</li> <li># of experiential learning opportunities</li> <li># of forums, groups, tools to assess engagement</li> </ul>                                                                                                                                                                                                                                                   |
|  <b>WORKFORCE DEVELOPMENT</b>                       | <ul style="list-style-type: none"> <li>Culturally responsive care and cultural grounding training</li> <li>Healthcare workforce pathways for NH</li> </ul>                                                                                                | <ul style="list-style-type: none"> <li>JABSOM DNHH contract amendment: 'Imi Ho'ōla &amp; NHCOE</li> <li>KCC Allied Health Scholarship</li> <li>NHH internal medicine residency program 2-week immersive cultural curriculum roll-out (1st cohort)</li> <li>KŪ-A-KĀNAKA Cultural Awareness Pā'ihī curriculum development &amp; roll-out (1st cohort)</li> <li>Cultural education &amp; training requests</li> </ul>                                                                                                                                                                                                                                                            | <b>Culturally Responsive Care Delivery</b>                  | <ul style="list-style-type: none"> <li># of curriculums deployed</li> <li># of caregivers trained or certificates earned</li> <li># of scholarships</li> <li># of caregivers who return to workforce</li> </ul>                                                                                                                                                                                                                                                                              |
|  <b>CULTURALLY SAFE ENVIRONMENT</b>                 | <ul style="list-style-type: none"> <li>Organization &amp; caregivers align with founders</li> <li>Create culturally safe spaces</li> <li>Address structural/systemic issues impacting caregiver &amp; patient safety</li> </ul>                           | <ul style="list-style-type: none"> <li>Expand cultural design integration process</li> <li>Cultural consultation on acquisitions &amp; development</li> <li>Partner on culturally responsive communications strategy</li> <li>Partner on vision for ambulatory transformation</li> <li>Reopening of The Queen's Historical Room</li> <li>Policy review (e.g., blessings &amp; pīkai)</li> <li>E 'Ōpū Ali'i digital platform for caregivers</li> <li>Heritage &amp; cultural activities, events, and publications (e.g., He Momi)</li> <li>Hawaiian language support</li> <li>Ceremonial, cultural, &amp; spiritual requests (i.e. pīkai, blessings, team building)</li> </ul> | <b>Alignment with our Founders</b>                          | <ul style="list-style-type: none"> <li># of completed projects or activities</li> <li># of cultural requests fulfilled</li> <li># of caregivers with cultural awareness/trauma informed care training</li> <li>Increased # of culturally safe spaces</li> <li>Increased # of caregivers trained in mission, legacy, &amp; founders</li> <li>Increased # of caregivers teaching others about mission, history &amp; legacy</li> <li>Accurate translation and use of 'ōlelo Hawai'i</li> </ul> |
|  <b>COMMUNITY ENGAGEMENT</b>                        | <ul style="list-style-type: none"> <li>Engage community in culturally responsive ways</li> <li>Community participation in analysis, decision-making, and action planning</li> <li>Increase strategic partnership to reach and engage NH</li> </ul>        | <ul style="list-style-type: none"> <li>Community leaders engagement (Moloka'i, West O'ahu, Waialua)</li> <li>Health fairs &amp; community service (e.g., homestead regions).</li> <li>Dedicated Enterprise Access Line Monitoring for Lydia House (at-risk NH youth) to expand to other populations in future years</li> <li>Planning for partnership with Liliu'okalani Trust/Liliu'okalani Center to become a lifetime provider of choice for program participants</li> </ul>                                                                                                                                                                                               | <b>Transform the Health System</b>                          | <ul style="list-style-type: none"> <li># or \$ of extramural or partnership funding</li> <li># of community partnerships or leaders</li> <li>Strategy/business plan/methods complete</li> <li>Increased # of community forums for input</li> </ul>                                                                                                                                                                                                                                           |
|  <b>SUSTAINABILITY</b>                              | <ul style="list-style-type: none"> <li>Financial stewardship</li> <li>Environmental stewardship</li> <li>Cultural stewardship</li> </ul>                                                                                                                  | <ul style="list-style-type: none"> <li>Build right sized NHH team with technical expertise</li> <li>Synthesize community feedback</li> <li>NH legislative &amp; advocacy strategy</li> <li>NHH financial sustainability strategy</li> <li>Apply for extramural funding</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                             | <b>Transform the Health System</b>                          | <ul style="list-style-type: none"> <li># or \$ of extramural funding</li> <li># of community partnerships or leaders</li> <li>Strategy/business plan/methods complete</li> </ul>                                                                                                                                                                                                                                                                                                             |
|  <b>POPULATION HEALTH</b>                           | <ul style="list-style-type: none"> <li>Population health management tools</li> <li>Expand navigation/team-based care</li> <li>Identify NH and outreach</li> </ul>                                                                                         | <ul style="list-style-type: none"> <li>Population health alignment with Queen's Care Coalition &amp; Queen's Clinically Integrated Physician Network (QCIPN)</li> <li>Nā Pua Kaiona expansion (QDEC, Cardiac)</li> <li>Health equity dashboard</li> <li>Native Hawaiian Data Registry</li> </ul>                                                                                                                                                                                                                                                                                                                                                                              | <b>Transform the Health System</b>                          | <ul style="list-style-type: none"> <li>% of data sources integrated into EPIC/HP</li> <li>% of patients accurately identified and stratified into appropriate risk categories</li> <li>Completion score of patient records</li> <li>% improvement in key health outcomes</li> </ul>                                                                                                                                                                                                          |



