

# Native Hawaiian Health 10-Year Strategies & Projects

July 8, 2022



NATIVE HAWAIIAN HEALTH

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# 10-Year Strategies & Projects

## PRIORITIES

1. Complete Kahua Ola II Strategic Plan by Sep 2022 and continue execution
2. Complete scale up of clinical programs (Population Health, interdisciplinary team model of care)
3. Complete the development, buildup and testing of the Native Hawaiian Health Registry to go live by February 2023
4. Cultural Integrity of our corporate identity and character to operate guided by our Ali'i legacy within the Kahua Ola framework. Complete the assessment and curriculum.
5. Establish a Grant Writing core and strategy to generate 30% of the NHH/DEIJ overall budget by FY 2025.
6. Develop and implement a Legislative Strategy to provide support to our NHH and DEIJ Strategic Plans and projects.
7. Complete due diligence and community soft-sounding to assess the community interest and will to complete be a QHS Moloka'i Population Health project by Feb 2023
8. Develop the Business Case and proforma of the Oncology Education & Engagement program by Oct 2022
9. Complete the clinical and research development plan and business case for the Genomics Institute within 12 months of hiring 1 and retaining the other key principals and advisors
10. Develop and implement a Native Hawaiian cultural behavioral and psychiatric assessment and treatment program for children, adolescents, adults, and elders



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# KAHUA OLA 2.0 PLAN COMPLETION

PRIORITY  
1



# Kahua Ola: Native Hawaiian Health Strategic Plan Expansion (Draft 2)

## TEN-YEAR ASPIRATIONAL GOALS

Lifetime partners in health

Increase the life expectancy of Native Hawaiians and close the gap in half

### KANAKA 'ŌIWI OUTCOMES

#### IMPROVE HEALTH & WELL-BEING THROUGH CLINICAL PROGRAMS

NH Data Registry, Ka Hua Ola Program Scale-Up

#### EMPOWER INDIVIDUALS & FAMILIES IN WELLNESS PROMOTION

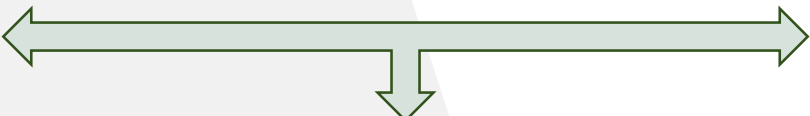
Patient engagement in care management.

#### INTERACTIVE ENGAGEMENT WITH COMMUNITY

Healthcare workforce development, education  
& training. Leadership & workforce  
pathways

#### DELIVER CULTURALLY RESPONSIVE CARE

Partnership with cultural practitioners for  
culturally responsive education and  
cultural practice.



### QHS OUTCOMES

#### PATIENT EXPERIENCE

Patient satisfaction, engagement, trust

#### ACCESS TO PREVENTIVE, PRIMARY, SECONDARY & TERTIARY CARE

Equitable and timely

#### HEALTH OUTCOMES

Self