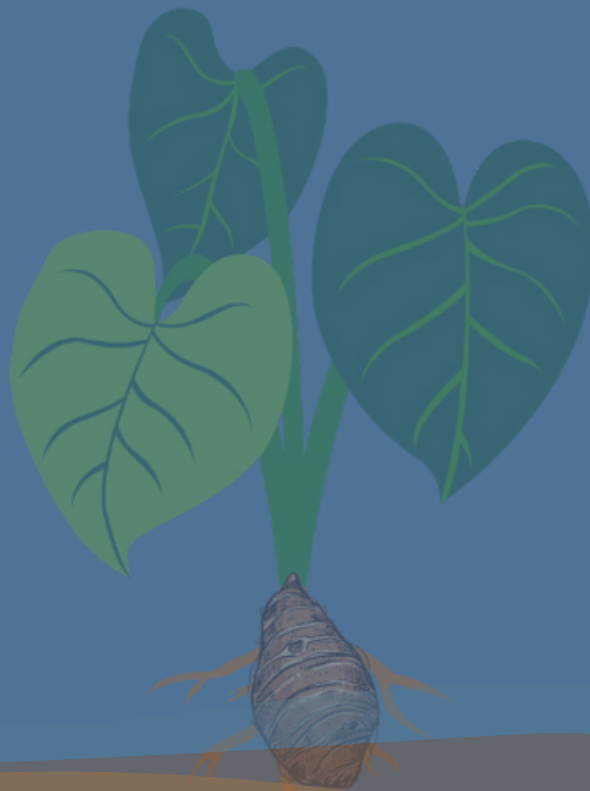
NATIVE HAWAIIAN HEALTH

~~~~~ THE QUEEN'S HEALTH SYSTEMS ~~~~~

# 3. Detailed Performance Report

KAHUA OLA FISCAL YEAR 2024 ANNUAL REPORT

JULY 1, 2024 to JUNE 30, 2024



# Strengthening Our Kahua (Foundation)

## Actionable Data for Health Equity

Developing an infrastructure that enables access to disaggregated Native Hawaiian population data has been an integral component to a strong kahua (foundation). NHH continues to collect and share actionable data (i.e., qualitative, quantitative, research, anecdotal, lived experience, mo'olelo) to understand needs of the NH population. In this next section, we discuss key findings and results.

### Kīnā 'ole: Increasing Access to Care at the Right Time & Place

In FY20, the first NHH Ka 'Ike Pono goal requiring system-wide kuleana (responsibility) was birthed -- to increase the number of NH outpatient visits within one year by 5% from baseline (99,329); At the time, NH were overrepresented in inpatient and ED areas. Since then, we have continued to monitor progress as efforts forge ahead to expand access to care for Native Hawaiians in ambulatory settings.

Despite COVID-19 setbacks in volume in FY20, caregivers across Queen's continue to increase NH visits year-over-year (YOY), surpassing our initial 5% goal (Figure 3.0). We anticipate this upward trend will continue.

#### FY24 Access & Utilization Results

As Queen's expands its presence in the ambulatory sector, we continue to see growth in outpatient access for NH patients. In FY24, there was a 29% (N= 196,224) increase in NH visits compared to FY23 (n=151,653) indicating more available appointments for NH in our communities ( Figure 3.0).

Similarly, more unique NH patients utilized outpatient services in FY24 from prior years; 24% (N= 55,656) from FY23 (n=44,997) indicating more unique NHs are utilizing outpatient services at Queens year-over-year (Figure.3.1).

#### Increasing the number of Native Hawaiians served in outpatient areas

**FY20 to FY24 NH Outpatient Visit Growth (Month-Over-Month Comparison)**

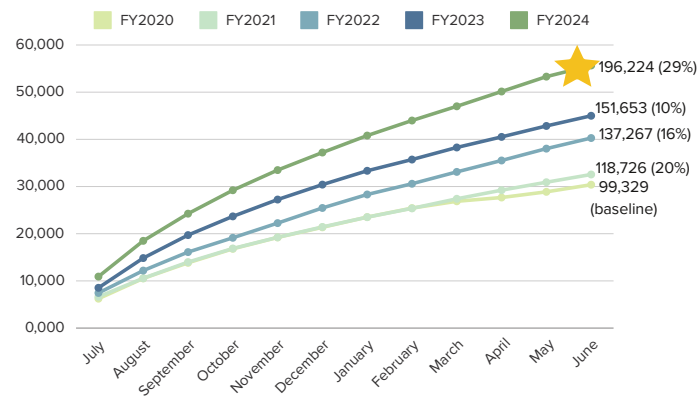


Figure 3.0

**FY20 to FY24 NH Outpatient Unique Patient Growth (Month-Over-Month Comparison)**

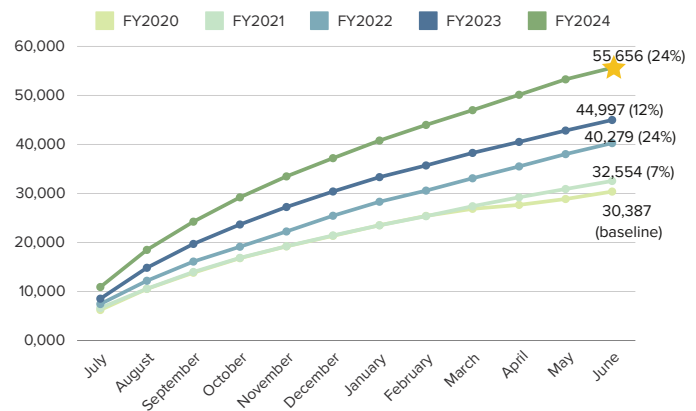


Figure 3.1

I ka wā ma mua ka wā ma hope.  
The future is found in the past.



Actionable Data  
**WOVEN INTO THE FABRIC**



# Strengthening Our Kahua (Foundation)

## Actionable Data for Health Equity

### Kīnā ‘ole: Increasing Access to Care at the Right Time & Place

#### FY24 Access & Utilization Results: Addressing ED Usage Disparity

Historically, Native Hawaiians have been overrepresented in the emergency department, often for reasons more efficiently treated through PCP or urgent care. In addition to increased ambulatory utilization, in FY24 we continue to see an increase in urgent care visits among NH (see *Figure 3.3*) compared to FY23; and a steady percentage decrease in ED visits (*Figure 3.2*), suggesting increased access for NH at the appropriate levels of care.

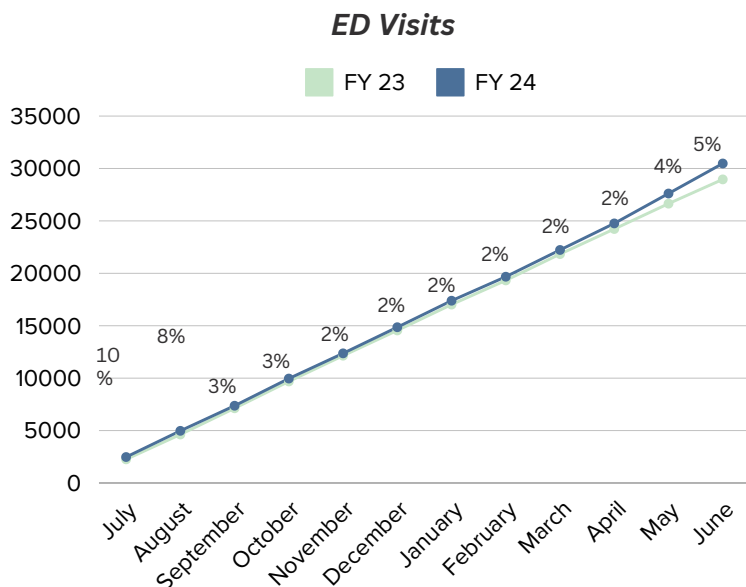


Figure 3.2

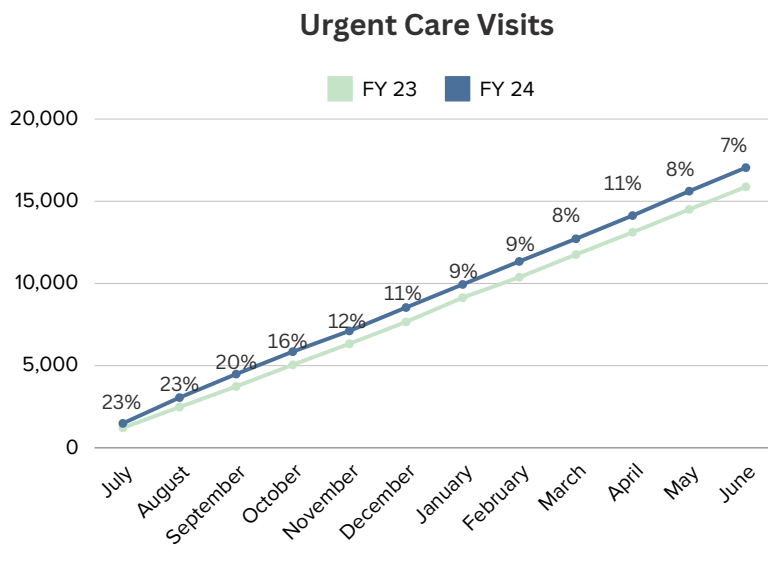


Figure 3.3

## Mental Health Disparities Among Native Hawaiian Teens

### Teen Suicide Statistics (public school students grades 9-12)

Addressing the mental health needs of young Hawaiians is fundamental to the QHS aspirational goals. Our partnership with Lydia House (LT) to better serve youth has prompted NHH to investigate broader health disparities among the overall NH teen population to inform future systemwide interventions.

For ages 10-24, suicide accounted for 28.8% of all causes of deaths in Hawai'i from 2020-2022. Broader support for mental wellness among NH teens is critical to respond to this immediate health crisis. Upstream efforts will help to set a foundation for a healthier adulthood, thereby reducing long-term healthcare burdens. This aligns with our dedication to comprehensive healthcare from keiki to kupuna and community well-being.



# Strengthening Our Kahua & Transforming Our Network

## Actionable Data for Health Equity

### Mental Health Disparities

A narrative summary of the data (shown right in Figures 3.4-3.6) is provided below:

- Maui County reports the highest percentage of attempted teen suicide at 3.2% (Figure 3.6).
- Maui County had the highest rates of depression (39%), while Honolulu County had the lowest rates at 32.2% (Figure 3.4). This indicates a potentially higher burden of mental health issues in Maui County.
- Hawai'i County has the second highest rate of depression reported among teens at 36.1% (Figure 3.4).
- Suicidal thoughts among teens are relatively consistent across counties (Figure 3.5).

The data indicates teens in all counties face significant challenges regarding teen mental health. However, mental health disparities & reported depression prevalence by county (QHS service areas) indicate varied socioeconomic factors, cultural differences, or differential access/disparities in healthcare services.

Evaluations completed in other indigenous youth populations indicate that interventions must be tailored to the unique audience in order to combat cultural stigmas in addressing mental health and charting a path for culturally sensitive care.

### 2024 Mental Health Index

The 2024 Mental Health Index identifies the communities with the greatest mental health needs associated with socioeconomic and health needs by island (Figure 3.7) and zip code (see listing below), adults 18 and over. Its ranking considers both the national index value and the selected community or service area.

*\*Need = mental health needs associated with socioeconomic and health needs*

#### Zip Codes With Greatest Need (index 80+, rank 5) by QHS Service Area

##### O'ahu

- 96792 (Wai'anae) 92.3
- 96817 (Kalihi - Pālama) 93.5
- 96819 (Kalihi Valley) 87.5
- 96813 (Nu'uuanu - Punchbowl) 82.2
- 96826 (McCully) 85.7
- 96815 (Wakīkī) 82.4
- 96795 (Waimānalo) 80.8

##### North Hawai'i

- 96719 (Hāwī) 80.4
- 96755 (Kapa'au) 80.1
- 96727 (Honoka'a) 85.5
- 96776 (Pa'auilo) 83.8
- 96764 (Laupāhoehoe) 82.4
- 96780 (Pāpa'aloa) 81.8

##### Moloka'i

- 96770 (Maunaloa) 83.1

Teens With Recent Depression

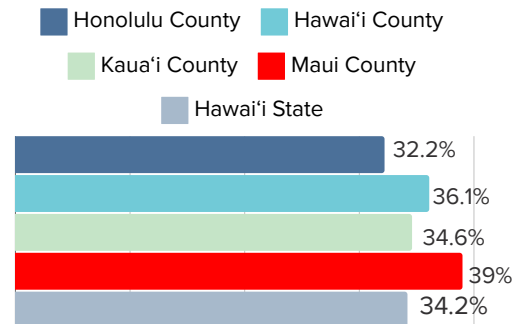


Figure 3.4

Teens With Suicidal Thoughts

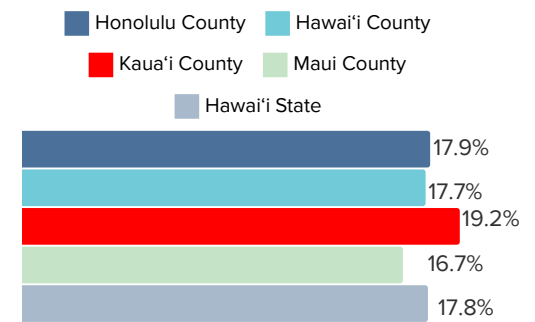


Figure 3.5

Teens Who Attempted Suicide

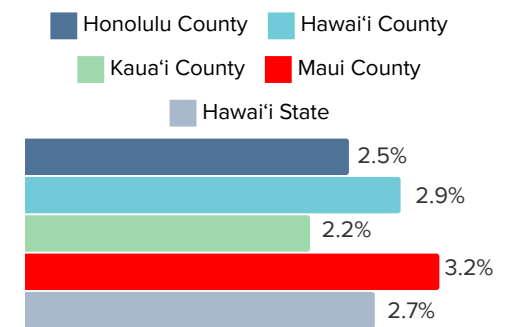


Figure 3.6



Figure 3.7

# Strengthening Our Kahua (Foundation)

## Developing QHS Capacity for Population Health

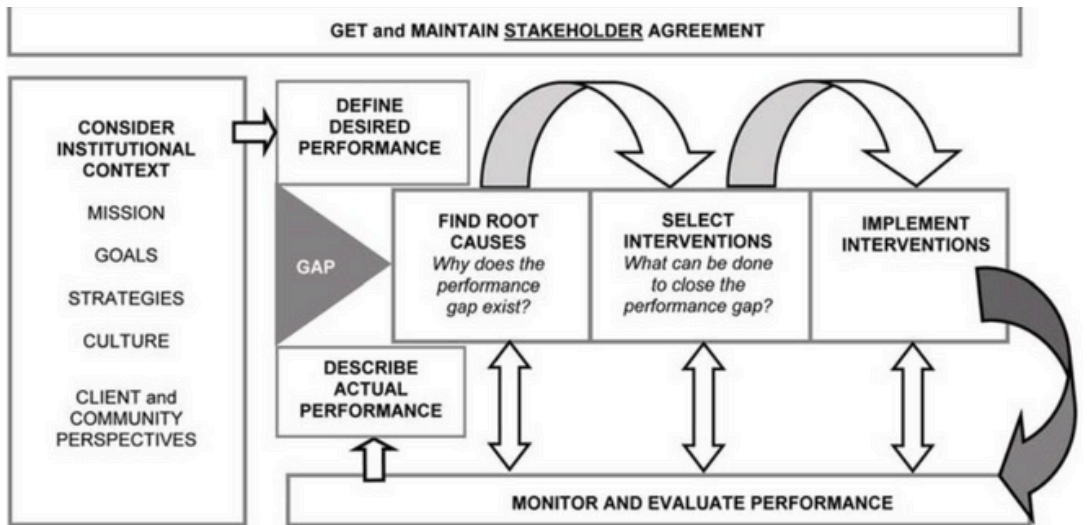
### Kahua Ola Process Improvement

In 2022, a formal needs assessment (Appendix D) was completed for the Kahua Ola clinical programs. The objective of the needs assessment was to identify valuable insight into the clinical programs' current state, performance (processes/workflows) and areas of improvement. This includes analyzing external and internal contributing factors using the strengths, weaknesses, opportunities, and threats (SWOT) framework.

The main outcome from the assessment highlighted important recommendations and three significant themes that impact the Kahua Ola scale-up: systemic barriers, operational barriers, and caregiver engagement. These findings were shared with the NHH leadership and key stakeholders to inform decisions and interventions to implement in the Kahua Ola 2.0 scale-up.

As expansion continues, the next step is to complete a logic model that will outline scale-up activities and its intended effects.

### Process Improvement Model



Winch, Peter & Bhattacharyya, Ketaki & Debay, Marc & Sarriot, Eric & Bertoli, Sandra & Morrow, Richard. (2003). Improving the Performance of Facility and Community-Based Health Workers.

### Summary of Learnings

#### Changes Implemented

- Population health management tool integration (Healthy Planet Compass Rose)
- Kahua Ola expansion
- Nā Pua Kaiona expansion
  - Transportation in-service and revamped resources
- Improved Kahua Ola data and reporting infrastructure
- Refined onboarding process for NHH & DEI-CW

#### Limitations

- Updated population health management tools, systems, and processes seem underutilized or not widely developed or available across QHS
- Resistance to change in processes or workflows impedes desired state
- Outdated processes in the clinics conflict with Kahua Ola model and workflows

#### Wins

- Hiring of clinical ops manager to oversee programs improved team and clinic manager engagement and championed change
- Efforts to align and optimize population health management tools with QCIPN and Queen's Care Coalition are currently underway
- Documented and revamped workflows, processes, and resources are in place

# Strengthening Our Kahua (Foundation) Infrastructure Development

## Developing a Culturally Safe Environment for Patients and Caregivers

### Developing a Cultural Integration Design and Experience Strategy for QHS

In Q4, NHH DEIJ-CW has continued to advance its cultural integration efforts for QHS projects through key partnerships and ongoing collaborations. We have maintained our partnership with QHS Strategic Planning, Business Development, and Facilities departments to refine the Cultural Integration Design and Experience Strategy, supporting cultural safety and mission alignment for current and future architecture, design, and expansion projects.

NHH DEIJ-CW remains integral to two ED expansion projects, QMC West O‘ahu ED and QMC Manamana ED, providing cultural insight, feedback, and recommendations on functional planning and design. In Q3, NHH DEIJ-CW and Strategic Planning and Business Development revised and introduced two cultural concepts to QHS Marketing Branding Team leadership, QMC West O‘ahu leadership, and HKS Architects and Design team members. Our previous work with design consultant Jennifer Sanders informed these concepts.

In Q4, NHH DEIJ-CW furthered its efforts by partnering with Solomon Enos, a renowned local artisan from West O‘ahu, for a mural at QMC West O‘ahu and to provide consultation with various architecture and design companies to ensure the essence, function, and intentions of our founders is captured in future spaces. This includes ongoing collaboration with cultural expert, Ramsay Taum (PBR Hawaii & Associates), to develop mo‘olelo of our founders that can be incorporated in tangible ways.

### Primary Concept: The Founders (and their legacy)

### Secondary Concept: Ahupua‘a + The Founders



# Transforming Our Network

## Goal 1: Kumu Waiwai

### Healthcare Access & Accessibility

#### The Queen's Medical Center - Wahiawā Emergency Department Acquisition

#### NHH DEIJ Sub-Committee Cultural Integration Efforts



In FY24, NHH chaired the NHH DEIJ CW Sub-Committee under the oversight of the QHS WGH steering committee. Table 1 provides a summary of overall outcomes in FY24.

YTD, two community listening sessions were held to engage key community leaders, build pilina, and inform culturally responsive care delivery for the Central O'ahu region. Each listening session will provide valuable information to inform the ongoing development of a comprehensive cultural brief that will serve as a resource for Queen's staff and leaders to provide culturally responsive care for NH and all others across the central O'ahu region through the establishment of The Queen's Medical Center - Wahiawā ED. See Appendix F for demographic information and Appendix G-H for O'ahu and Hawai'i Communities Cities relevant for the Central O'ahu service region.

#### NHH DEIJ CW Listening Session 1:

**Completed: March 14, 2024**

24 Key Central O'ahu leaders including:  
WGH board members  
Volunteer/auxillary staff  
Community members

#### NHH DEIJ CW Listening Session 2:

**Scheduled for July 12, 2024**

Hawaiian Civic Club of Wahiawā  
& caretakers of Kūkaniloko, Native  
Hawaiian sacred site

#### Community Service

**Scheduled for Aug 31, 2024**

North Shore Disaster  
Preparedness Fair

| Task Description   | Status    |
|--|-----------|
| Data gathering to develop community, historic, cultural, demographic profile (find the cultural connection between the king and queen for Central O'ahu (Wahiawā)) | Ongoing   |
| Engage in renaming of Wahiawa General Hospital   | Completed |
| Understand and quantify health disparities among NH and all others in the Central O'ahu population (for positive patient experience)                               | Completed |
| Coordinate, facilitate, and lead community engagement  | Ongoing   |
| Provide input for interior/exterior design, functional planning (including grounds)  | On Hold   |

Table 1

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### Kahua Ola Clinical Programs Report

#### Addressing Health Equity and Promoting Access to Care through Culturally Responsive Chronic Disease Management & Health Care Navigation

NHH continues to support three culturally responsive clinical programs as follows:

- The Kahua Ola (KaO) program, located at Queen’s North Hawai’i Community Hospital (QNHCH) Primary Care Clinic
- Nā Pua Kaiona (NPK) program, located at The Queen’s Medical Center West O’ahu (QMC WO)
- The Kilolani Project at The Queen Emma Clinics (QEC), located at the Queen’s Medical Center (QMC) Manamana.

All three programs aim to improve access and engagement through holistic team-based care by addressing SDoH and HRSN.

Due to the integration of healthy planet/compass rose into EPIC, inconsistencies with reports have prevented us from reporting aggregated program data as of Q4. Thus, the following data is reflected as of Q3 results. Internal work is being done to remedy this reporting barrier.

NHH began tracking no-show/cancellation rates in FY22 as a measure of patient engagement for the FY23 Ka ‘Ike Pono Goal. As of Q3, the no-show/cancellation rate of enrolled patients across three clinical programs was 20.7% ( *Figure 3.8*); comparable to no-show cancellation rates nationwide and lower compared to other marginalized groups (Blacks, 28.2%), but higher compared to Whites (18.9%). No show rates for KaO and Kilolani were lower than NPK indicating unaddressed HRSN challenges among patients. Expansion of NPK is underway to address unmet SDoH and HRSN.

In Q4, we continue deeper investigation into cancellation reasons; both health systems factors (i.e. provider canceled) and patient factors (i.e. patient illness), as well as data gaps (i.e. reason for cancellation insufficiently documented). Next steps will include further exploration through patient feedback and focus groups.

#### Patient Utilization

Month-to-Month No-Show/Cancellations of Patients Who Did Not Reschedule in FY24 Q3

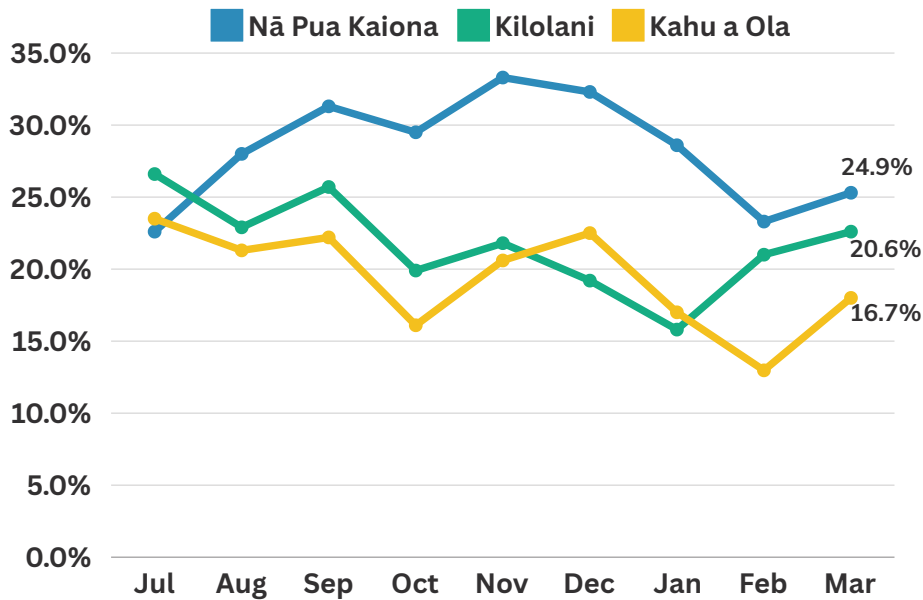


Figure 3.8

#### Patient Engagement

- 77.3% of patients with an A1c >8 saw a 1 point decrease to <8
- 9.4% of patients with an A1c >9 saw a 1 point decrease to <9
- 11.2% of patients have an A1c ≥ 9

Hemoglobin A1c Rates of Kilolani and Kahua Ola Patients

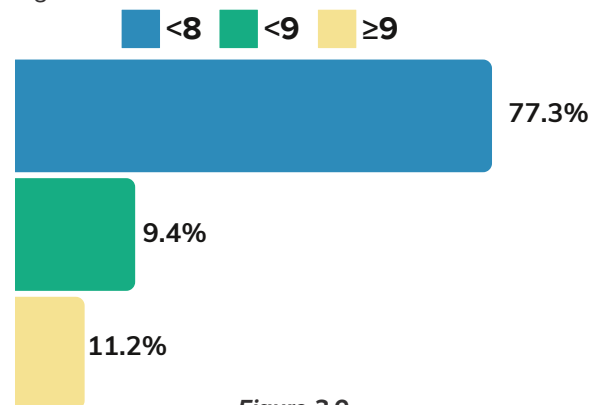


Figure 3.9

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QNHCH Kahu a Ola (KaO) Highlights

#### Primary Care Behavioral Health Integration Program Addressing SDoH, Chronic Disease, and Mental Health through Team-Based Care

The QNHCH Kahu a Ola (to shepherd to good health) program is a primary care behavioral health integration program that launched in February 2020. KaO, supported by a holistic care team, provides integrated behavioral health services, chronic disease management, care coordination and community navigation through a culturally responsive lens within the QNHCH primary care clinic.

From its inception, KaO has supported NH patients with one or more of the following chronic diseases: diabetes type 2, hypertension, or obesity. The program offers an array of services, based on patient preferences, including unique engagement activities such as nutrition and food preparation classes, hula, walk programs, webinars and in-person classes, and behavioral health therapy.

#### Behavioral Health Therapy

Behavioral health (BH) is a critical component to health. Integrating behavioral health into the primary care setting allows patients to get the necessary care needed to improve their overall health/wellness. KaO patients are immediately able to access BH therapy from the KaO clinical therapist without a primary care provider (PCP) referral. Care is easily accessible in clinic or via telehealth. Often, patients lose interest or motivation between initial PCP visit and BH referral. Being able to immediately receive BH services (without wait time for referral process) to address patient needs increases engagement & compliance.

KaO patients have access to a NH therapist who is familiar with the issues they face and able to provide culturally responsive and safe care. The therapist has heard feedback from multiple patients on how great it is to have a "local" or NH therapist who understands. Patients have expressed relief not having to explain themselves, their culture, values, norms and backgrounds because their therapist "gets it".

Care is provided in collaboration with the PCP, RN, and patient community navigator (PCN) for comprehensive primary and psychosocial care to promoting overall health.

#### In FY24, 149 patients were enrolled

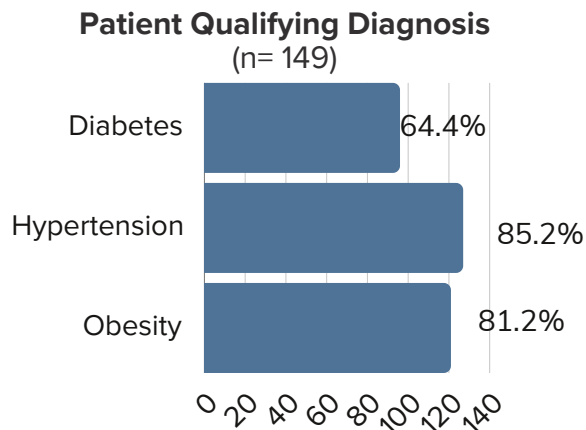


Figure 3.10

#### Comorbidities by Unique Patients From the Most Recent Visit

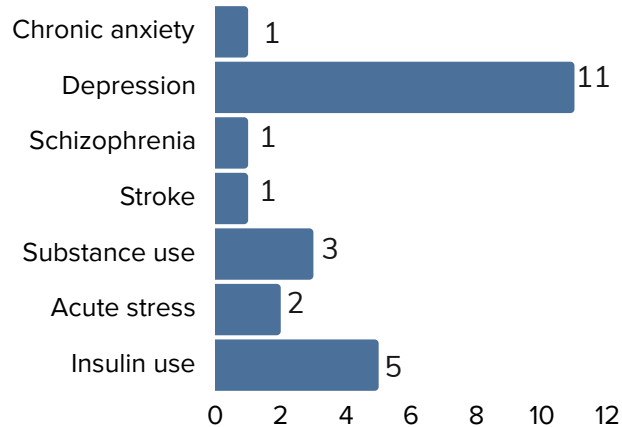


Figure 3.11

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QNHCH Kahu a Ola (KaO) Highlights continued...

A current focus in Q4 includes increasing the number of SDoH assessments completed for enrolled patients with individualized care plans developed following positive screens to address HRSN and other relevant interventions. Currently, about half of patients have had their initial SDoH assessment completed (Figure 3.12-3.14).

In Q3, KaO transitioned to using Compass Rose, a comprehensive care management program in EPIC. Compliance with these tools through Q4 has improved tracking of patients' needs and interventions.

Despite complex medical and behavioral needs (page 25), the KaO team has engaged and addressed a variety of HRSN and other needs (Figure 3.13 & 3.14).

#### Social Determinants of Health

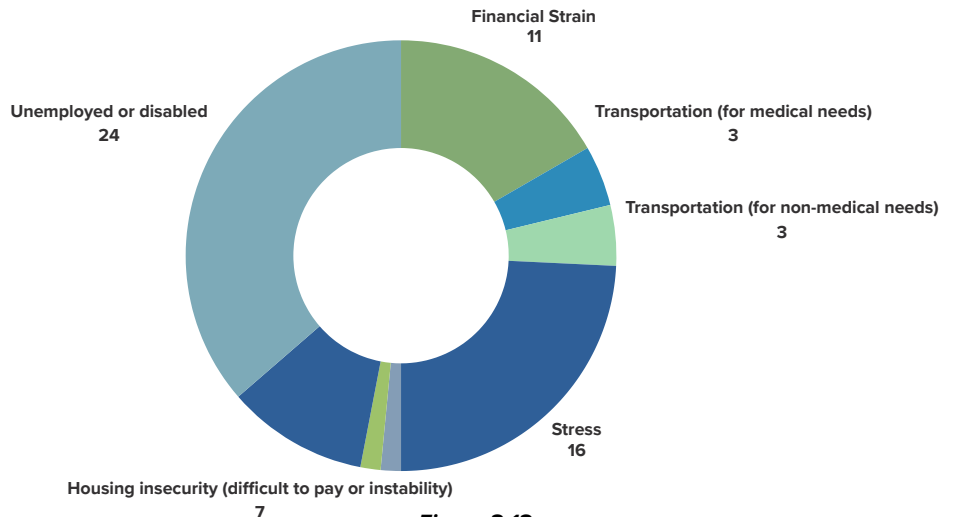


Figure 3.12

#### Health Related Social Needs/ Barriers to Care by Encounter n= 111

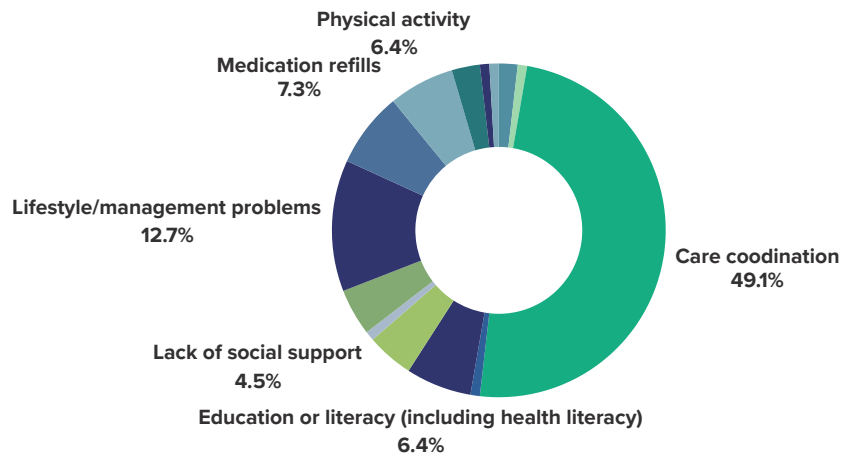


Figure 3.13

#### Completed Interventions in Q4

n= 147



Figure 3.14

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QNHCH Kahu a Ola (KaO) highlights continued...

In Q4 (May 2024), the KaO care team grew from three to four with the hiring of a RN clinical care coordinator (Les Miller). Les is a seasoned nurse with over 30 years of experience and has been an exceptional addition to the KaO program. Since starting, he has been responsible for partnering with our PCN on patient enrollment and outreach. In his short time as part of the team, he has provided patient education on medications and disease processes, familiarized himself with data collection workflows, initiated home visits, participated in the *Just Walk* (see below), organized an educational event, and has been built rapport with patients who are frequent users and have higher needs. With this added support, KaO will further expand to welcome all interested NH self identified Primary Care patients beginning on August 1st.

One unique feature of the KaO program is their preventative patient-centered approach. Culturally responsive education is offered based on patient interest. This offers patients unique opportunities to engage with caregivers and community subject matter experts to support health and well-being. Each month, QNHCH KaO Program consistently offers these monthly learning opportunities.



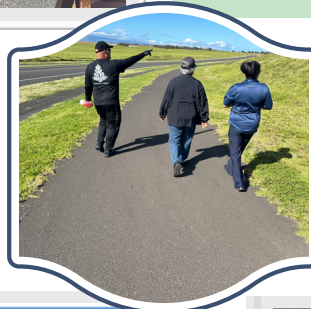
In Q4, KaO hosted three opportunities for their patients:

**April** - Mālama Honua, a two mile walk and pick up ‘ōpala (rubbish) along-the-way adventure, to celebrate Earth Day.

**May** - Lei Making class to celebrate Lei Day in the month of May.

**June** - CPR and Stop the Bleed education with the QNHCH Clinical Nurse Educator and Trauma Coordinator.

KaO hosts weekly “Just Walk”, supported by the patient community navigator, Pua Wong, and RN clinical care coordinator, Les Miller. In January 2024, the two mile exercise program was expanded to include a monthly Saturday “Walk with a Doc”, supported by our QNHCH Primary Care Clinic Native Hawaiian psychiatrist, Dr. Ian Nui Chun.



**Learn today, save tomorrow:**  
Lifesaving training is for everyone.

**Wednesday, June 26<sup>th</sup>, 2024**  
10:00am - 12:00pm

Join us for CPR and STOP THE BLEED education with QNHCH Clinical Nurse Educator and Trauma Coordinator.

QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL  
NATIVE HAWAIIAN HEALTH

The class will be held in the Mauna Kea/Mauna Loa conference room at Queen's North Hawaii Community Hospital.

**ABOUT THE CLASS:**

- Accidents can happen anywhere. Knowing the simple steps to control bleeding/CPR can save a life.
- An immediate responder can often make the difference between life and death!
- CPR community demonstration includes:
  - CPR Introduction
  - Adult CPR (video, discussion and hands on practice)
  - Child CPR (video, discussion and hands on practice)
- Stop the Bleed is a 90-minute course that includes a formal presentation as well as
  - Hands-on practice of direct pressure
  - Wound packing
  - Use of a tourniquet

Call Pua to register at (808) 881-4606.  
Space is limited, call TODAY to reserve your spot!

Sponsored by Kahu a Ola, a Native Hawaiian Health Initiative of QNHCH Primary Care Clinic

**STARTING JAN. 2024**  
Third Saturdays with Dr. Ian Chun  
8 am

**justwalk**  
Powered by Walk with a Doc

Join Queen's North Hawaii Community Hospital and Kahu a Ola on a weekly walk. Our Kahu a Ola team will start the walk with a brief talk on a current health issue and then we'll get walking!

Please check with your primary care provider before you walk if you have health concerns. Wear comfortable walking shoes and bring an umbrella as the walk will be held, rain or shine!

EVERY WEDNESDAY  
8:30 am

Meet at the corner of Pukalani St. & Ala 'Ōhi'a near Pukalani Stables Kamuela, HI 96743

No sign up required  
Questions?  
808-881-4606  
kahuola@queens.org

KAHU A OLA  
An initiative of the Native Hawaiian Health Program, Kahu a Ola supports the healing of Native Hawaiians experiencing chronic illness through an integrated health care approach. For appointments call 808-881-4745.

QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL  
NATIVE HAWAIIAN HEALTH

**E lei nō au i ko aloha**  
"I will wear your love as a wreath"

**May 9<sup>th</sup>, 2024**  
1:00pm - 3:00pm  
QNHCH Primary Care Clinic Conference Room

Join us in creating lei as we enjoy each other's company and celebrate the month of May!

Please bring your own flowers and supplies

QUEEN'S NORTH HAWAII COMMUNITY HOSPITAL  
NATIVE HAWAIIAN HEALTH

Sponsored by Kahu a Ola, a Native Hawaiian Health Initiative of QNHCH Primary Care Clinic

# Transforming our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QNHCH Kahu a Ola (KaO) Clinical Outcomes, Expansion and Next Steps

Through this unique culturally responsive approach, offering an array of supportive and wellness activities, patients have seen and maintained positive clinical outcomes.

In Q4, 78.2% of KaO patients with an A1c above 8 improved their A1c by one point below 8; and 9.7% of patients with an A1c greater than 9 improved their A1c by 1 point below 9 which literature indicates has significant long-term benefits to overall health (Figure 3.15).

Additionally, 35% of patients improved their hypertension and 31% of patients reduced their weight by 5%.

#### FY24 Clinical Outcomes

##### Hemoglobin A1c

- 78.2% of patients with an A1c >8 saw a 1 point decrease to <8
- 9.7% of patients with an A1c >9 saw a 1 point decrease to <9

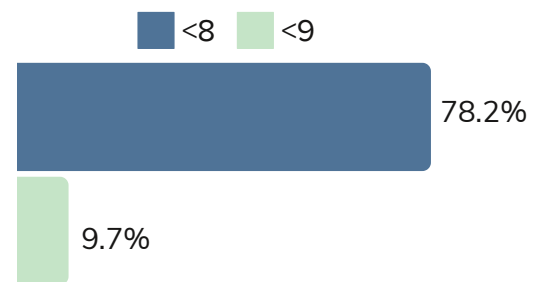


Figure 3.15

#### SDoH

Despite these clinical benefits, patients continue to encounter barriers to care due to pervasive SDoH.

Future expansion aims to add a Licensed Social Worker (LSW) to the care team to offer more in-person interviews at initial intake, address immediate needs, and improve follow through via referrals and psychosocial support.

The addition of an LSW would expand capability to host relevant classes and groups, as well as address a variety of other patient needs (e.g., housing access, food resources, rent and utility assistance, car repair, crisis intervention, SNAP, TANF, WIC, SSI, SSDI, linkage to hospice and other home health needs, family home visits, employment, IEP/504 education) further optimizing time for clinical staff (i.e. Clinical Therapist and RN) to focus on clinical care coordination and visits.

We believe the added support will enhance care coordination, improve access and patient compliance, and patient health outcomes.

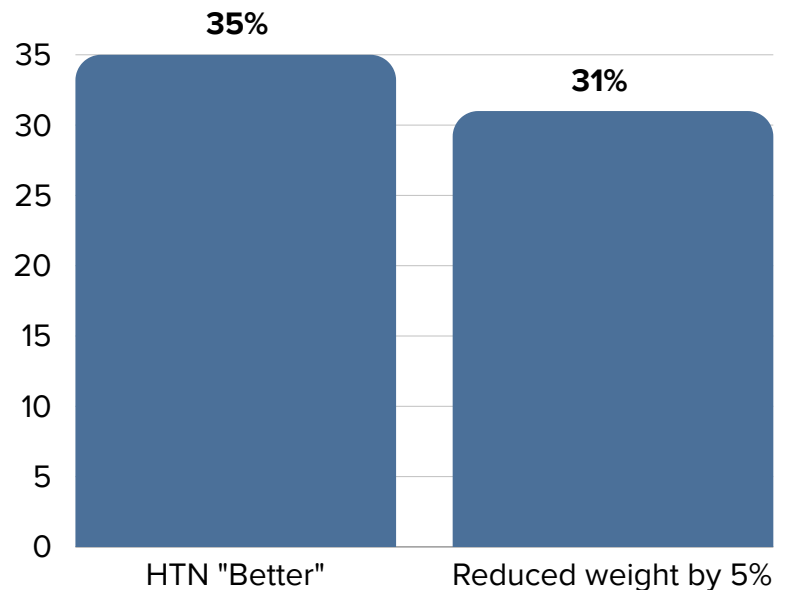


Figure 3.16

Expansion plans in FY25 and FY26 include welcoming all interested NH primary care patients to KaO program with additional care team members to support holistic and comprehensive patient-centered care.

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QMC QEC Kilolani Highlights

#### Chronic Disease Management and Patient Navigation for Native Hawaiians with Diabetes

The Kilolani program serves Native Hawaiian patients diagnosed with diabetes in the Queen Emma Clinics. The interdisciplinary team includes a RN and navigator who have been vital in supporting effective chronic disease management and care coordination for an extremely high risk and complex patient population. Kilolani patients face significant challenges related to SDoH. Nearly all (96%) deal with housing insecurity which plays a crucial role in their overall well-being. Consequently, a substantial portion of patients are either unemployed or disabled (58%), lack a high school diploma (46%), or experience financial difficulties (48%). Figure 3.17 and Figure 3.18 provide an overview of patient SDoH and HRSN from February to June.

#### Kilolani Social Determinants of Health

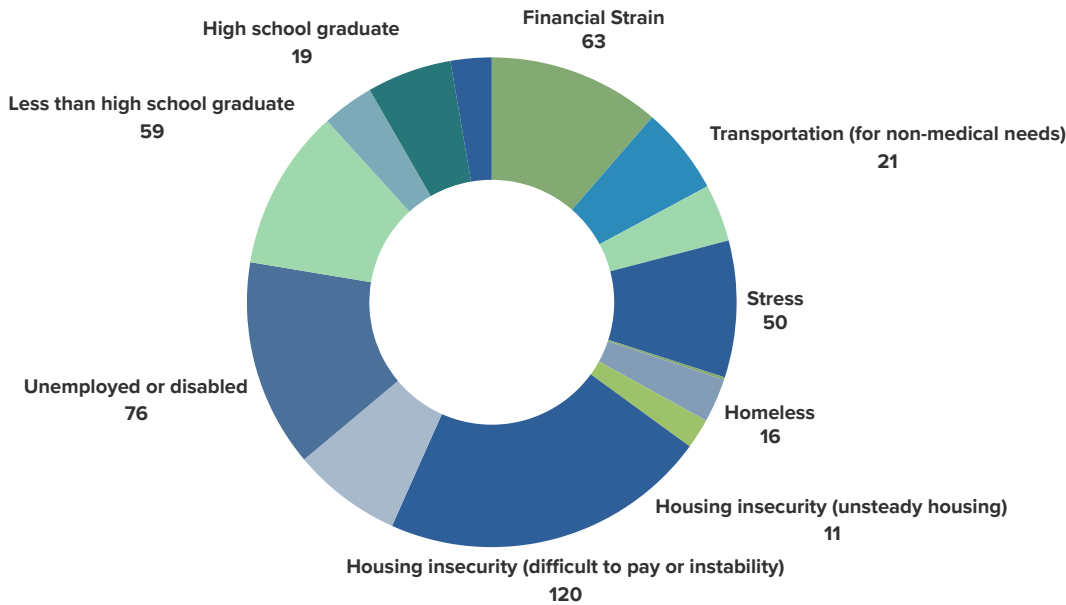


Figure 3.17

**Top 5**

- 96% Housing insecurity
- 58% Unemployed or disabled
- 48% Financial strain
- 46% Less than high school graduate
- 38% Stress

#### Comorbidities by Unique Patients from the Most Recent Visit

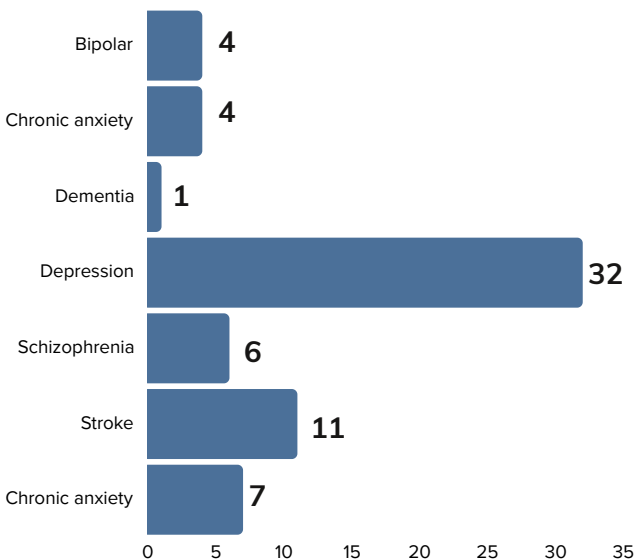


Figure 3.18

Due to the transition to Healthy Planet Compass Rose in EPIC, the comorbidities in Figure 3.18 is an incomplete snapshot of the Kilolani population, as Kilolani has completed an estimated 50% of the total enrolled participants.

# Transforming our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QMC QEC Kilolani highlights continued...

Despite complex medical and SDoH (page 29), the Kilolani team has been successful in providing complex care management, addressing a variety of medical, behavioral health, and social needs HRSN for 127 patients in FY24.

#### Health Related Social Needs/ Barriers to Care by Encounter

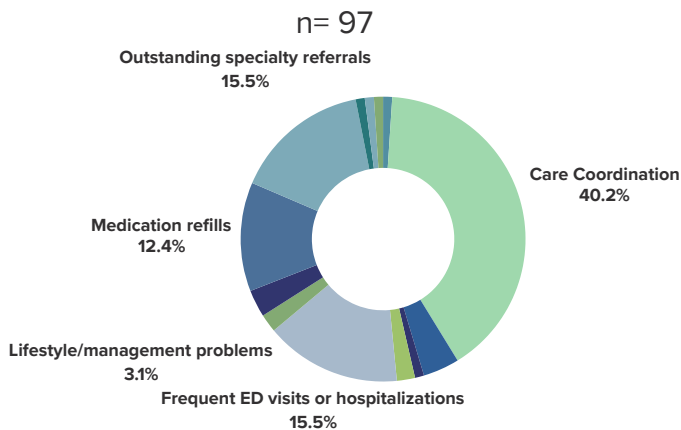


Figure 3.19

#### Completed Interventions by Encounter

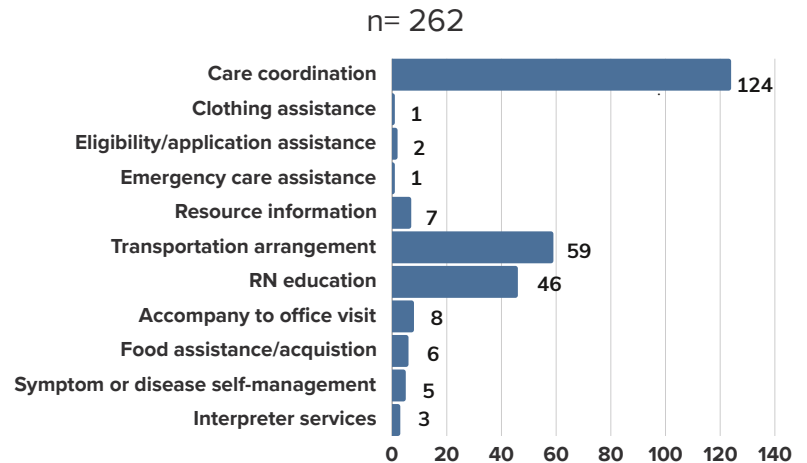


Figure 3.20

In addition to addressing pervasive SDoH and HRSN, the Kilolani program also provides intensive care management which includes diabetes care management. With the support of QEC’s interdisciplinary team which includes providers, pharmacists, and other clinical care team members, Kilolani patients (N=149) have improved lab completion. 73% (N= 108) of Kilolani patients have completed their hemoglobin A1c labs within the past six months.

### Clinical Outcomes

In addition, the Kilolani intervention has proven to be efficacious in managing hypertension and combating obesity. The results indicate that 49% of Kilolani patients experienced a reduction in blood pressure. In patients who improved their hypertension notated as “better”, they saw a statistically significant improvement for both systolic and diastolic, p-value= <.0001 and <.0001, respectively. Moreover, of the 47% of Kilolani patients that achieved a weight loss of at least 5%, there is a statistically significant change in baseline to most recent weight (p-value= <.0001).

#### Diagnosis by Patient Registry

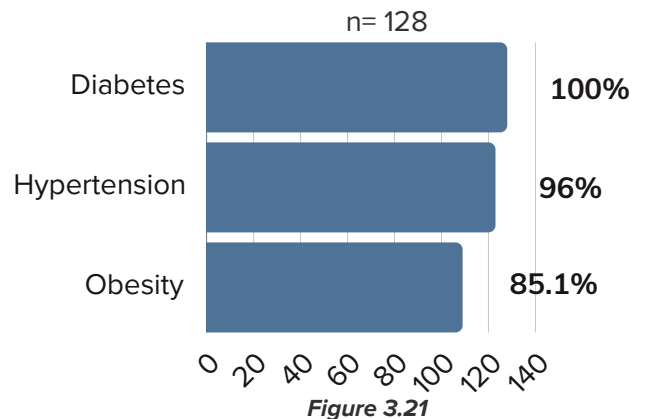


Figure 3.21

#### Hypertension Improvement (Figure 3.24)

First systolic (mean, median, range): 146.8, 144, 118-225  
 Last systolic (mean, median, range): 119, 120, 90-162

First diastolic (mean, median, range): 86.5, 85, 62-120  
 Last diastolic (mean, median, range): 74, 74, 56-88

#### Weight Change (Figure 3.23)

Mean: -30.4 lbs  
 Median: -25 lbs  
 Range: -8.8 lbs to -145 lbs

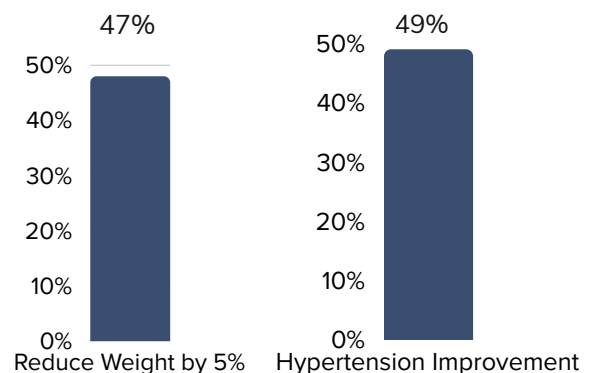


Figure 3.22

Figure 3.23

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### QMC West O’ahu Nā Pua Kaiona (NPK) Expansion

#### Addressing Care Coordination & Social Determinants of Health and through Navigation

##### Background

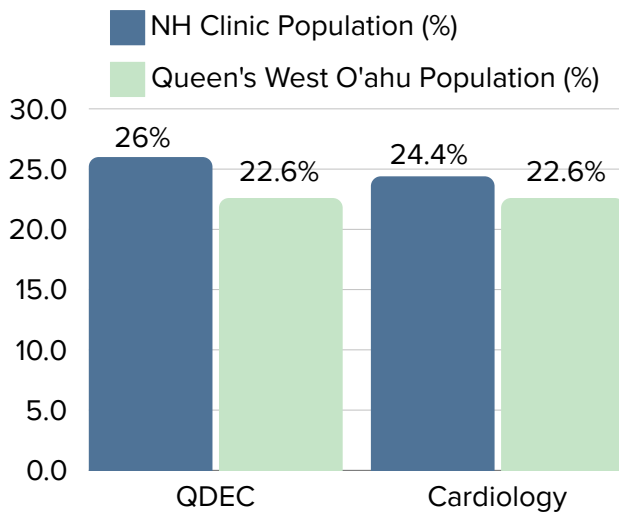
The Kahua Ola QMC West O’ahu NPK program, formerly an adjunct transportation program in the QMC West O’ahu Wound Clinic offered transportation navigation to NH patients to improve access to care. Learnings from previous years uncovered unmet medical and social needs among patients, particularly those referred from a recent hospital or ED admission, many of whom had little to no engagement with primary care. These learnings informed expanding the scope of the program to address both medical and social needs to improve wound healing and prepare for successful graduation and linkage to PCP post-wound healing.

Expansion strategies include development of an interdisciplinary team (i.e., social worker, patient community navigator, and RN) to extend care of the existing clinic to address SDoH and HRSN and care coordination needs impacting wound healing.

##### Holomua (The Path Ahead)

In addition, two additional clinics were identified that could benefit from NPK care coordination services. Figure 3.24 and 3.25 indicate overrepresentation of NH in QMC West O’ahu (WO) Queen’s Diabetes Education Center (QDEC) and Queen’s Cardiology WO clinic. Per anecdotal caregiver discussions, these three clinics have shared patients that could benefit long-term from additional support. Therefore, expanded services will include chronic disease management, transitional care, and psychosocial support within the clinics and in the community as needed.

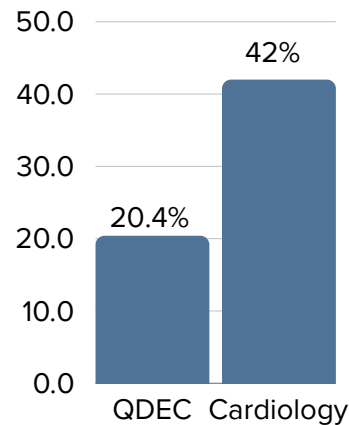
**FY 23 Over-Representation of NH Patients in Queen’s West Specialties Compared to Overall NH Queen’s West Population**



**Figure 3.24**

In FY23, Native Hawaiians were over-represented in Queen’s Diabetes Education Center and Cardiology despite only making up 22.6% of West population

**FY 23 Referral Conversion Rate (% of Referrals Scheduled or Resulted in An Appointment) for Queen’s West Diabetes Education & Cardiology**



**Figure 3.25**

In FY23, Native Hawaiians overwhelmingly did not follow up with referrals to West - Queen’s Diabetes Education Center and West - Cardiology. The system-wide goal is a >80% referral conversion rate.

# Transforming our Network

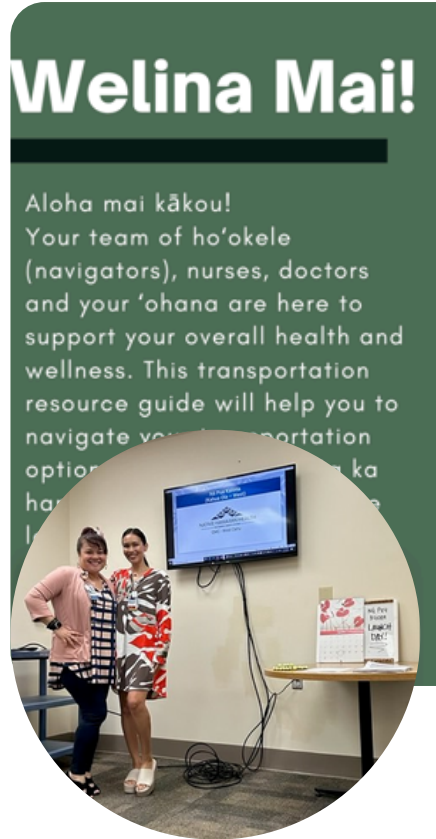
## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### Nā Pua Kaiona (NPK) Highlights continued...

#### Process improvement efforts in Nā Pua Kaiona

With the support of the Maurice and Joanna Sullivan Grant, Nā Pua Kaiona RN Clinical Operations Manager, Kourtnei “Kai” Krishok, was hired in December 2024 as part of the expansion’s interdisciplinary team. Since then, she has collaborated with NHH performance improvement (PI) coordinator, Apple Yadao, to enhance program infrastructure and workflows, including:

- Streamlining patient enrollment, outreach, and graduation for Queen’s West Wound and Diabetes Center through Healthy Planet Compass Rose
- Conducting an informational roadshow on Nā Pua Kaiona expansion
- Providing patient education on wound care and transportation
- Developing internal transportation resources and education materials for caregivers and patients
- Conducting an internal transportation in-service for caregivers



#### Which insurance do you have?

##### ALOHACARE

**How to book a ride:** Call at least 2 business days before your appointment. Your assigned coordinator can also book your rides.

- **Reservations (IntelliRide)** (Monday – Friday 7:45am – 5:00pm)  
**Telephone: 808-973-0711**  
**Option #2**

- **Online:** Self-service portal to schedule rides or make cancellations

##### OHANACARE

- **Reservations:** Speak to an agent with IntelliRide (Monday – Friday 9am – 5pm)

### FY24 Key Learnings from Nā Pua Kaiona PI efforts

#### Learnings

- Transportation infrastructure for clinic staff was still critically needed after the inception of NPK
- Caregiver wellness support is needed to mitigate burnout, prioritize health prevention and mindfulness practices
- Need to continue to build on program infrastructure (policy, procedures, home visits, data reports)

#### Challenges

- Staff shortage within the program and the clinic continues to impact capacity and NH patients served
- Underutilization of population health management tool from a end user standpoint
- Establishing trust with Queen’s West Diabetes (need to provide final workflows before establishing presence in clinic)

#### Barriers

- Reverted back to one dedicated FTE (Clinical Operations Manager) due to departure of PCN
- Pending backfill of navigator position due to hiring freeze

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

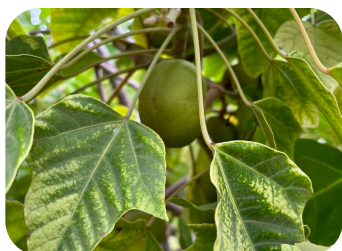
### Delivering Culturally-Responsive Maternal Healthcare on Hawai'i Island

NHH at QNHCH continues its partnership with Kōkua Kalihi Valley (KKV)/Ho'oulu 'Āina to provide culturally responsive maternal health care classes and support services for pregnant NH women, inclusive of their partners, including postpartum care.

The Birthing a Nation program was first developed by a group of wahine cultural practitioners and researchers, known as Ka Lāhui o ka Pō, at KKV. The birthing program focuses on the reclamation of ancestral practices and the cultivation of connection as ways to nurture healthy, happy births. Topics include: ho'oponopono (harmonious relationships), 'ai pono (cultural perspectives on prenatal nutrition for mother and child), lomilomi (between partners to promote trust and healing and strengthen the relationship, mālama 'iewe (reconnecting with the practice of caring for the placenta), hānai waiū (breastfeeding support), ka wā hānau (cultural practices surrounding labor and childbirth, supported by loved ones) and lā'au lapa'au (plant medicines to support mother and baby).

While typical birthing classes end when the class series ends, couples contact the Birthing a Nation educators and cultural practitioners prior to and following delivery for further support through lā'au lapa'au, or healing herbs, to aid in delivery, postpartum and breastfeeding as well as empowering kāne in postpartum kuleana.

For FY24, Hawai'i Island held classes for six couples, all with successful deliveries (two home births, four hospital births - three at QNHCH and one at Wilcox Memorial on Kaua'i). Ka Lāhui o ka Pō also provided postpartum support to five of the six couples, as requested.



#### Quote from one participant who recently became a father:

“Engaging in Birthing a Nation with my wahine as a soon-to-be, first-time father, helped to prepare me mentally, emotionally, and spiritually for the birthing journey ahead for our keiki and for us as mākua. Being embraced by our kumu and surrounded by other young mākua in a safe space helped me feel loved, understood, and supported as I navigated my own personal journey as a kāne towards becoming a makuakāne. During my wahine's pregnancy, I drew upon the lessons I learned in this class about lā'au lapa'au, lomilomi, and 'aipono to support my wahine physically and emotionally. When the time finally came for our keiki to be born, I leaned heavily upon the spiritual teachings from this class to help ground me for the kuleana of clearing and stewarding the pathway for my wahine to bring our keiki from pō into ao. I am extremely thankful to have had the opportunity to participate in this class, and I hope it continues to grow and flourish to support more mākua in their journeys toward Birthing a Nation.”

# Transforming Our Network

## Goal 1: Kumu Waiwai: Healthcare Access & Accessibility

### Queen's University Medical Group Native Hawaiian Provider Hui

In August 2023, a young Native Hawaiian lawyer requested a referral for a Hawaiian primary care physician (PCP). This started the vision to develop a hui of Native Hawaiian physicians within the Queen's University Medical Group (QUMG) to discuss and develop three goals:

1. **Create a pathway for Internal Referrals** by developing connections (pilina) between providers that may lead to internal patient referrals and warm hand-offs.
2. **Support the Health Profession Pipeline** by acting as mentors and role models for students and health academies
3. **Support Community Outreach** by speaking to groups and volunteering for community events

QUMG has approximately 40 Native Hawaiian physicians and Advanced Practice providers. A core group of 8 Native Hawaiian physicians met six times since October 2023. Their specialties include Internal Medicine, Pediatrics, Psychiatry, OB/GYN, and Medical Critical Care/Pulmonology. The plan is to engage and grow the group to implement the three goals.

Planned engagement activities include visits to Hōkūle'a, 'Iolani Palace, and Mauna 'Ala. These activities will strengthen pilina and promote culturally responsive practices.





# Transforming Our Network

## Goal 2: Pilina

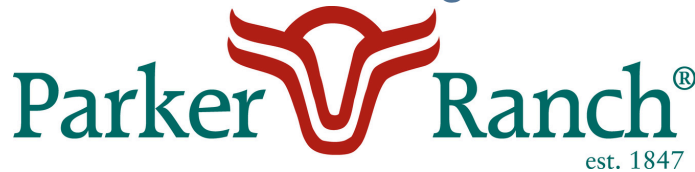
### Community Partnerships, Engagement, & Affairs

Community collaboration and engagement are foundational components of the Kahua Ola strategic plan. In FY24, NHH secured 29 external strategic partnerships (see Appendix I for a detailed list). Additionally, 12 organizations were awarded grants/sponsorships (see Appendix J).

Despite financial headwinds, NHH continues to maintain relationships with various community-based organizations to support aligned efforts through in-kind support. One such strategic partnership is discussed in more detail below.

## Community Engagement on Hawai'i Island

### Health Screening



If you have ever visited Waimea on Hawai'i Island, you were probably drawn to its sprawling pastures, cows and horses visible from the road, you've been to a rodeo at the Parker Ranch Arena or you saw the colorful giant cowboy boot or the Ikuā Purdy statue near the shopping centers. We have the legacy of Parker Ranch to thank for the atmosphere and ambience of this once quaint but now bustling town. Letters by Queen Emma reveal her appreciation of this Kohala region where she spent time visiting her dear friend, Samuel Parker, great grandfather to Richard Smart, at his home on Mānā Road.

QNHCH (Queen's North Hawaii Community Hospital) is a grateful beneficiary of the Parker Ranch Foundation Trust created in 1992 by Richard Smart, great great grandson to John Palmer Parker. The hospital, in appreciation, strives to support Parker Ranch and the Paniolo lifestyle of North Kohala whenever possible.

Each year, Parker Ranch hosts an employee benefits fair for its employees and family members. This year, in partnership with Native Hawaiian Health, QNHCH, and QHS Laboratory and Pathology Department, we were able to provide much needed and much appreciated health screenings such as Lipid panel and A1c, as well as blood pressure and weight/BMI. Primary care providers, Dr. Thomas Au and Sharon Bachman, APRN, circulated amongst the participants to answer any questions and help in understanding their test results and potential next steps. QNHCH was able to screen 40 of their employees and 'ohana members.



Mahalo to Kristen Croom, Senior Director of Laboratory and Pathology, DLS, NHH, DEIJ-CW, QNHCH leadership and Primary Care Clinic and its Kahua Ola program for the kōkua. As one cowboy said, "As stewards of our livestock we are constantly checking them to make sure they are healthy but we sometimes are less likely to look after own needs. The fair was a great opportunity and reminder that we need to also take care of ourselves as well.

# Transforming Our Network

## Goal 2: Pilina

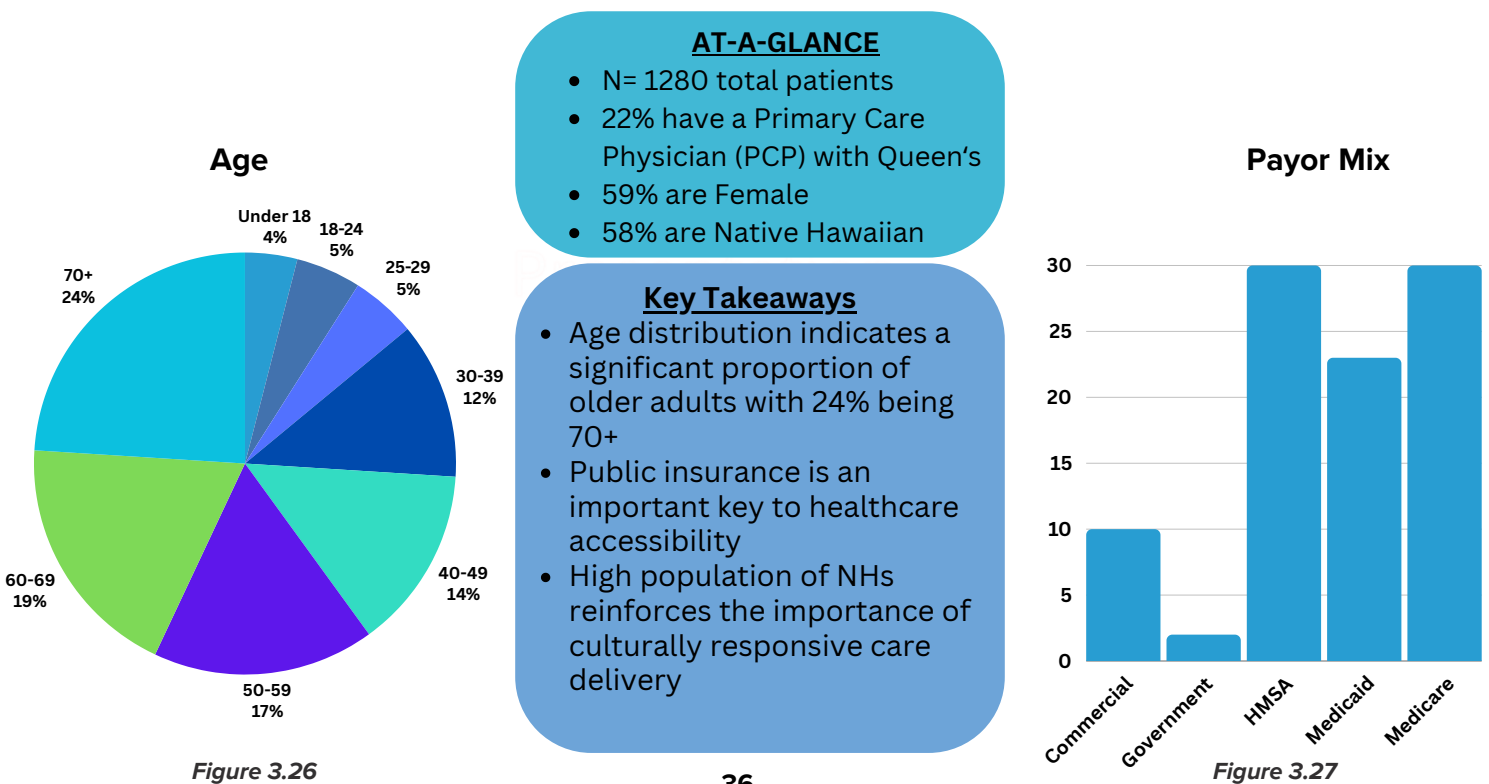
### Waimānalo Community Leaders Meeting Highlights

Convening Empowered Community Leaders for Transformational Change



### Waimānalo Community Health Data Brief

This is a snapshot of the data available to the Queen's Health System for residents who visited in calendar years 2023 and 2024, offering valuable insights into the Waimānalo community's healthcare landscape. By analyzing key metrics such as primary care access, demographics, insurance coverage, and age distribution, we can better understand the unique characteristics and needs of this population. This data is crucial for informing our efforts to enhance healthcare delivery and ensure that our services are aligned with the community's specific requirements.



# Transforming Our Network

## Goal 2: Pilina

### Waimānalo Community Leaders Meeting Highlights

Convening Empowered Community Leaders for Transformational Change

#### Waimānalo Community Meetings Timeline Overview

##### Meeting #1: July 25, 2023

- **Ho'olauna** - Introductions

##### Meeting #2: November 30, 2023

- **Ho'olohe** - Listening Session

##### Meeting #3: June 29, 2024

- **Ho'ākea 'Ike** - Expanding Our Understanding/Knowledge

#### Overarching Themes & Key Takeaways

- **'Āina & Health**
  - Caring for and restoring their natural resources
  - Lack of 'āina/spaces within their community
  - Food security
  - Hawaiian value-based Learning
  - Lā'au lapa'au/traditional healing integration
- **Wellness Care**
  - Dental
  - Nutrition
  - Primary Care
- **Financial Sustainability**
  - Livable wages to stay and live in Waimānalo
  - Non-profit infrastructure/capacity building



#### Nā Momi - Pearls of Wisdom

- 'Āina does not equal real estate.
- We need a "healthcare plan" for the 'āina
- You take care of the 'āina, the 'āina takes care of you.
- Education will help us address food sovereignty.
- Transformation happens when you are outside.
- We need to move from surviving to thriving.
- We need people driven, not revenue driven, healthcare.
- Relationships are at the core (healthcare).
- Generational sustainability means access to healthy land.

#### Community Leadership Representation:

- Hawaiian Civic Club of Waimānalo
- Hawai'i Farmers Union - Waimānalo Chapter
- Hui Mahi'ai 'Āina
- Hui Mālama o ke Kai
- Ke Kula Nui o Waimānalo
- Ke Ola Mamo
- Mālama Honua PCS
- Nā Kua'āina o Waimānalo
- Nā Pu'u o Malei
- Sustain Hawai'i
- University of Hawai'i Center for Tropical Agriculture and Human Resources
- Waimānalo Hawaiian Homes Association
- Waimānalo Health Center
- Waimānalo Canoe Club
- Waimānalo Learning Center
- Waimānalo Limu Hui
- Waimānalo Neighborhood Board

# Transforming Our Network

## Goal 2: Pilina

### Improving Emotional, Physical, Mental and Spiritual Wellbeing through Connection to ‘Āina

#### Mauliola Ke‘ehi Program Highlights



Mauliola Ke‘ehi is an educational non-profit based on the historic tidal islands of Ke‘ehi. Mauliola Ke‘ehi implements culturally informed, transformative ‘āina and ocean-based programming activities that immerse and inspire participants while promoting healing and wellbeing. NHH has proudly partnered with this innovative, culturally grounded program since 2021, supporting a comprehensive three-year program evaluation that will serve as a mechanism for future funding and sustainability efforts. The program evaluation aims to help us understand how connection to ‘āina impacts health and wellbeing to ensure we can achieve our aspiration goal. FY24 cumulative results from the program evaluation are described below.

**FY24 Lives Impacted NH vs. Total Lives (Cumulative)**

1,668 total lives touched in FY24

Over half (61.9%) are Native Hawaiian

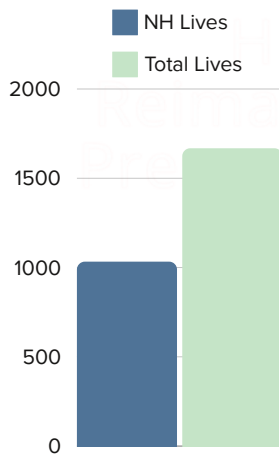


Figure 3.28

**FY24 Age Demographics ‘Ōpio (Youth) vs. Mākua (Adults) (Cumulative)**

Promoting health and wellbeing in the next generation

58.5% are School-Aged

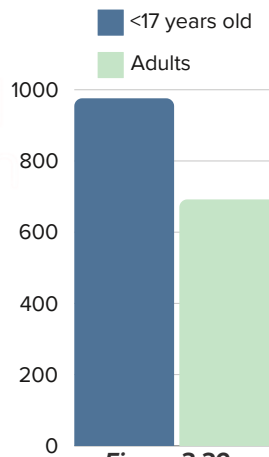


Figure 3.29

**FY24 Program Highlight:** “The percentage of participants this quarter who are Native Hawaiian is 75.5%, with 93.7% Native Hawaiian keiki and 41.9% Native Hawaiian adults. We have now served 4429 (FY21 - FY24) participants thus far through the support of this grant.”

# Transforming Our Network

## Goal 3: 'Ike Hawai'i

### Cultural Education, Training, and Healthcare Workforce Development

#### Creating a Culture Grounded in Our Founders and Values Supporting Caregiver Wellness and Growth Summary



We continue to share the stories and learnings of our founders, King Kamehameha IV and Queen Emma, and our kūpuna through 'ike Hawai'i activities. Our goal is to build cultural awareness, promote caregiver well-being and growth, and foster culturally responsive care. Throughout FY24, we have offered education, training, consultation, service opportunities, and cultural/spiritual support that has significantly contributed to fostering cultural safety, community, and workforce development.

This year, we completed 182 workforce development and caregiver wellness activities (cultural, spiritual, and educational). These efforts have enriched the cultural landscape and contributed to a solid foundation supportive of professional development, growth, and engagement (See Appendix K).

# Transforming Our Network

## Goal 3: 'Ike Hawai'i

Cultural Education, Training, & Workforce Development

Embracing Legacy: Honoring Our Founders and Heritage



In FY24, we celebrated and coordinated heritage events honoring our founders, King Kamehameha IV, Queen Emma, and their son, Prince Albert. These included the 10th anniversaries of Queen's North Hawai'i Community Hospital and The Queen's Medical Center West O'ahu, as well as welcoming QMC Wahiawā and Kahi Mohala into our 'ohana. We also expanded our family of services. These efforts highlight our commitment to cultural heritage, community engagement, and holistic care. By recognizing these milestones and planning heritage events, we strengthen our community and support our mission to provide quality healthcare and enhance the well-being of Native Hawaiians and all the people of Hawai'i.

# Transforming Our Network

## Goal 3: 'Ike Hawai'i

### Cultural Education, Training, & Workforce Development

## Empowering our Caregivers with 'Ike

### Huaka'i i ka Moku o Keawe



In April 2024, the NHH and DEIJ-CW teams were recognized as the Mission Champions for the 2023 Po'okela Award, along with another team, of QHS. This award recognizes a team and/or individual who has proven contributions to the health system which advances our mission and directly impacts one or more of our Key Strategies; work produced has resulted in improvement in outcomes, quality, safety, patient and/or caregiver experience as demonstrated by key metrics; work produced was shared as a best practice, published and/or received external recognition; and work promotes a spirit of innovation and inspires a culture of innovation, collaboration, and teamwork. As part of our award, we received a cash award that afforded our entire department the opportunity to travel to Hawai'i Island for an all day legacy immersive experience.



On June 29th, NHH and DEIJ-CW, along with our VP, Dr. Gerard Akaka, traveled to Kona and then to Kawaihae to reconnect with the mo'okū'auhau (genealogy) and the legacy of our founders. Hawai'i Island residents and NHH and DEIJ-CW caregivers, Sharde Freitas and Liana laea Honda, coordinated the visit. The day started in Kawaihae at Pu'ukoholā Heiau to honor and present ho'okupu to Kamehameha the Great, Kamehameha IV's grandfather, and to John Young, Queen Emma's grandfather, at his house site. Lehua Kauhane of Queen Emma Land was able to give us a visual perspective of the land that was inherited by The Queen's Hospital, offering us a ma kai to ma uka view of Kawaihae 'elua. The day ended with a tour of QNHCH and time to reflect on the day's events.



Special guests included Stephany Vaioleti, QNHCH President, and Jennifer Kimball, QMC Director of Oncology Support Services.

# Transforming Our Network

## Goal 3: ‘Ike Hawai‘i

### Cultural Education, Training, & Workforce Development

We continue to develop a range of activities to enhance our network, with a focus on culturally responsive care and community engagement. Below are some key initiatives over the past year:



#### Native Hawaiian Primary Care Internal Medicine Residency Program Curriculum Development to Support Culturally Responsive Care for Patients

CIE TEAM:



James Yess, Internist and Director, University of Hawai‘i Primary Care Internal Medicine Residency Program



Kau‘ionalani Nishizaki, Director Native Hawaiian Health



Melia Abreu, Senior Director Talent and Organizational Development



Kanilehua Kim, Coordinator Native Hawaiian Affairs & Community Engagement



Kalehua Tolentino, Coordinator Native Hawaiian Health Education & Cultural Development

In Q4, we further developed the curriculum and strengthened connections with community partners to create an immersive experience. This hands-on approach will enable residents to learn, experience, and apply classroom knowledge, directly engage with the community, and enhance their understanding and practice of culturally responsive care. The first Native Hawaiian Health (NHH) rotation is scheduled for FY25 Q2 (November 2024).

#### First System-Wide Cultural Competency for Queen’s

In FY24, the team continued working with Kū Kahakalau, PhD, and her team at Kū-A-Kanaka to design and refine the curriculum for the first cohort of 40 caregivers starting in September. This partnership is creating Queen’s first system-wide culturally-based curriculum to improve healthcare for Native Hawaiians and marginalized communities.

By teaching caregivers cultural humility and aloha, we strive to provide compassionate and effective care tailored to the unique needs of Native Hawaiian patients, with the hope of improving their health outcomes. This initiative aligns with The Queen’s Health Systems’ mission to provide quality healthcare while honoring the cultural values of Native Hawaiians. It is essential for equipping our ‘ohana with the skills and knowledge needed to be successful in caring for our patients and meeting the needs of our people.



# Transforming Our Network

## Goal 3: ‘Ike Hawai‘i

### Cultural Education, Training, & Workforce Development

## QNHCH Healthcare Workforce Development

### Internal and External Opportunities to Grow our Island Workforce

A strategic partnership with QHS Human Resources and NHH was created in FY23 to support training, education, and workforce development on Hawai‘i Island. Taylor Cabatu joined as HR Coordinator and has been working diligently internally, with NHH manager, Liana Honda, and QNHCH caregivers to create internal pipelines and external education and employment opportunities, partnering with secondary schools, public and private, and colleges to create opportunities to explore, to learn, and to grow our local workforce.



The Queen’s Health System was recognized by ClimbHI for being in the top two for 2023 outstanding businesses in the state for providing learning opportunities for students. These learning opportunities that were provided varied from career fairs, site visits, mock interviews, and more!



**Number of People Connected During Outreach**  
 High School: 2,111  
 Middle School: 825  
 Others: 607

| Outreach/Event Overview<br>FY24 (7/1/23 – 6/30/24) |         |        |       |
|--|---------|--------|-------|
|  | ClimbHi | Ad Hoc | Total |
| Accepted   | 12      | 44     | 56    |
| Decline  | 0       | 0      | 0     |

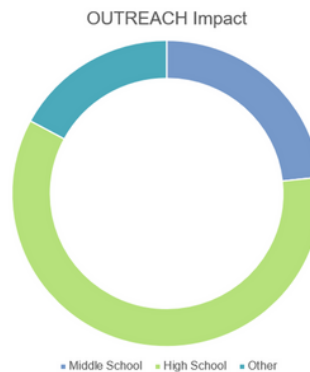


Figure 3.30

#### FY2025 Plans

- Workforce (WF) July Summer Sessions (Partnership with Summer Volunteer program to further expose students to healthcare – hour long sessions on Tuesday mornings)
- WF Summer ER/RT Session (8/2/2024)
- Kamehameha Schools Kapālama Student Shadowing (7/1/2024 – 7/22/2024)
- KCC Rad Tech Program Satellite Campus at QNHCH
- Honoka‘a High School MA Program
- Support for Kohala High School Healthcare Career CTE Pathway
- Continue Exploration Day for 10th – 12th grade students
- Continue community involvement by participating in events
- Continue onboarding/placing students in QNHCH departments for intern/externships



# Transforming Our Network

## Goal 3: ‘Ike Hawai‘i

### Cultural Education, Training, & Workforce Development

#### University of Hawai‘i John A. Burns School of Medicine Department of Native Hawaiian Health

##### QHS and UH JABSOM DNHH Partnership

QHS has a long-standing relationship with the University of Hawai‘i (UH) John A. Burns School of Medicine (JABSOM) Department of Native Hawaiian Health (DNHH) that initially provided seed funding to establish the department then supported their various programs.

In FY23, work began to amend the agreement to align what was funded to QHS’ Native Hawaiian Health department and its strategic plan. The focus shifted to Native Hawaiian workforce development through the ‘Imi Ho‘ōla Post-Bacalaureate Program and the Native Hawaiian Center of Excellence (NHCOE).

##### What is ‘Imi Ho‘ōla Post-Bacalaureate Program?

‘Imi Ho‘ōla is a program that offers educational opportunities for up to twelve students from disadvantaged socioeconomic and/or educational background. The students who are part of the program demonstrated a commitment to serve areas of need in Hawai‘i and the Pacific capable of succeeding in medical school. Students receive monthly stipends to ease financial burdens so they can focus on academics. Upon successful completion of the ‘Imi Ho‘ōla Program, students enter the JABSOM as first year medical students.

##### What is Native Hawaiian Center of Excellence (NHCOE)?

NHCOE is a program to improve the health of all Native Hawaiians through education, research, and community partnerships that build the capacity of Native Hawaiian students and faculty to succeed in medicine.

##### FY 24 Highlights

- A \$310,896 UH Foundation gift agreement for the ‘Imi Ho‘ōla student stipends was executed and dispersed in December 2023.
- 12 students entered ‘Imi Ho‘ōla in Academic Year 2023-2024 with six women and six men. Three were Native Hawaiian, four Filipinos, two Japanese, one Pohnpeian/Chuukese, one Vietnamese and one Chinese with an age range of 24 to 30 year olds.
- Of the 12 students, 9 (75%) matriculated into JABSOM in July 2024.
- A video of ‘Imi Ho‘ōla Completion Ceremony can be viewed here: <https://www.youtube.com/watch?v=C--Wco4Jik>



##### Next Steps

Work to amend the Research Corporation of the University of Hawai‘i (RCUH) contract to recruit and support students in both ‘Imi Ho‘ōla and NHCOE began in 2023 and contract draft proposed in FY24. As of the end of FY24, contract is being reviewed by RCUH and plans are to execute contract in FY25 Q1.

# Transforming our Network Research & Innovation to Transform Care for Our Patients

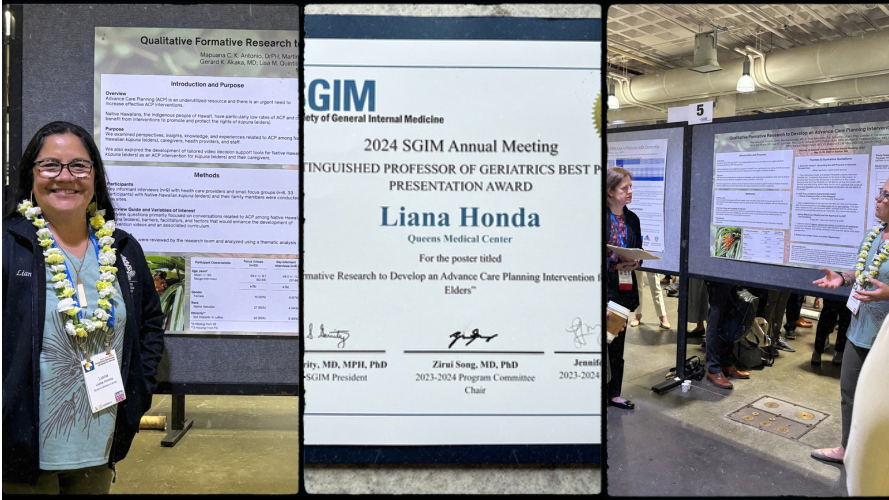
## National Institute for Health (NIH) Study

### I Kua Na'u (Let Me Carry Out Your Last Wishes)

I Kua Na'u is a NIH research study focusing on advance care planning (ACP) for kūpuna through the delivery of educational sessions that reflect NH cultural values and perspectives enhanced through culturally relevant videos. The goal of the study is for NH kūpuna (elders) to improve understanding and awareness of ACP and the critical importance of documenting ACP preferences with their PCP. This study contributes to achieving our strategic goal. Transforming our Network: Research and Innovation to Transform Care for Our Patients.

In Q4, QMCWO and QNHCH continued recruiting and working with Native Hawaiian kūpuna in a Randomized Controlled Trial (RCT), phase 3 of the I Kua Na'u research study. In phase 3 of the study, qualified patients (i.e. NH 55+ years old) are given a series of baseline questions and then randomized to control or intervention groups. Facilitators meet with intervention participants 2-3 additional times. Participants often share their gratitude and appreciation for being part of the study, the importance of discussing these issues, and are also excited to receive their stipends. Two participants, a husband and wife, shared the following:

*“You have helped us deal with our realities in a more realistic manner by helping us get over our emotions in making decisions that will work for us. Thank you for your caring.”*



Each Queen's site aims to enroll 37 patients (minimum) by the end of August 2024. At the end of FY24, QNHCH registered 26 participants and QMCWO registered 27 participants. We will complete enrolling a total of 74 participants in Q1 FY25.

Not only has this research project been beneficial for its participants, but the success of this research study is also being celebrated and recognized nationally. In May, Liana Honda, I Kua Na'u coordinator for QNHCH, traveled to Boston, MA, for a poster presentation at the Society of General Internal Medicine's (SGIM) National Research Conference. We are happy to announce that Liana won the Distinguished Professor of Geriatrics Best Poster Presentation Award for the poster titled “Qualitative Formative Research to Develop an Advance Care Planning Intervention for Native Hawaiian Elders”.

# Transforming Our Network

## Research & Innovation to Transform Care for Our Patients

### QMC QEC Kilolani Program Ola Hawai'i Research Study The Kilolani Project: Improving Community Navigation for Native Hawaiian Patients

#### What is Ola Hawai'i?

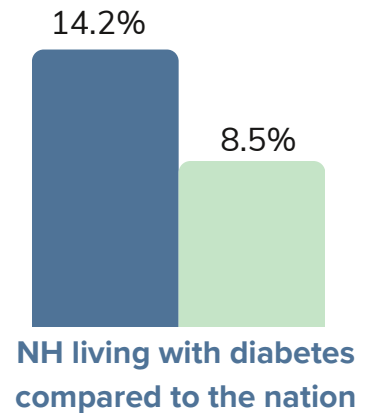
The Ola Hawai'i initiative is supported by the National Institute on Minority Health and Data Disparities (NIMHD), functioning beneath the Research Centers on Minority Health (RCMI). The overall long-term goal of Ola Hawai'i is to improve minority health and reduce health disparities and to support early career investigators.

#### What is the Ola Hawai'i Kilolani Pilot Project?

- A multi-disciplinary team of healthcare providers dedicated to diabetes management program centered around a NH community navigator
- Fosters positive healthcare engagement and addresses social and physical health needs
- Use of navigator to serve as a cultural bridge

#### Navigator Services

- Support with follow-up appointments and scheduling
- Navigating insurance, medications, specialty referrals, and transportation
- Support with lifestyle and self-care challenges linkage to culturally relevant community resources



average  
Figure 3.31

#### The Kilolani Project Demographics (n= 151)

Mean age: 60  
 Gender: 46% female  
 Payor Mix:  
 Medicaid: 47%  
 Medicare: 46%  
 Private: 6%  
 No insurance: 0%

#### Baseline Clinical Data



1/3 patients with  
Hgb A1c  $\geq$  9



1/4 patients with  
BMI  $\geq$  40

#### Background

In FY24 Q1, NHH began a collaboration with The Queen Emma Clinic (QEC) in an Ola Hawai'i funded research project. The Ola Hawai'i project is a qualitative research study that aims to understand the impact of community navigation on the highest risk patients in the Kilolani Program. The principal investigators for this research study include Dr. Nani Morgan, MD, MPH, Dr. James Yess, MD, and Nina Murrow, NHH clinical data analyst, who serves as the research assistant for this project. Key themes from patient focus groups are highlighted on page 47.

# Transforming Our Network

## Research & Innovation to Transform Care for Our Patients

### QMC QEC Kilolani Program Ola Hawai'i Research Study The Kilolani Project: Improving Community Navigation for Native Hawaiian Patients FOCUS GROUP FINDINGS

#### Methodology

- Fifteen adult Native Hawaiian diabetic patients enrolled in the Kilolani Project were recruited through convenience sampling to participate in focus groups.
- Focus groups followed a semi-structured format with open-ended questions about participant experiences with the Kilolani Project and the community navigators.
- Transcripts were analyzed thematically through iterative readings and coding.

#### Key Themes

- **Aloha:** Showing a humanistic approach, respect, compassion

*“Yeah, smiling helps, you know? Laughter, all of that stuff helps. You know, it’s part of aloha.”*

- **Pilina:** Building connection and trusting relationships

*“She’s more like a sister than a worker.”*

- **Kumuwaiwai:** Improving access to clinic and community resources

*“I don’t even call the clinic anymore, I just call Ulu.”*

- **Trauma informed care:** Addressing adverse childhood experiences and mental health stigma

*“We were taught what happens in the house, stays in the house. But when it builds in your head so long, you just want to explode and you don’t know who to turn to because you were taught not to trust.”*

- **Resilience:** Recognizing the value of religion and tradition

*“You got to have the belief in yourself to be better.”*

- **Ethnic concordance:** Preference for “local”

*“You cannot trust somebody else. You know, we have a local person. They know what we been through.”*



*“And, you know, she’s like more of a sister than a worker because you can call her any time and say hey Ulu, I got this problem, you know, like it’s not only we’re talking about things that happen here, but we’re also talking like the whole thing about my life. You know? I say, can you help me with other stuff? And she’s right there....”*

*I was raised illiterate. And so, I didn’t go to school. When I was in eighth grade, my mom took me out of school, you know, because the trauma that I went through and, you know, Ulu knew about that. So, every time when I just need to talk, she’s there...I still need her. You know, there’s only a few people I trust.”*

# Transforming Our Network

## Research & Innovation to Transform Care for Our Patients

### QMC QEC Kilolani Program Ola Hawai'i Research Study The Kilolani Project: Improving Community Navigation for Native Hawaiian Patients FOCUS GROUP FINDINGS

#### Demographic Form Analysis

Services Participants Found Helpful

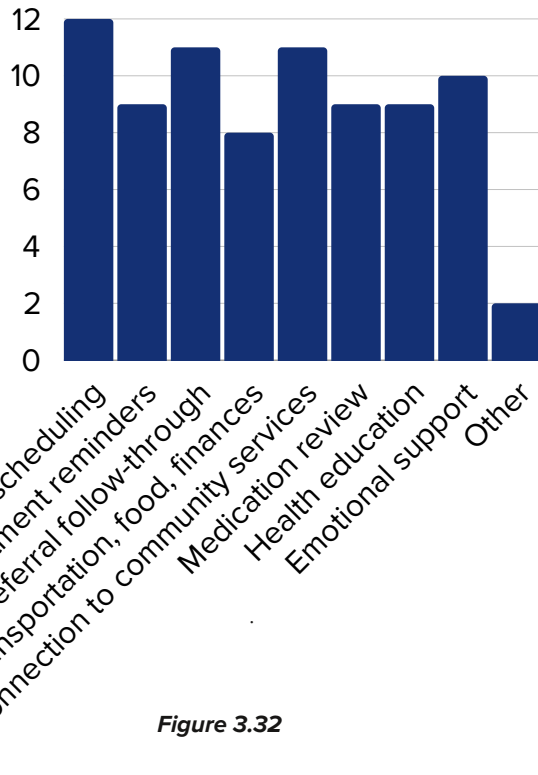


Figure 3.32

Services Participants Would Like in Future

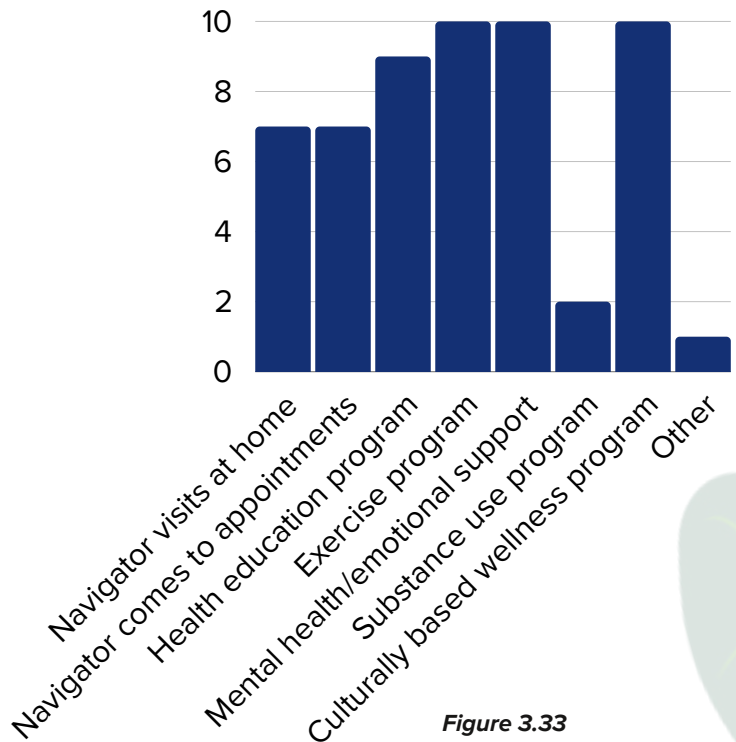


Figure 3.33



NIH Research Center for Minority Institutions (RCMI) Conference April 2024

# Transforming Our Network

## Research & Innovation to Transform Care for our Patients

### QMC QEC Kilolani Program Ola Hawai'i Research Study The Kilolani Project: Improving Community Navigation for Native Hawaiian Patients DISCUSSION

#### Conclusion

The Kilolani Project succeeded in creating a safe space where our most vulnerable Native Hawaiian patients living with diabetes feel seen, heard, and cared for. This culturally-informed approach facilitated improved patient experiences and primary care engagement. Such approaches are necessary for addressing and closing the gap on the most pressing health issues faced by our Native Hawaiian communities.

#### Future Directions

The Kilolani Project aims to expand community navigation services to all Native Hawaiian and other vulnerable Pacific Islander populations within Queen Emma Clinic, addressing critical health disparities through culturally informed care. Future efforts will focus on improving the fiscal sustainability of mission-driven care by conducting robust cost analyses to identify resources and partnerships necessary for scaling navigator-based interventions. Additionally, ensuring that patient and community cultural values, needs, and priorities drive future strategies is paramount. This will involve ongoing community engagement to gather feedback and insights, ensuring that interventions remain relevant, effective, and responsive to the unique challenges and strengths of our patients.

#### Generalization

The results of this study are considered generalizable to the broader Kilolani and Native Hawaiian population due to the achievement of theoretical saturation during data collection. Theoretical saturation occurs when no new themes or insights emerge from additional data, indicating that the collected data sufficiently captures the range of experiences and perspectives within the target population. In this study, the focus groups provided rich comprehensive data that reflected the diverse experiences of the participants, thereby ensuring that the findings are representative of the larger cohort of Native Hawaiian diabetic patients enrolled in the Kilolani Project.

#### Potential Bias

The community navigator was included in the focus groups to facilitate a supportive and trusting environment for participants. Given the historical and cultural context of Native Hawaiian communities, *pilina* is a crucial factor in eliciting open and honest discussions about personal healthcare experiences. The presence of the navigator, who had already established strong, trusting relationships with the participants, ensured that they felt comfortable and safe in sharing their perspectives. Without the navigator's involvement, participants may have felt vulnerable and less inclined to discuss their true experiences and insights, potentially compromising the depth and authenticity of the data collected. Albeit there was a risk of bias, the navigator's inclusion was essential for fostering an environment conducive to candid and meaningful dialogue.

#### Limitations

The wording of the question regarding ethnic concordance aimed to assess whether participants felt it was important for the community navigator to be of Native Hawaiian ethnicity, like themselves. However, this question was poorly phrased, leading to misunderstanding and, in some cases, offense among participants. Some perceived the question as implying prejudice on their part, which affected the quality and clarity of the responses. This limitation highlights the need for careful consideration and cultural sensitivity in the formulation of research questions to avoid misinterpretation and ensure respectful engagement with participants.

# Native Hawaiian Research Hui

## U.S. Indigenous Data Sovereignty Conference

### Building Action and Power: Networking to Enhance Indigenous Sovereignty

The Native Hawaiian Research Hui (NHRH) is a collaborative initiative that collects, enhances, and shares data on Native Hawaiians. The NHRH involves Native Hawaiian serving organizations, including: The Queen's Health System, Lili'uokalani Trust, Papa Ola Lōkahi, Kamehameha Schools, and Office of Hawaiian Affairs.

In April 2024, the NHRH was invited to present at the U.S. Indigenous Data Sovereignty Conference in Tucson, AZ, hosted by the Pascua Yaqui Tribe. Attendees hailed from Native American Tribes, tribal government organizations, government bodies and universities. Also present were Indigenous representatives from Canada, Aotearoa, Australia, Hawai'i, and the U.S. The mixed-medium format virtually hosted scores more of participants across the globe. To date, it was the largest in-person gathering dedicated to Indigenous data sovereignty and Indigenous data governance.



*The Native Hawaiian Research Hui conducted a roundtable session, "Developing Indigenous-focused Indicators of Well-being Among Native Hawaiians," at the U.S. Indigenous Data Sovereignty and Governance Summit in Arizona in April. (L to R): Dr. Brandon Ledward (KS), Nina Murrow, MPH (Queen's), Dr. Samatha Keaulana-Scott (POL), Dr. Pālama Lee (LT), Dr. Randall Akee (summit organizer and roundtable moderator), Kanilehua Kim, MSW, LSW (Queen's), Wendy Kekahio (KS), and Keith Makale'a Gutierrez (OHA)*

The NHRH presented on our collective work highlighting the Kūkulu Kumuhana Well-being Framework, a framework for Native Hawaiian well-being built on the the following six principles: 1) Ea (self-determination); 2) 'Āina Momona (healthy and productive land and people); 3) Pilina (mutually sustaining relationships); 4) Waiwai (ancestral knowledge and collective wealth); 5) 'Ōiwi (cultural identity and native intelligence); and 6) Ke Akua Mana (spirituality and the sacredness of mana).

# U.S. Indigenous Data Sovereignty Conference

## *Nā Wewehi a Lili‘uokalani:* *The adornments of/created for Lili‘uokalani*

In addition to highlighting Kūkulu Kumuhana, our hui debuted a future endeavor currently in the works, Nā Wewehi a Lili‘uokalani, a Native Hawaiian Research & Data Center. Spearheaded by Lili‘uokalani Trust, the center will promote, collect, and store data for and about Native Hawaiians. Additionally, original research and analyses will be conducted in response to the interests of the Native Hawaiian community, while elevating a strength-based, Indigenous framework of well-being, health, and abundance. Figure 3.34 outlines the future framework for Nā Wewehi a Lili‘uokalani.



Figure 3.34

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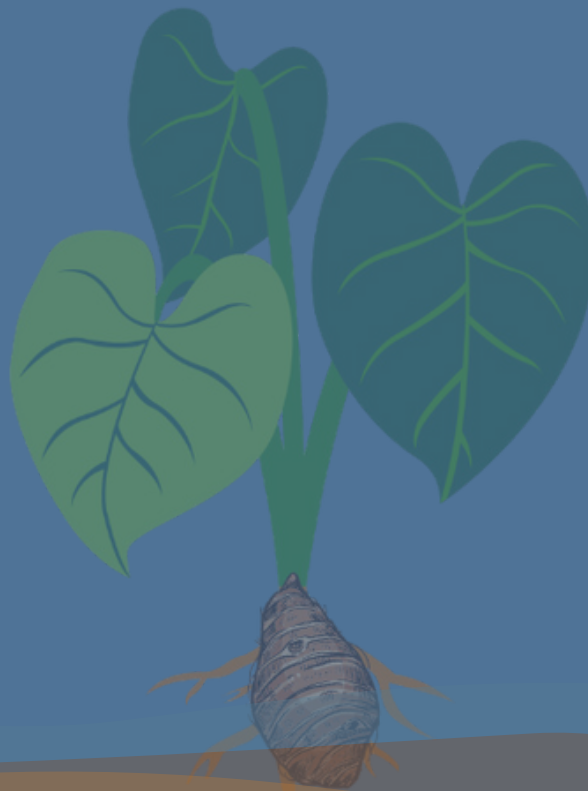


NATIVE HAWAIIAN HEALTH

~~~~~ THE QUEEN'S HEALTH SYSTEMS ~~~~~

## 4. APPENDIX

KAHUA OLA FISCAL YEAR 2024 ANNUAL REPORT  
JULY 1, 2024 to JUNE 30, 2024



# Appendix

# A

## Acronyms

| Acronym | Meaning                                      | Acronym | Meaning                                                      |
|---------|----------------------------------------------|---------|--------------------------------------------------------------|
| ACE     | Adverse Childhood Event                      | NHPI    | Native Hawaiians/Pacific Islanders                           |
| ACP     | Advanced Care Planning                       | NIH     | National Institute of Health                                 |
| APRN    | Advanced Practice Registered Nurse           | NIMHD   | National Institute on Minority Health and Health Disparities |
| BH      | Behavioral Health                            | NPK     | Nā Pua Kaiona                                                |
| BMI     | Body Mass Index                              | OB/GYN  | Obstetrics / Gynecology                                      |
| BRFSS   | Behavioral Risk Factor Surveillance System   | PCN     | Patient Community Navigator                                  |
| CARE    | Compassion, Aloha, Respect, and Excellence   | PCP     | Primary Care Provider                                        |
| CDC     | Centers for Disease Control                  | Peds    | Pediatrics                                                   |
| CDP     | Census Designated Place                      | PMSS    | Pregnancy Mortality Surveillance System                      |
| CEO     | Chief Executive Officer                      | Q1      | Quarter 1                                                    |
| CMS     | Centers for Medicare & Medicaid Services     | Q2      | Quarter 2                                                    |
| COVID   | Coronavirus Disease                          | Q3      | Quarter 3                                                    |
| CPM     | Clinical Program Models                      | Q4      | Quarter 4                                                    |
| CW      | Caregiver Wellness                           | QCIPN   | Queen's Clinically Integrated Physician Network              |
| DEIJ    | Diversity, Equity, Inclusion, Social Justice | QDEC    | Queen's Diabetes Education Center                            |
| DLS     | Diagnostic Laboratory Services               | QEC     | Queen Emma Clinics                                           |
| DNHH    | Department of Native Hawaiian Health         | QEL     | Queen Emma Land                                              |
| ED      | Emergency Department                         | QHS     | The Queen's Health Systems                                   |
| EVP     | Executive Vice President                     | QMC     | The Queen's Medical Center                                   |
| FTE     | Full-Time Equivalent                         | QMC-M   | The Queen's Medical Center – Manamana                        |
| FY      | Fiscal Year                                  | QMC-WO  | The Queen's Medical Center – West O'ahu                      |
| HAH     | Healthcare Association of Hawaii             | QNHCH   | Queen's North Hawai'i Community Hospital                     |
| HP      | Healthy Planet                               | QUMG    | Queen's University Medical Group                             |
| HR      | Human Resources                              | RCMI    | Research Centers on Minority Health                          |
| HRSN    | Health-Related Social Needs                  | RCT     | Randomized Controlled Trial                                  |
| IEP     | Individualized Educational Plan              | RCUH    | Research Corporation of the University of Hawai'i            |
| IT      | Information Technology                       | RN      | Registered Nurse                                             |
| JABSOM  | John A. Burns School of Medicine             | SDoH    | Social Determinants of Health                                |
| KaO     | Kahu a Ola                                   | SNAP    | Supplemental Nutritional Assistance Program                  |
| KCC     | Kapi'olani Community College                 | SSD     | Social Security Disability                                   |
| KKV     | Kōkua Kalihi Valley                          | SSI     | Supplemental Security Income                                 |
| LCSW    | Licensed Clinical Social Worker              | SW      | Social Worker                                                |
| LSW     | Licensed Social Worker                       | SWOT    | Strengths, Weaknesses, Opportunities, and Threats            |
| LT      | Lili'uokalani Trust                          | TANF    | Temporary Assistance for Needy Families                      |
| MA      | Medical Assistant                            | TJC     | The Joint Commission                                         |
| MD      | Medical Doctor                               | USC     | United States Code                                           |
| MGH     | Molokai General Hospital                     | WF      | Workforce                                                    |
| MPH     | Master's of Public Health                    | WGH     | Wahiawa General Hospital                                     |
| MQD     | Med-QUEST Division                           | WH      | Women's Health                                               |
| NH      | Native Hawaiians                             | WIC     | Women, Infants, and Children                                 |
| NHCOE   | Native Hawaiian Center of Excellence         | YTD     | Year-to-date                                                 |
| NHH     | Native Hawaiian Health (Department)          |         |                                                              |

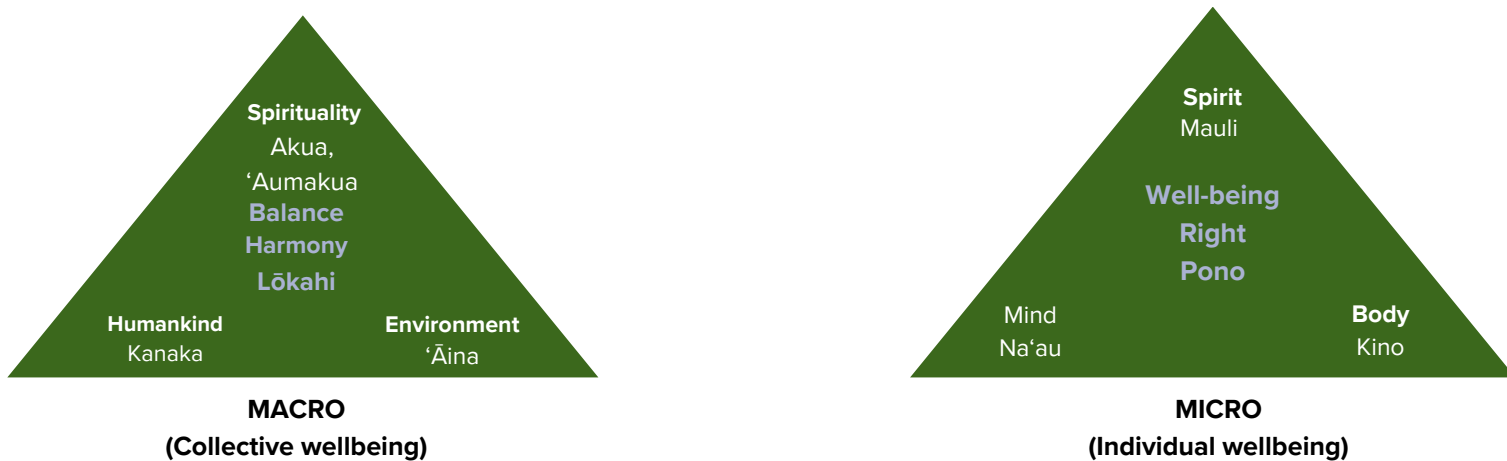
# Appendix

# B

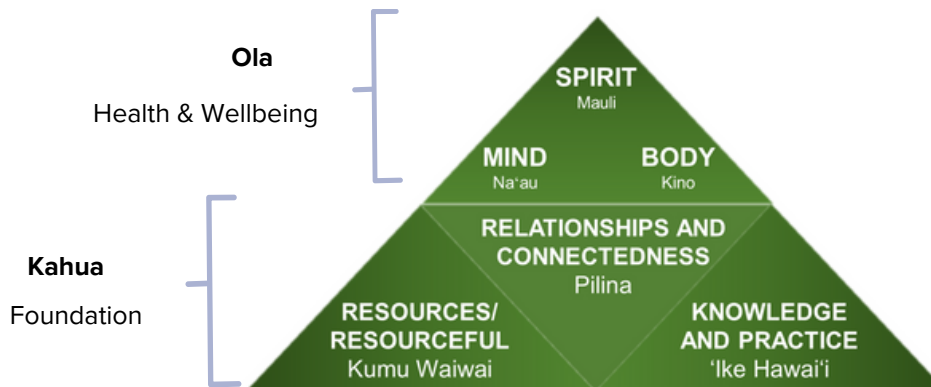
## Hawaiian Worldview Framework

### The Kahua Ola Framework Grounded in the Hawaiian Worldview

The Hawaiian worldview is the basis for the Kahua Ola framework. The macro (collective) Hawaiian worldview encompasses a respectful and interdependent relationship with the spiritual realm, humanity and the environment. Native Hawaiians believe that harmony (lōkahi) is possible when there is balance between these systems. For Hawaiians no separation exists between people, the heavens, and nature. The same aspect goes for the micro (individual) level in regards to maintaining the equilibrium of mind, body, and spirit, in order to achieve *pono*, or being in balance with oneself and the greater environment. In working with Native Hawaiians, this perspective is important and can help providers see patients, situations, and experiences through a more holistic lens.



### Kahua Ola Framework



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

Figure 1.0

Source: "'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.

# Appendix

# C

## Native Hawaiian Population Distribution

A comprehensive analysis was completed in Q1 of the recent U.S. Decennial Census data. *Table 1* (shown right) provides a recent update to the distribution of NH throughout regions in Hawai'i.

Previous population distribution data (2010) informed the strategic positioning of clinical program pilots in the onset of the Kahua Ola 1.0 launched in 2020. Later, in 2021, population data also informed key partnerships and locations of mobile clinics to deliver needed COVID-19 vaccinations to NH in their residing region.

The 2020 population distribution data (shown right) continues to guide our community engagement efforts as we convene key leaders across the pae'āina as a foundation to inform future steps.

Table 1. Native Hawaiian Communities 2020 (U.S. Census, 2020)

|                             | Native Hawaiians | Total Population | % of Total   |
|-----------------------------|------------------|------------------|--------------|
| <b>C&amp;C Honolulu</b>     | <b>200,455</b>   | <b>1,016,508</b> | <b>19.7%</b> |
| Wai'anae                    | 28,155           | 47,458           | 59.3%        |
| Windward O'ahu              | 41,065           | 135,900          | 30.2%        |
| West O'ahu (excl. Wai'anae) | 29,458           | 125,934          | 23.4%        |
| North Shore                 | 3,133            | 15,974           | 19.6%        |
| Central O'ahu               | 28,284           | 176,109          | 16.1%        |
| Urban Honolulu              | 66,509           | 494,003          | 13.5%        |
| <b>Hawai'i County</b>       | <b>59,320</b>    | <b>200,629</b>   | <b>29.6%</b> |
| East Hawai'i                | 34,591           | 101,650          | 34%          |
| North Hawai'i               | 8,242            | 27,069           | 30.4%        |
| West Hawai'i                | 12,576           | 54,897           | 22.9%        |
| <b>Maui County</b>          | <b>39,592</b>    | <b>164,754</b>   | <b>24%</b>   |
| Maui                        | 32,852           | 149,231          | 22%          |
| Lāna'i                      | 705              | 3,339            | 21%          |
| Moloka'i                    | 4,277            | 6,439            | 66.4%        |
| <b>Kaua'i County</b>        | <b>18,096</b>    | <b>73,298</b>    | <b>24.7%</b> |
| <b>Total</b>                | <b>317,463</b>   | <b>1,455,189</b> | <b>21.8%</b> |

**I ka wā ma mua ka wā ma hope.**  
*The future is found in the past.*

- Hawai'i County has the highest percentage (29.6%) of Native Hawaiians
- Communities with the largest proportion of Native Hawaiians:
  - Moloka'i (66.4%)
  - Wai'anae (59.3%)
- Communities with the largest number of Native Hawaiians:
  - Urban Honolulu (66,509)
  - West O'ahu, including Wai'anae (57,613)
  - Windward O'ahu (41,065)



Actionable Data  
**WOVEN INTO  
 THE FABRIC**



# Appendix

# D

## FY24 Ka 'Ike Pono Definitions & Detailed Data Reports

### NATIVE HAWAIIAN HEALTH NATIVE HAWAIIAN HEALTH AND DEI/J



#### WHY THIS MEASURE IS IMPORTANT

Our Aspirational Goals are: 1) to increase the life expectancy of Native Hawaiians by closing the gap between NH and the statewide average, and 2) to become lifetime partners in health.

Queen's aims to partner with NH communities to achieve ola (balance of physical, mental, and spiritual well-being).

The key drivers of life expectancy for indigenous populations include: racial discrimination, access to health care, social & economic disparities, negative health risk behaviors, and adverse childhood events.

Grounded in the Kahua Ola framework, the plan is focused on increasing access to culturally-safe care, strengthening relationships and engagement, and improving health outcomes through a population health approach.

Fundamental to population health management is a mature data infrastructure, including work flow maps, data collection tools, applications for care management, and applications for compilation & reporting.

#### NATIVE HAWAIIAN HEALTH DISPARITIES ROADMAP

**Scope:** Complete the following key milestones:

- Collect actionable data for Native Hawaiians in Hawai'i to identify top critical health disparities
- Collect **social determinants of health (SDoH)** and **health-related social needs (HRSN)** data on Native Hawaiians served in the ED to understand needs
- Healthy planet online at 3 pilot sites to collect HRSN, SDoH, demographics and relevant health outcomes (QEC, QNHCH, QMC-WO)
- Data registry online IT app phase online (QEC, QNHCH, QMC-WO)
- Utilize actionable data to inform development of Kahua Ola operational roadmap to support systemwide transformation

**Measurement Period: by June 30, 2024**

#### HEALTH DISPARITIES SCREENING

**Scope:** Screening of Native Hawaiian patients in Queen's emergency departments (QMC-M, QMC-WO, QNHCH, MGH) for HRSN and SDoH.

- Excludes patients who left before triage and patients who are unable to respond (e.g., Trauma, Stroke)

**Measurement Period: FY23 (Jul 2022 – June 2023) vs. FY24 (Jul 2023 – June 2024)**

Data Source: Queen's Enterprise Data Warehouse

| FY2023                        | FY2024                                                                                                                           |                                                                                                              |                                                                                                               |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| ACTUAL                        | THRESHOLD                                                                                                                        | TARGET                                                                                                       | SUPERIOR                                                                                                      |
| 24,379 NH encounters screened | Develop a roadmap to strategically address Native Hawaiian health disparities across QHS<br>AND<br>24,379 NH encounters screened | 8% increase in the # of Native Hawaiian patients screened for SDOH & HRSN<br>(26,329 NH encounters screened) | 16% increase in the # of Native Hawaiian patients screened for SDOH & HRSN<br>(28,279 NH encounters screened) |

# Strengthening Our Kahua & Transforming Our Network

## FY24 Ka 'Ike Pono Native Hawaiian Health Results

### Preliminary Learnings from Social Determinants of Health Screening across QHS EDs

There is a statistical significance in the percentage of NH patients reporting positive SDoH in Queens' ED (higher) compared to non-Hawaiians (lower) across all domains. In the overall State of Hawai'i 17% reported food insecurity, compared to 2.7% in Queen's ED. More inquiry is needed to understand this gap, particularly in understanding reporting accuracy during acute crisis.

#### QHS SDoH Screening Prevalence %: Native Hawaiians vs Others

(all statistically significant different.  $p < 0.004$  except for "no steady place to live")

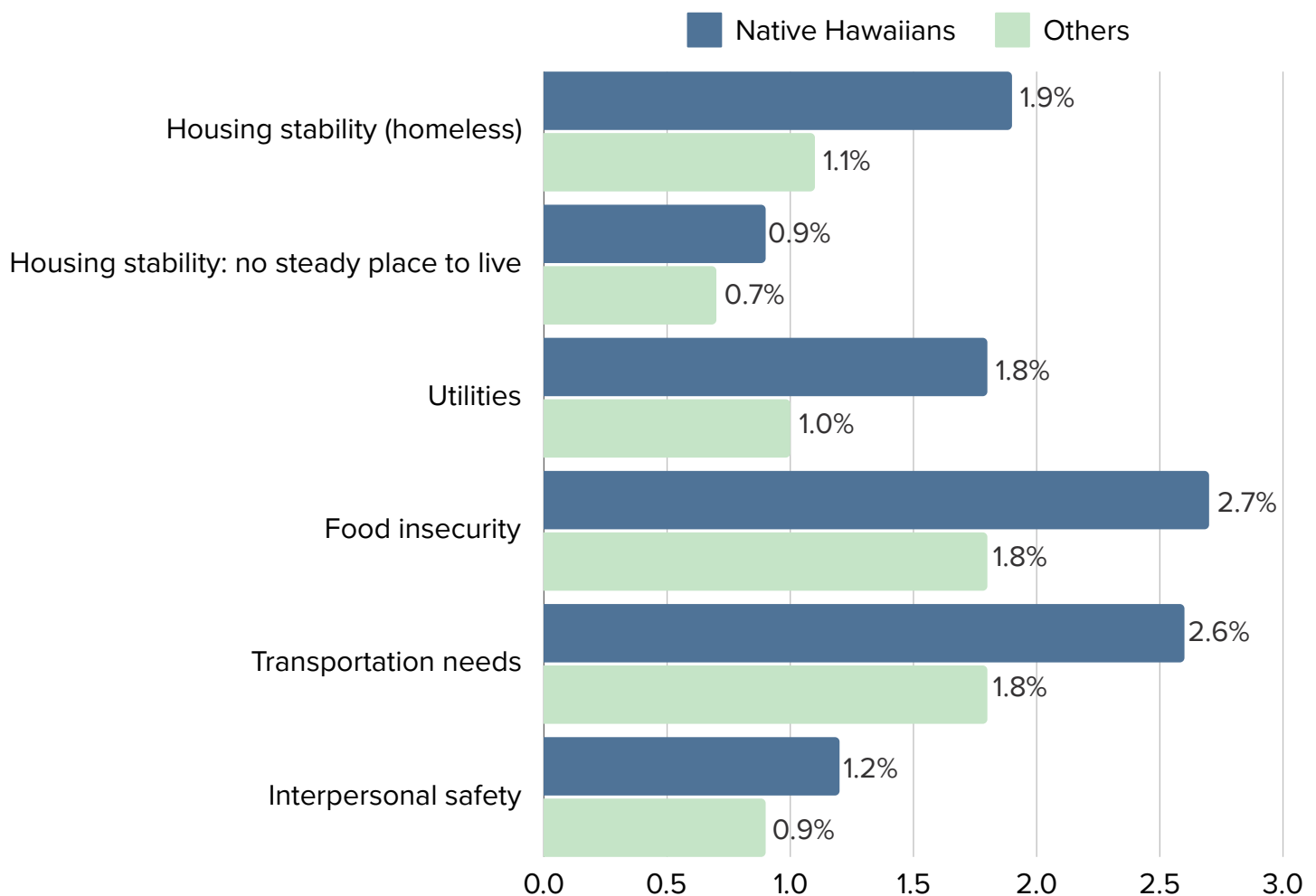


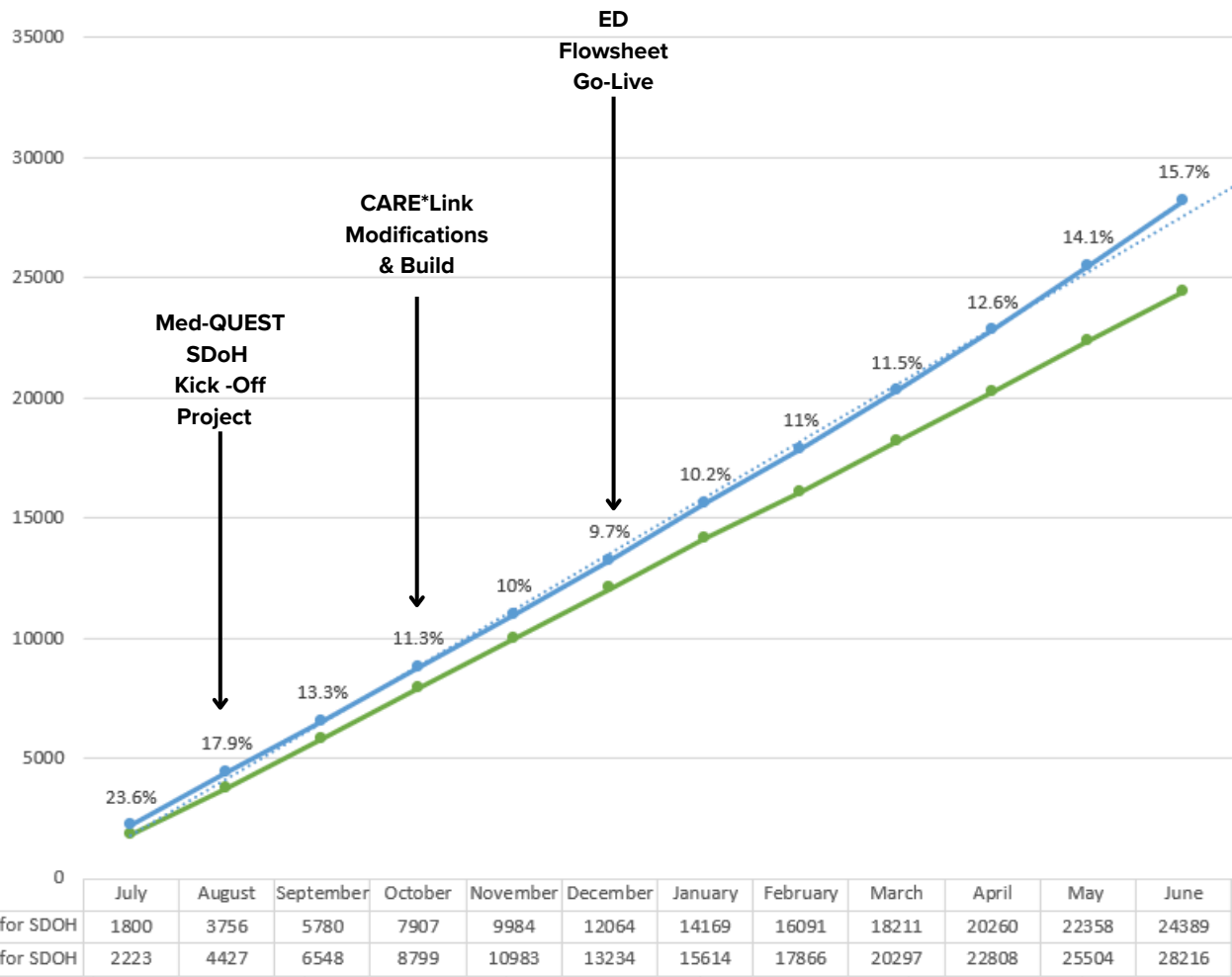
Figure 1.10

# Strengthening Our Kahua & Transforming Our Network

FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

## Native Hawaiian Health Disparities

*NH SDOH Encounters Screened in the ED FY24 Compared to FY23*

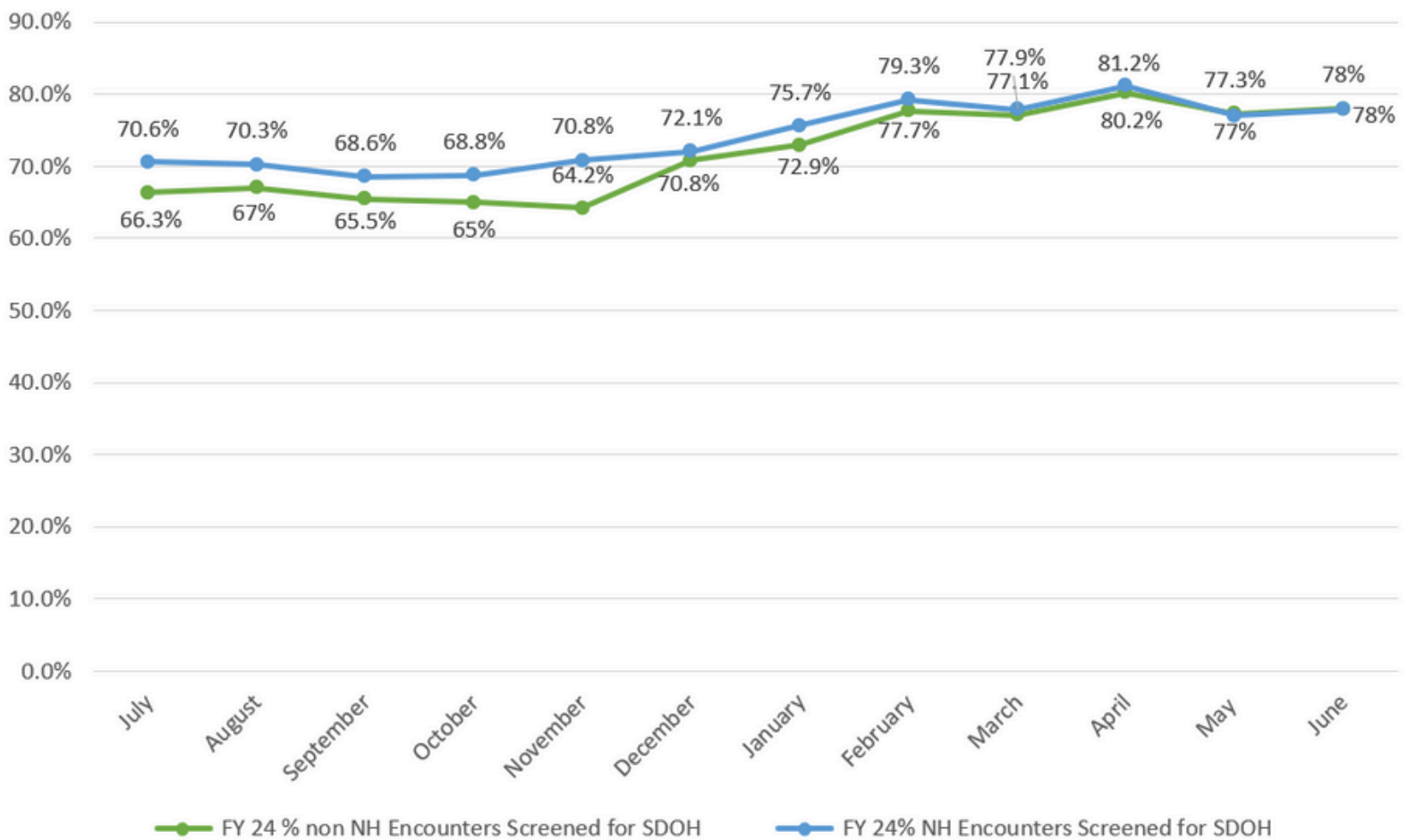


# Strengthening Our Kahua & Transforming Our Network

## FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

In an effort to create an actionable pathway from the Ka 'Ike Pono (NHH) goal, in Q2, NHH worked with IT to expand the Ka 'Ike Pono report to explore SDoH and HRSN responses collected from patients screened in the ED. Preliminary results of this inquiry are described below. More detailed information on each entity can be found in pages 48 to 52 along with NH vs. Non-NH SDoH screening results. We anticipate more learnings in future quarters.

**FY 24 QHS Native Hawaiian Encounters Screened for SDoH versus non-Hawaiians**



Between July and November of FY 24, non-Hawaiian patients received fewer screenings for SDoH than Native Hawaiian patients (Figure 1.10). However, December saw a significant improvement in QHS' efforts to bridge this gap through the implementation of the flowsheet go-live initiative, which aimed at enhancing screenings for all races and ethnicities visiting the emergency department. As of Q4, the gap has closed and non-Hawaiians are now screened at similar rates of Native Hawaiians.

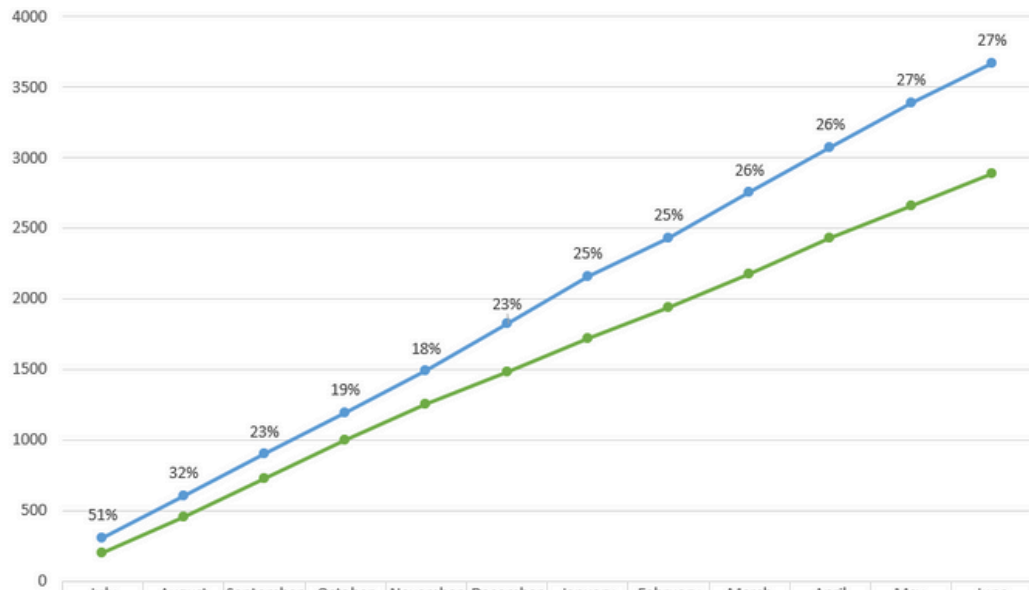
# Strengthening Our Kahua & Transforming Our Network

FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

## FY24 Ka 'Ike Pono by Entity

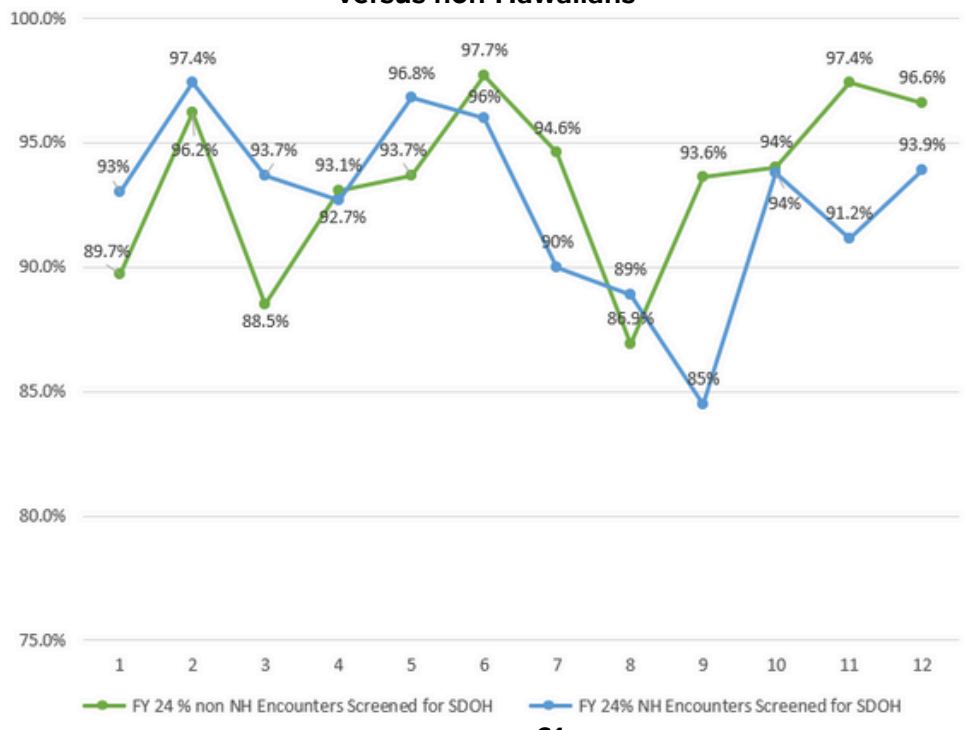
### Molokai General Hospital

NH SDoH Encounters Screened in the ED  
FY24 Compared to FY23



|                                          | July | August | September | October | November | December | January | February | March | April | May  | June |
|------------------------------------------|------|--------|-----------|---------|----------|----------|---------|----------|-------|-------|------|------|
| FY 23 Cumulative Total Screened for SDOH | 202  | 455    | 730       | 1002    | 1258     | 1482     | 1722    | 1938     | 2178  | 2430  | 2662 | 2891 |
| FY 24 Cumulative Total Screened for SDOH | 305  | 602    | 899       | 1190    | 1488     | 1824     | 2157    | 2429     | 2751  | 3069  | 3389 | 3666 |

### FY 24 QNHCH Native Hawaiian Encounters Screened for SDOH versus non-Hawaiians

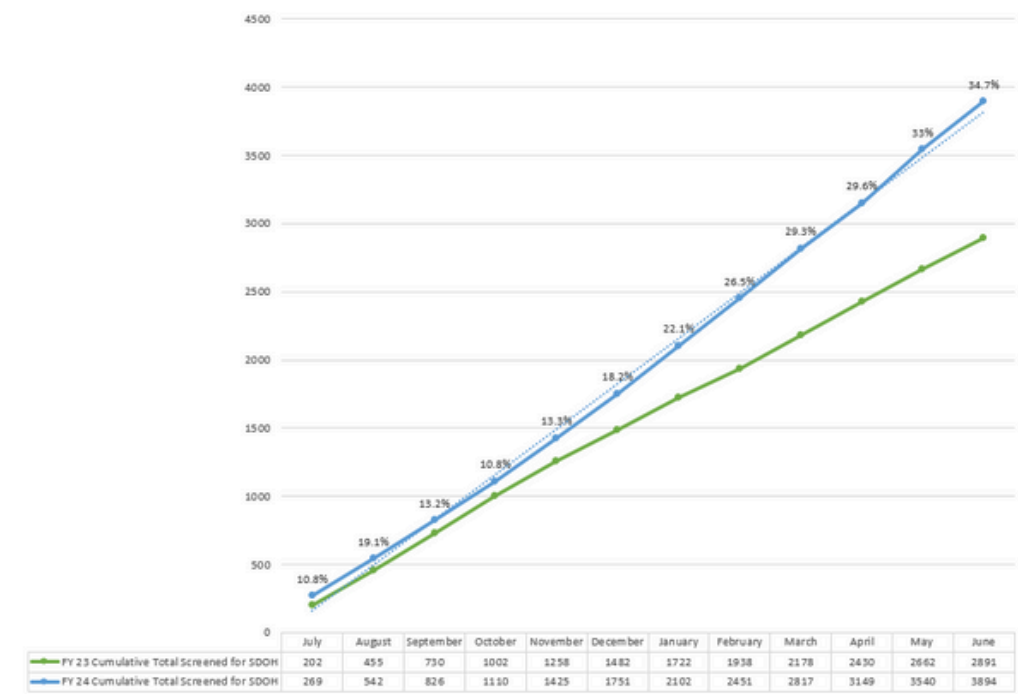


# Strengthening Our Kahua & Transforming Our Network

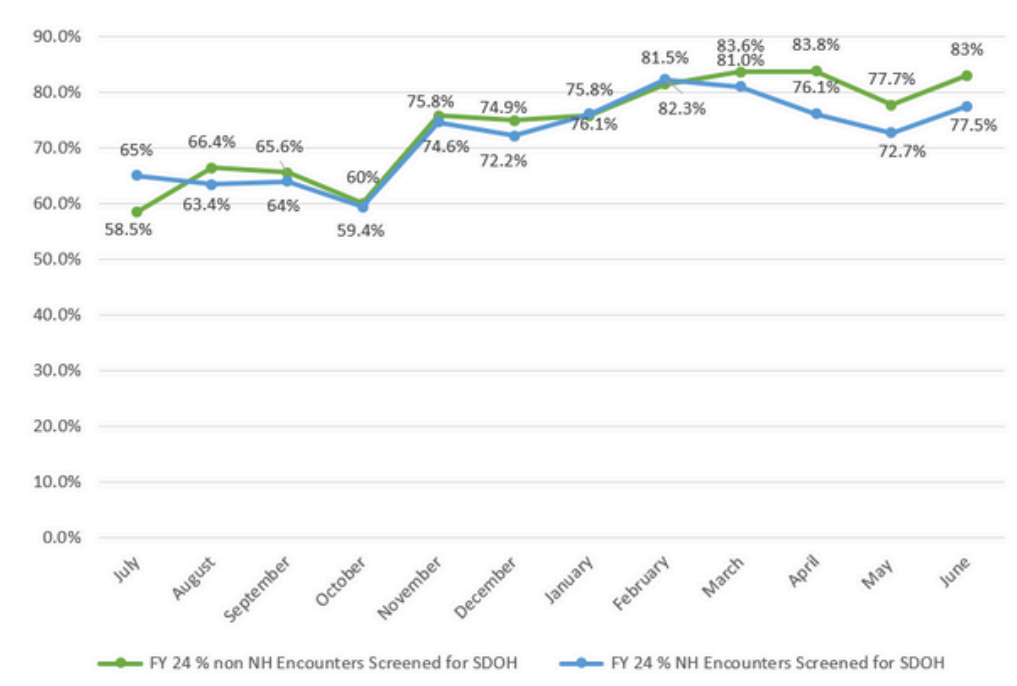
FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

## Queen's North Hawai'i Community Hospital

**NH SDoH Encounters Screened in the ED  
FY24 Compared to FY23**



**FY 24 QNHCH Native Hawaiian Encounters Screened for SDoH  
versus non-Hawaiians**

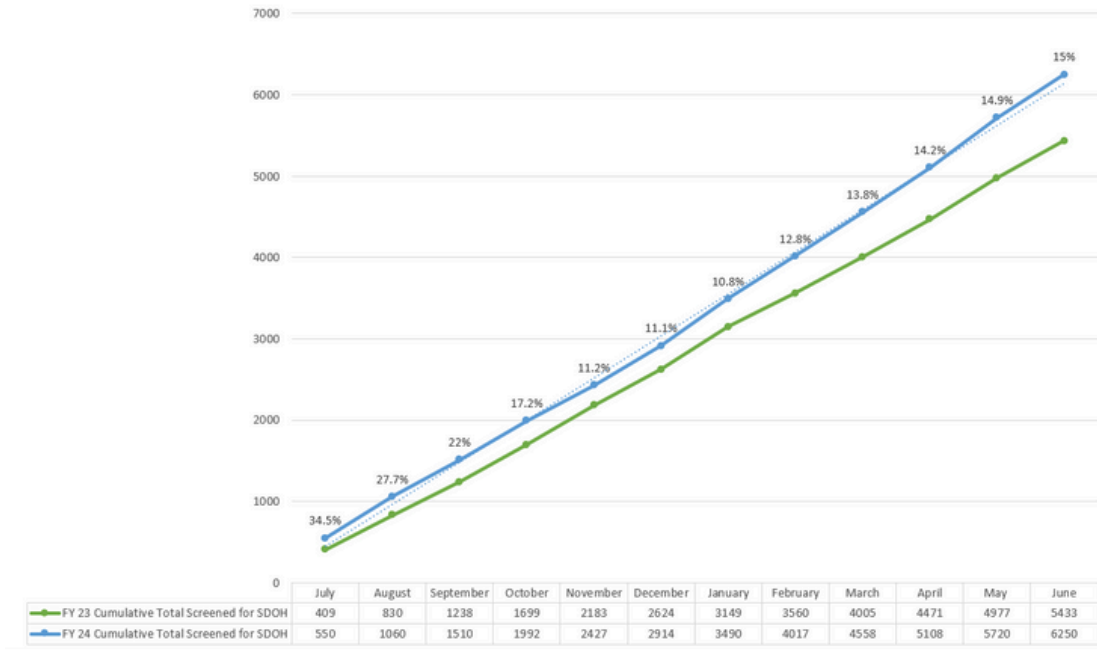


# Strengthening Our Kahua & Transforming Our Network

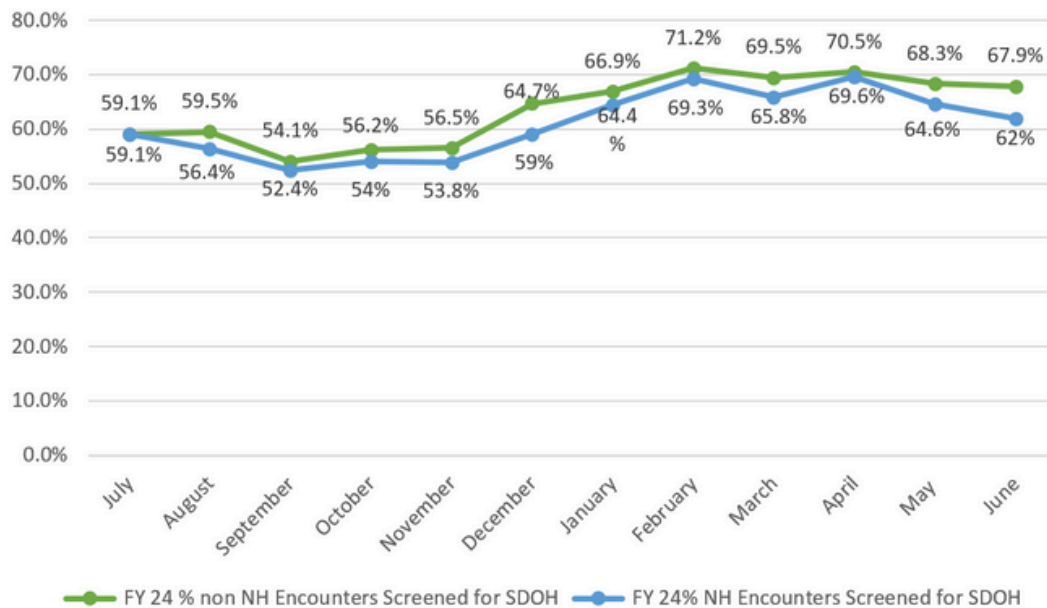
FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

## The Queen's Medical Center - Manamana

**NH SDoH Encounters Screened in the ED  
FY24 Compared to FY23**



**FY 24 QMC-Manamana Native Hawaiian Encounters Screened for SDoH versus non-Hawaiians**

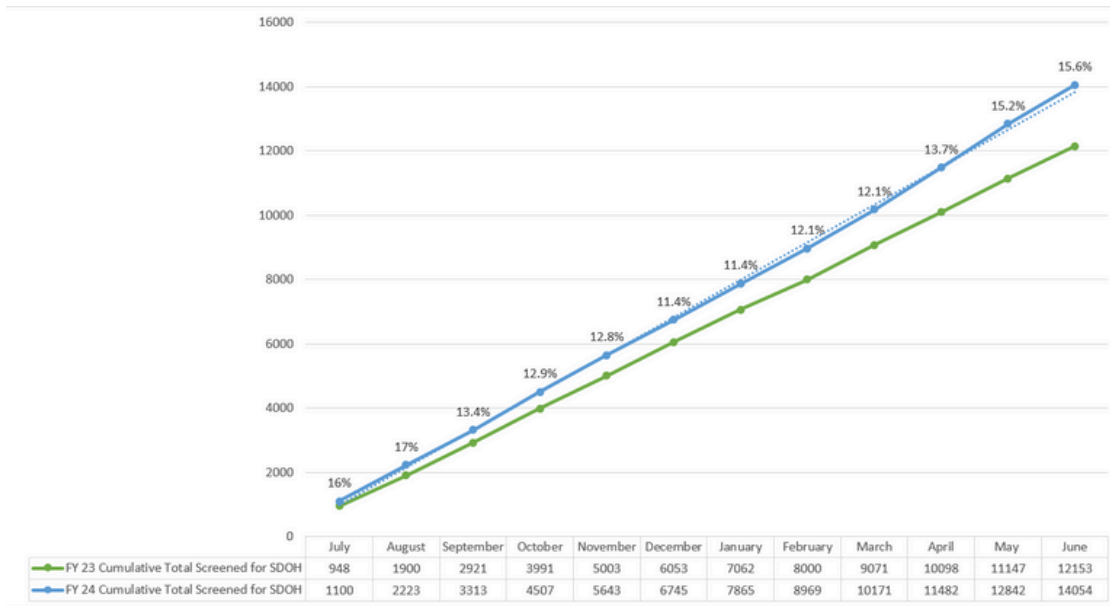


# Strengthening Our Kahua & Transforming Our Network

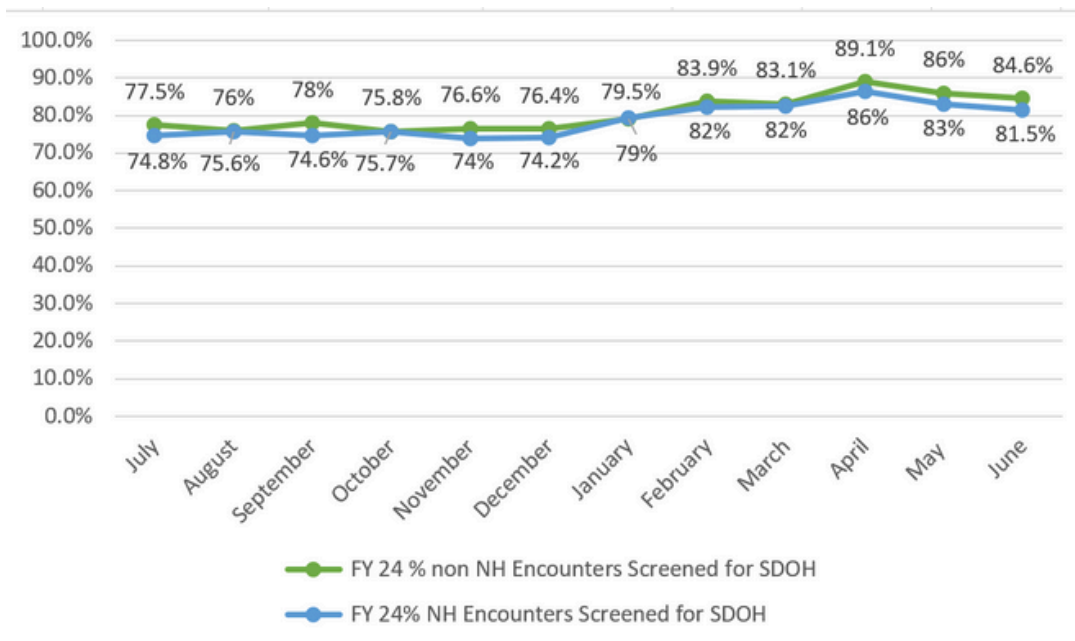
FY24 Ka 'Ike Pono Native Hawaiian Health Results continued...

## The Queen's Medical Center - West O'ahu

NH SDoH Encounters Screened in the ED  
FY24 Compared to FY23



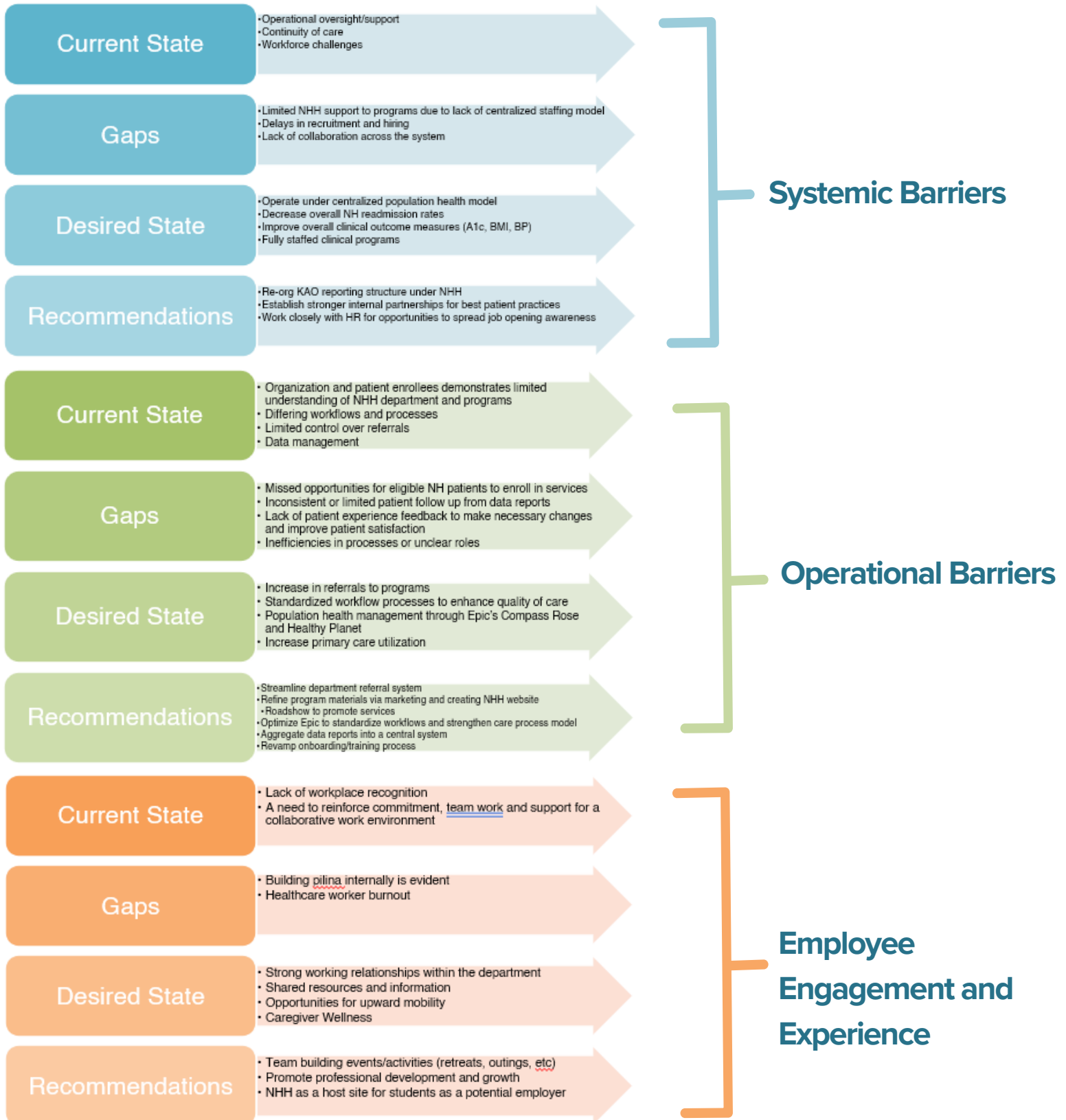
FY 24 QMC-WO Native Hawaiian Encounters Screened for SDOH  
versus non-Hawaiians



# Appendix

# E

## Native Hawaiian Clinical Performance Improvement Needs Assessment

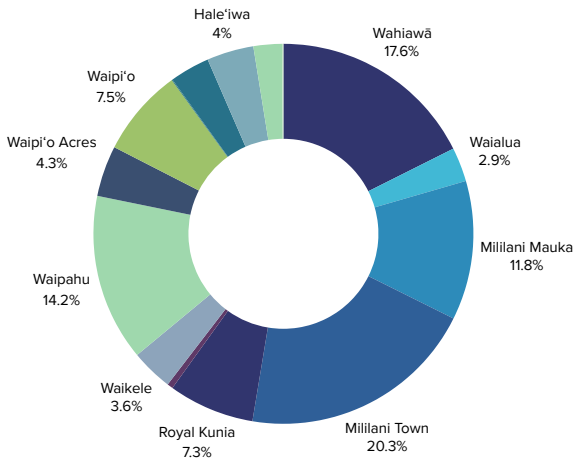


# Appendix

# F

## Central O'ahu Population Analysis for WGH Acquisition

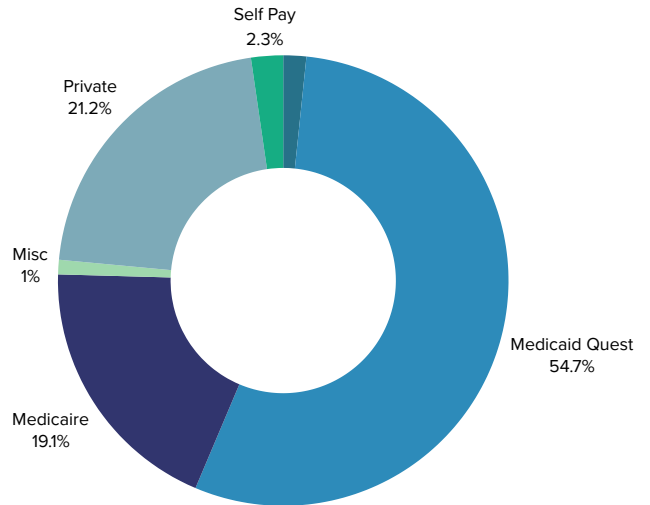
**Native Hawaiians by CDP**  
N= 31,053



In Central O'ahu, defined by Census Designated Place or CDP (Appendix E), Native Hawaiians make up 16.1% of the population compared to 21.8% of the total state population.

20.3% of Native Hawaiians reside in Mililani Town; 17.6% in Wahiawā; 11.8% in Mililani Mauka.

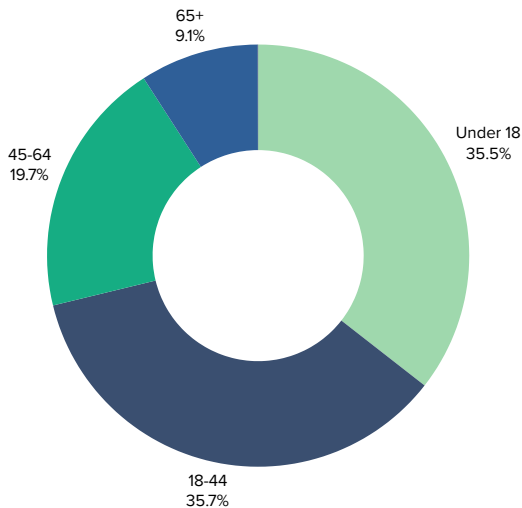
**Native Hawaiian Patients  
Wahiawā General Hospital  
Payer Type 2017-2023**  
N= 21,948



About half of the NH patients discharged between 2017-2023 from Wahiawā General Hospital's ED were living at or below poverty.

**Central O'ahu Age**

\*Limitation: not all age demographics available for all CDPs\*  
N= 29,187



The two largest age groups are 18-44 and Under 18 in Central O'ahu. This indicates a larger porportion of younger family households.

# Appendix

# G

## Hawai'i Communities

### East Hawai'i

- 'Āinaloa
- Discovery Harbour
- Wai'ōhinu
- Nā'ālehu
- Pāhala
- Leilani Estates
- Pāhoa
- Nānāwale Estates
- Hawaiian Beaches
- Hawaiian Paradise Park
- Orchidlands Estates
- Hawaiian Acres
- Kurtistown
- Kea'au
- Fern Acres
- Eden Roc
- Mountainview
- Volcano
- Hilo
- Wainaku
- Pauka'a
- Pāpa'ikou
- Pēpe'ekeo
- Honomū

### West Hawai'i

- Kalaoa
- Kailua
- Holualoa
- Kahalu'u-Keauhou
- Honalo
- Kealakekua
- Captain Cook
- Hōnaunau-Nāpo'opo'o
- Hawaiian Ocean View

### North Hawai'i

- Hāwī
- Kapa'au
- Hala'ula
- Kukuihaele
- Honoka'a
- Pa'auilo
- Waimea
- Puakō
- Waikoloa Village

### West O'ahu

- Nānākuli
- Mā'ili
- Wai'anae
- Mākaha
- Mākaha Valley

### North Shore

- Kawela Bay
- Pūpūkea
- Hale'iwa
- Waialua

### Central

- Mililani Town
- Waipi'o Acres
- Mililani Mauka
- Wheeler AFB
- Schofield Barracks
- Wahiawā
- Whitmore Village
- Royal Kunia
- Waikele
- Waipahu

### Windward

- Waikāne
- Kahalu'u
- 'Āhuimanu
- He'eia
- Kāne'ohe
- Kāne'ohe Station
- Kailua
- Maunawili
- Waimānalo
- Waimānalo Beach
- Ka'a'awa
- Punalu'u
- Hau'ula
- Lā'ie
- Kahuku

### 'Ewa

- Ocean Pointe
- Kapolei
- West Loch Estate
- 'Ewa Gentry
- 'Ewa Villages
- Iroquois Point
- 'Ewa Beach
- Makakilo
- Kalaeloa
- Ko'olina

### Urban/East

- Urban Honolulu
- Hālawa
- 'Aiea
- Waimalu
- Pearl City
- Hickam Housing

### Moloka'i

- Maunaloa
- Kualapu'u
- Kaunakakai
- 'Ualapu'e

### Lāna'i

- Mānele
- Lāna'i City

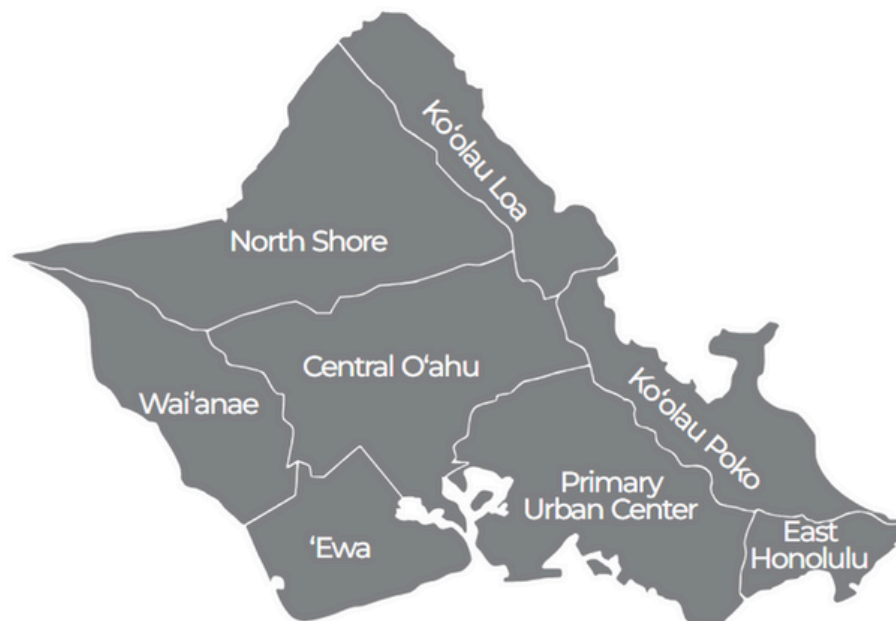
# Appendix

# H

## O'ahu Communities

### Development and Sustainable Communities Plans

O'ahu is comprised of eight planning regions. These regional plans guide City land use policies, approvals, infrastructure improvements, and private sector investment decisions.



<https://www.honolulu.gov/dpp/planning.html>

MOHALA I KA WAI KA MAKI O KA PUA  
HERITAGE DAY 2023

1853

# Appendix



Goal 2: Pilina (Strategic External Partners)

## 29 Strategic External Partners

**‘Aha Hīpu‘u**  
**Council for Native Hawaiian Advancement**  
**Hawai‘i Island Community Health Center**  
**Hawaiian Mission Houses**  
**HKS Architects & Designers**  
**‘Iolani Palace**  
**Kamehameha Schools**  
**Ke Kula Nui o Waimānalo**  
**King Lunalilo Trust**  
**Kōkua Kalihi Valley**  
**Kū-A-Kanaka**  
**Lili‘uokalani Trust**  
**Mālama Mauna ‘Ala**  
**Maui Chamber of Commerce**  
**Mauliola Ke‘ehi**  
**Medical-Legal Partnership for Children in Hawai‘i**  
**Native Hawaiian Chamber of Commerce**  
**Native Hawaiian Research Hui**  
**Office of Hawaiian Affairs**  
**Oral Health Coalition**  
**Pacific Health Ministries**  
**Paniolo Preservations Society**  
**Papa Ola Lōkahi**  
**Project Vision**  
**The Kohala Center**  
**Tufts University**  
**University of Hawai‘i Foundation**  
**University of Hawai‘i John A. Burns School of Medicine Department of Native  
Hawaiian Health**  
**Waikīkī Community Center**

# Appendix

# J

Goal 2: Pilina (YTD)

Community Benefit Program, (Sponsorships & Grants)

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# Appendix

# K

Goal 3: 'Ike Hawai'i  
(Training and Education)

## 182 Completed Training and Education Activities

| #  | 'Ike Hawai'i: Training and Education       | FY 24 Completed |
|----|--------------------------------------------|-----------------|
| 1  | Ceremonial & Cultural Practices            | 18              |
| 2  | Community Engagement                       | 8               |
| 3  | Cultural Education/Integration/Orientation | 54              |
| 4  | He Momi                                    | 38              |
| 5  | Heritage Events                            | 14              |
| 6  | Mo'ō'ōlelo o nā Ali'i                      | 7               |
| 7  | Process Improvement - NHH DEIJ Onboarding  | 1               |
| 8  | QMC-WO Specific                            | 22              |
| 9  | QNHCH Specific                             | 18              |
| 10 | Workforce Development                      | 2               |



# Appendix

# L

## Native Hawaiian Research Hui:

### 'Imi Pono Hawai'i Wellbeing Survey Results



#### **What is 'Imi Pono?**

Rooted in the vibrant cultural tapestry of Hawai'i, the 'Imi Pono Well-being Survey seeks to redefine health metrics by embracing a Native Hawaiian perspective. This annual survey aims to integrate traditional Hawaiian concepts with contemporary health assessments to provide a richer, more comprehensive understanding of well-being among Hawai'i residents.

'Imi Pono is currently in its fourth year operations and is a collective project between Kamehameha Schools, Lili'uokalani Trust, Papa Ola Lōkahi, The Office of Hawaiian Affairs, and The Queen's Health System. This year's survey builds upon the foundational insights previously gathered, introducing new questions that probe deeper into the community's health beliefs and practices. By exploring definitions of health that encompass spiritual, physical, and communal well-being, the survey strives to uncover the diverse ways in which Hawai'i's residents, especially Native Hawaiians, experience and sustain health.

#### **The 2024 survey specifically focuses on:**

- Individuals' top definitions of what it means to be healthy, which include not only absence of illness but also the presence of robust spiritual and community connections.
- Preferences for learning about health, highlighting the roles of healthcare providers, family, and traditional practitioners.
- Challenges faced in accessing healthcare, addressing both systemic barriers and personal obstacles.
- Desired qualities in healthcare providers, emphasizing cultural sensitivity and patient-provider pilina and laulima.

In an environment where health disparities persist, especially among Native Hawaiians compared to other ethnic groups, this year's survey questions are particularly tailored to identify gaps in communication and access to care. By understanding what health means to Hawai'i's diverse populations and identifying how best they receive health information, the survey supports targeted interventions that are culturally appropriate and respond to the community's needs.

**Results from the 2024 'Imi Pono Survey are summarized on pages 73-81.**

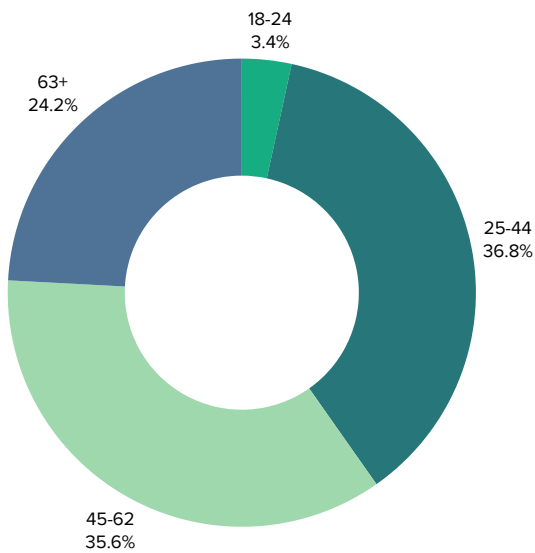
# 'Imi Pono

## Hawai'i Wellbeing Survey

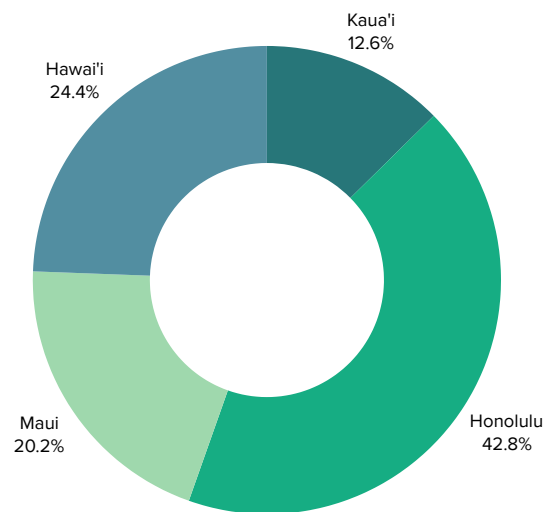
### Demographics

A total of **1,784** individuals participated in the 2024 'Imi Pono Survey. 62.4% of participants identified as Native Hawaiian. All quotas were met for Native Hawaiian versus non Native Hawaiian and county of residence. The quota for ages 18-24 were not met, but were achieved for all other age ranges,

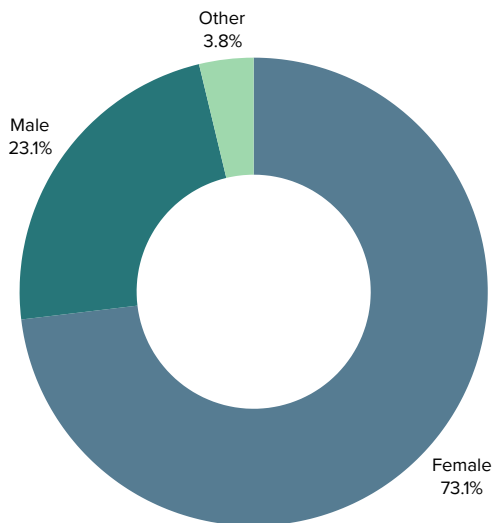
**Age**



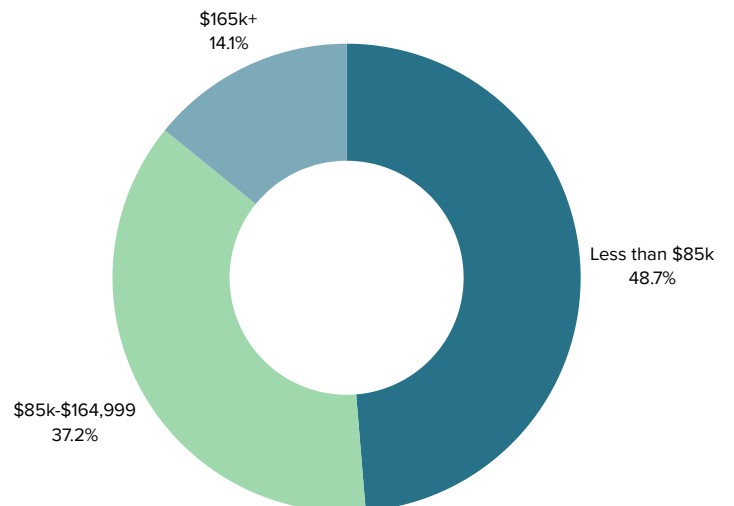
**County of Residence**



**Gender**



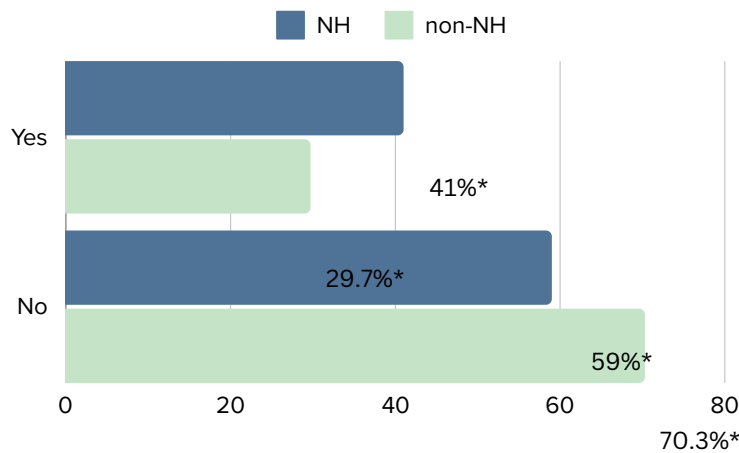
**Household Income**





Understanding long-lasting health challenges such as diabetes, anxiety, and substance use disorders among Native Hawaiians is crucial for addressing the health disparities they face. These conditions are often linked to historical trauma, socio-economic hardships, and the erosion of cultural identity resulting from forced assimilation, and ongoing marginalization. By examining these issues, we aim to uncover the interplay between these factors and the health outcomes of Native Hawaiians. This understanding will inform the development of culturally appropriate interventions and advocate for equitable access to healthcare, ultimately promoting health equity and social justice within the community.

**Do you have any long-lasting health challenges like diabetes, anxiety, or substance use disorders that make life difficult?**

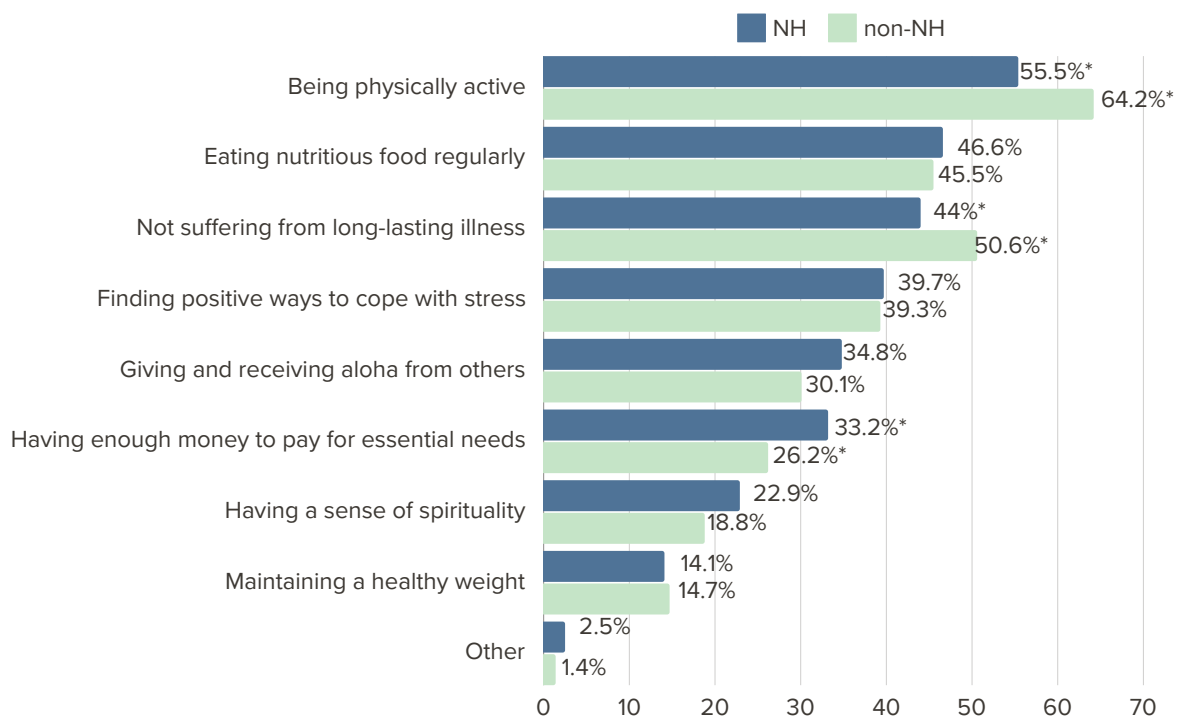


41% of Native Hawaiian respondents have a chronic illness compared to 29.7% of non-Native Hawaiians, to which there is a statistically significant difference. This is foundational data as understanding how those who have a chronic disease perceive their health, etc., will help to tailor targeted initiatives for disease control purposes and interventions. Likewise, understanding the perceptions of those who do not have a chronic disease will aid in designing preventative programs.



Empowering Native Hawaiians to define what health means for them is crucial from a healthcare perspective as it ensures that care is culturally resonant and effectively meets the unique needs of the community. By integrating Native Hawaiian values into care models, we foster trust, improve patient engagement, and enhance health outcomes.

### What does being healthy mean to you?

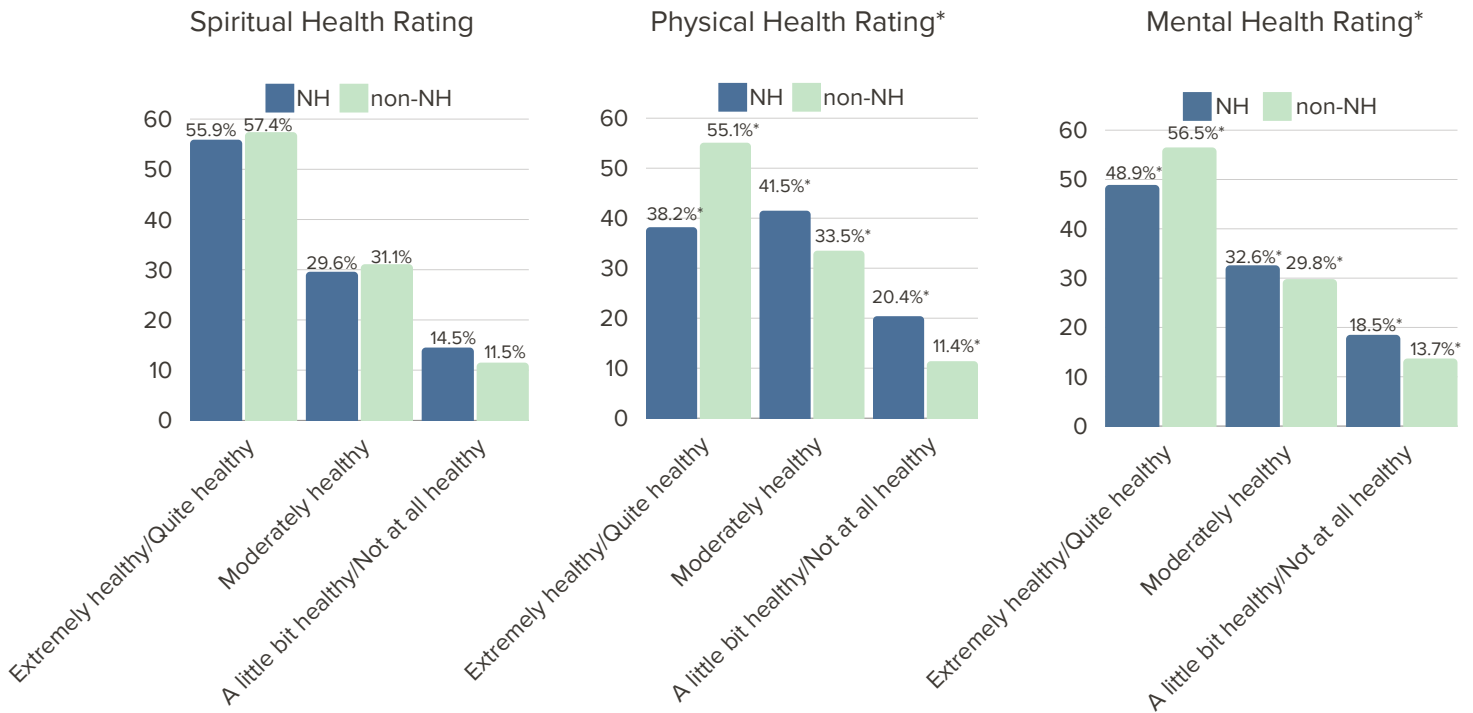


For Native Hawaiians, the top three components of a healthy life are being physically active (55.5%), eating nutritious food regularly (46.6%), and not suffering from long-lasting illness (44%). These priorities highlight the community's emphasis on maintaining physical well-being and preventing chronic health issues. Most notably, 33.2% of Native Hawaiians believe that having enough money to pay for essential needs is a crucial health factor, compared to 26.2% of non-Hawaiians. This statistic underscores the significant role that financial stability plays in the overall health and well-being of Native Hawaiians, reflecting the broader socio-economic challenges they may face.



**Over the last 12 months, how would you describe your physical/mental/spiritual health:**

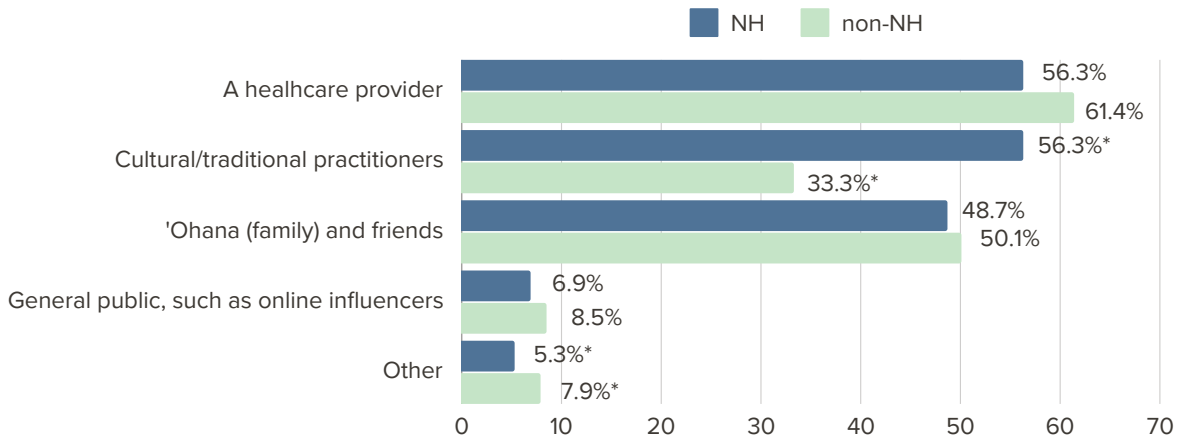
In the past 12 months, Native Hawaiians have reported significantly lower levels of physical and mental health compared to their non-Native Hawaiian counterparts. Specifically, 20.4% of Native Hawaiian participants indicated that they felt only a little bit healthy or not at all healthy in terms of their physical well-being. Similarly, 18.5% of Native Hawaiians reported feeling less healthy or not healthy at all when it came to their mental health. These figures highlight a concerning disparity in health outcomes, underscoring the need for targeted interventions and support to address the unique challenges faced by the Native Hawaiian community.



# 'Imi Pono

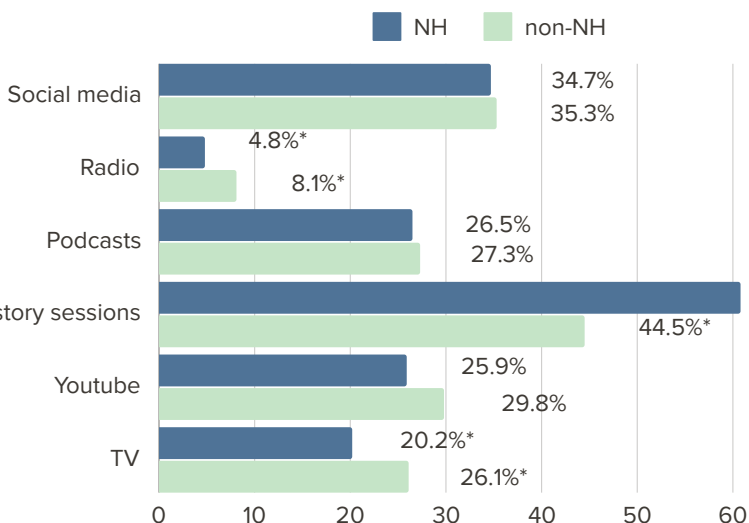
## Hawai'i Wellbeing Survey

### When it comes to leading a healthy lifestyle, who do you prefer to learn from?



When it comes to adopting healthy lifestyle practices, Native Hawaiians demonstrate a distinct preference that sets them apart from their non-Native Hawaiian counterparts. A statistically significant portion of the Native Hawaiian community expresses a strong inclination towards learning from cultural practitioners. This preference highlights the deep-rooted connection between Native Hawaiian health perspectives and traditional cultural wisdom. Cultural practitioners, often respected elders or experts in traditional Hawaiian practices, are seen as valuable sources of knowledge for maintaining physical, mental, and spiritual well-being. This trend underscores the importance of culturally relevant approaches to health education and intervention within the Native Hawaiian community, suggesting that integrating traditional knowledge with modern health practices could be a more effective strategy for improving overall health outcomes among Native Hawaiians.

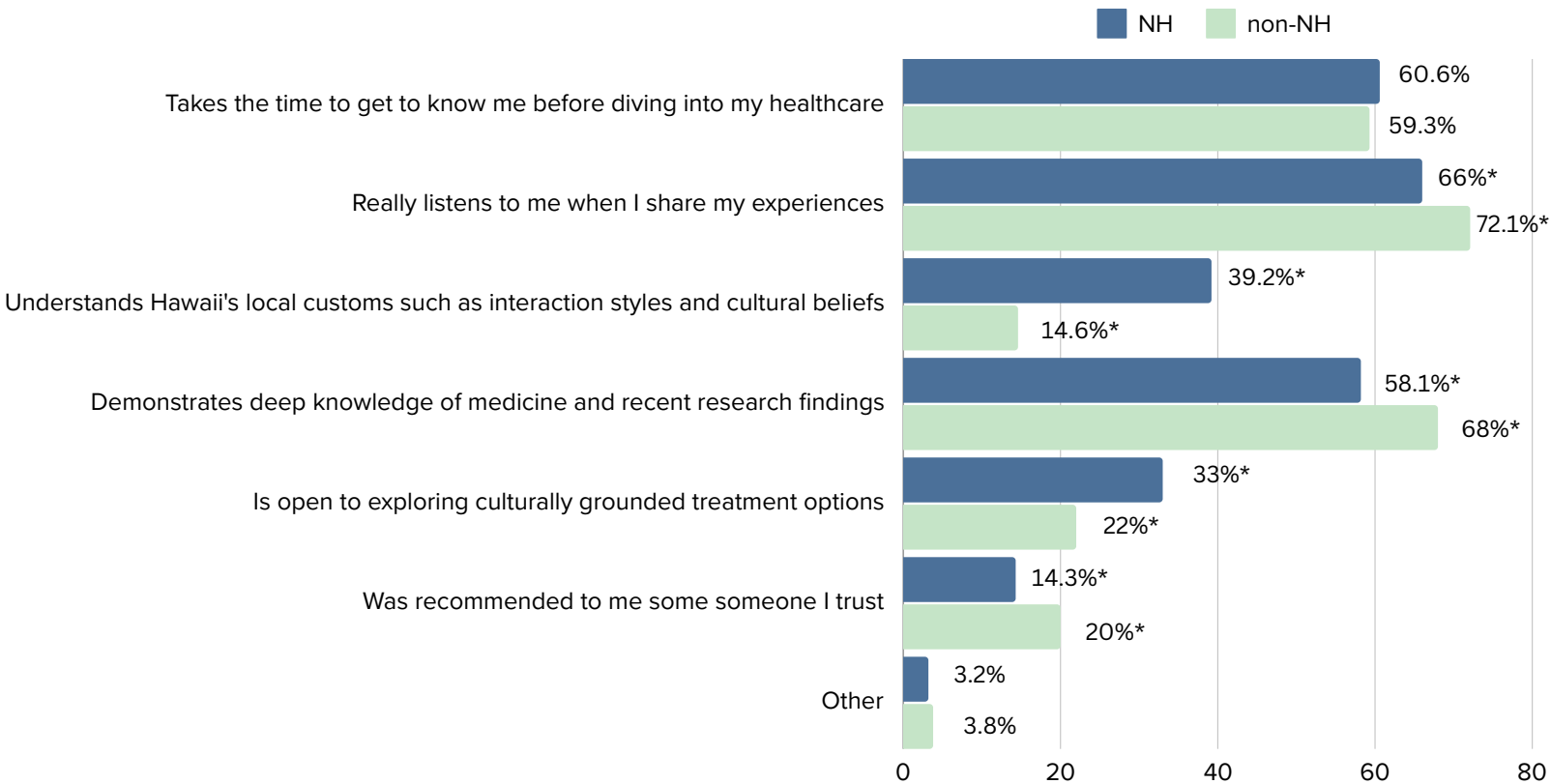
### How do you prefer to learn about living a healthy lifestyle?



Regarding learning about healthy lifestyle practices, Native Hawaiians show a marked preference for more personal and traditional methods of information sharing. A significant 60.8% of Native Hawaiian respondents expressed a strong inclination towards "talk story" sessions as their preferred method of learning about health and wellness. This preference for informal, conversational gatherings aligns closely with the cultural values of community and oral tradition in Native Hawaiian society. In contrast, Native Hawaiians demonstrated less interest in obtaining health information through mainstream media outlets such as radio and television compared to their non-Native Hawaiian counterparts. This disparity in preferences highlights the importance of culturally tailored health education approaches, suggesting that health initiatives targeting the Native Hawaiian community might be more effective when delivered through intimate, community-based settings rather than through broad-reaching media campaigns.



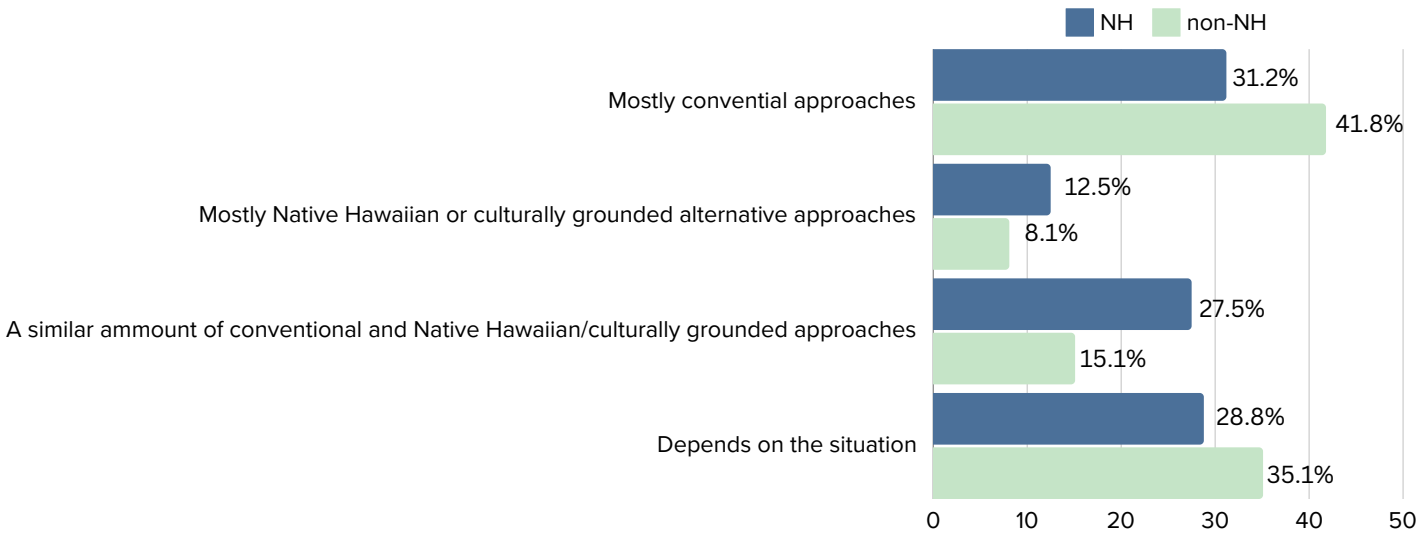
**What are the most important qualities you'd like your doctor (or any certified or qualified medical professional who is treating you) to have?**



The preferences for healthcare provider qualities reveal a stark contrast between Native Hawaiians and non-Native Hawaiian respondents, highlighting the importance of cultural competence in healthcare delivery. For Native Hawaiians, the most valued qualities in a medical professional are deeply rooted in cultural understanding and sensitivity. A significant 39.2% of Native Hawaiian respondents prioritized a doctor's understanding of Hawaii's local customs, including interaction styles and cultural beliefs. Additionally, 33% emphasized the importance of healthcare providers being open to exploring culturally grounded treatment options. These preferences underscore the desire for healthcare that aligns with and respects Native Hawaiian cultural practices and beliefs. In contrast, non-Native Hawaiian respondents placed greater emphasis on more conventional medical qualities. A substantial 68% preferred doctors who demonstrate deep knowledge of medicine and recent research, while 72.1% valued healthcare providers who "really listen" to them. This disparity in preferences highlights the need for a nuanced approach to healthcare delivery that can address both the cultural needs of Native Hawaiians and the more universal desire for medical expertise and attentive care.



**When it comes to your health, what kind of medical care do you like to receive?**

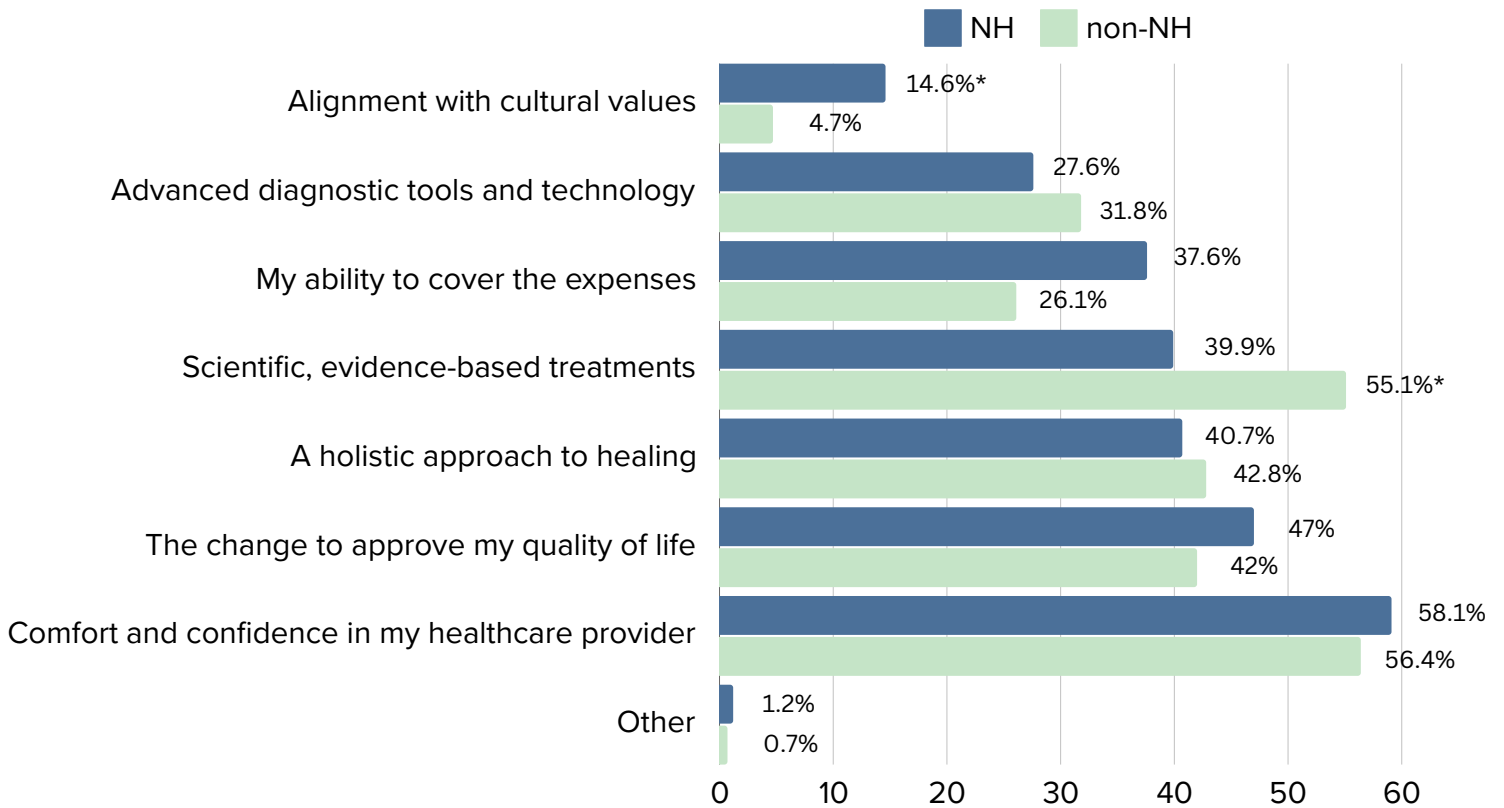


When it comes to preferences in medical care, both Native Hawaiians (NH) and non-Native Hawaiians (non-NH) show a primary inclination towards conventional approaches, with 31.2% of NH and 41.8% of non-NH favoring this type of care. However, the data reveals notable differences in the openness to and desire for culturally grounded healthcare options among the two groups. Native Hawaiians demonstrate a stronger preference for Native Hawaiian or culturally grounded approaches, with 12.5% favoring these methods compared to only 8.1% of non-NH respondents. Moreover, a significant portion of Native Hawaiians (27.5%) express a preference for a mixed approach that combines conventional and culturally grounded care, in contrast to just 15.1% of non-NH individuals. These findings highlight the importance of cultural relevance in healthcare for Native Hawaiians, suggesting a desire for medical care that respects and incorporates traditional practices alongside modern medicine. This preference for integrated care among Native Hawaiians underscores the potential benefits of developing healthcare models that blend conventional and culturally grounded approaches to better serve the Native Hawaiian community.



### When you make an important healthcare decision, what matters most to you?

When faced with important healthcare decisions, Native Hawaiians and non-Native Hawaiians exhibit both similarities and distinct differences in their priorities. A statistically significant contrast emerges in the importance placed on cultural alignment, with 14.6% of Native Hawaiians citing the alignment of healthcare decisions with their cultural values as most crucial, compared to only 4.7% of non-Native Hawaiians. This underscores the deep-rooted connection between cultural identity and health perspectives within the Native Hawaiian community. Conversely, non-Native Hawaiians tend to prioritize scientific, evidence-based treatments when making healthcare choices. Despite these differences, both groups share a common ground in valuing comfort and confidence in their healthcare providers, with 58.1% of Native Hawaiians and 56.4% of non-Native Hawaiians ranking this as a top consideration. This shared emphasis on trust and rapport with healthcare professionals highlights the universal importance of patient-provider relationships, transcending cultural boundaries. The findings suggest that while evidence-based medicine is crucial, healthcare systems serving diverse populations should also consider cultural competence and patient comfort to provide truly effective and inclusive care.

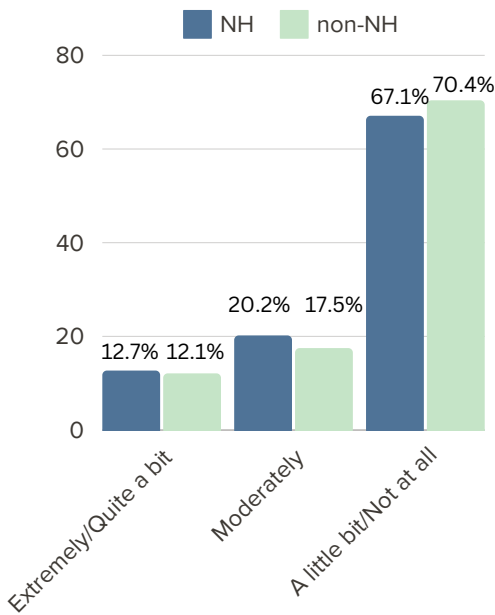


# 'Imi Pono



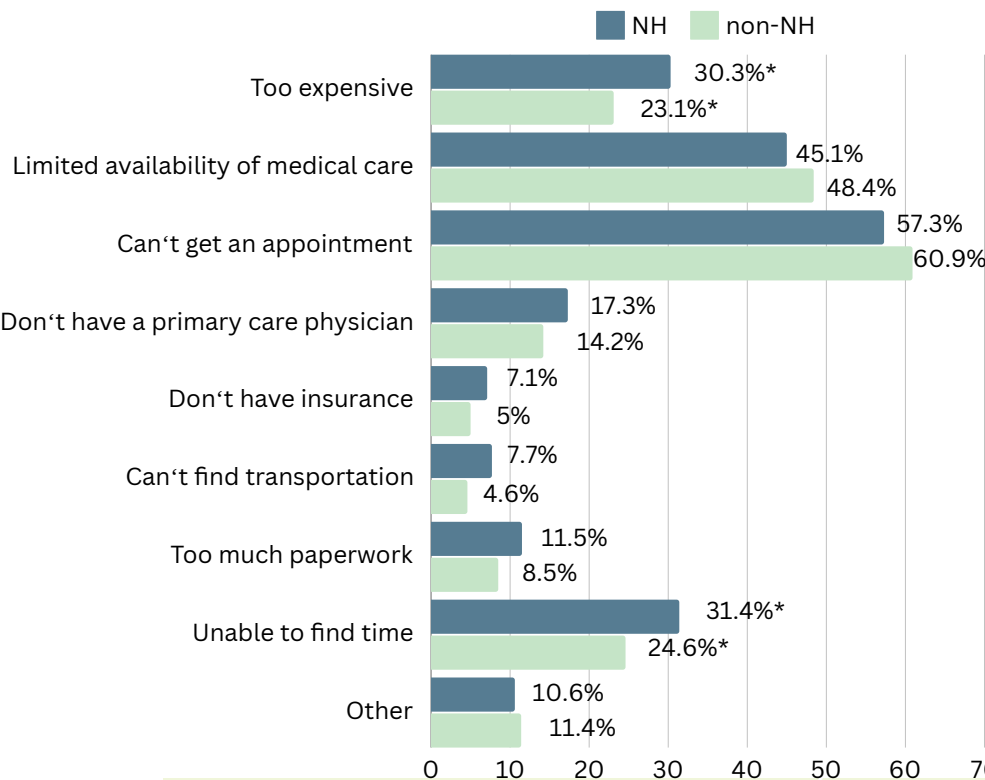
## Hawai'i Wellbeing Survey

### In the past 12 months, how hard was it for you to get medical care?



In the past 12 months, the majority of both Native Hawaiian (NH) and non-Native Hawaiian (non-NH) respondents reported relatively little difficulty in accessing medical care, with 67.1% of NH and 70.4% of non-NH participants indicating that it was only a little bit difficult or not difficult at all. Despite this overall positive trend, a notable portion of respondents still faced significant challenges. Specifically, 20.2% of NH and 17.5% of non-NH individuals experienced moderate difficulty in obtaining medical care. Furthermore, a concerning 12.7% of NH and 12.1% of non-NH respondents reported that accessing medical care was extremely or quite a bit difficult. These figures highlight that while the majority of people find it relatively easy to get the medical care they need, there remains a substantial minority who encounter considerable barriers. This underscores the ongoing need for improvements in healthcare accessibility and support systems, particularly for those who continue to struggle with obtaining necessary medical services.

### What made it hard to get the medical care you needed?



When examining the barriers to accessing medical care over the past year, several significant challenges emerge for both Native Hawaiian (NH) and non-Native Hawaiian (non-NH) respondents. The most commonly cited obstacle for both groups was the inability to secure an appointment, with 57.3% of NH and 60.9% of non-NH participants identifying this as their primary difficulty. Limited availability of medical care was the second most frequently mentioned issue, affecting 45.1% of NH and 48.4% of non-NH respondents. Additionally, the cost of care posed a significant barrier, with 30.3% of NH respondents finding medical expenses prohibitively high compared to 23.1% of non-NH respondents. Time constraints also played a critical role, as 31.4% of NH and 24.6% of non-NH participants reported being unable to find the time to seek the care they needed. These findings underscore the multifaceted nature of healthcare access challenges, highlighting the need for systemic improvements to appointment availability, affordability, and flexibility in healthcare scheduling to better serve all communities.

# Appendix

# M

## Reference Page

Queen's Enterprise Data Warehouse Queen's Enterprise Data Warehouse

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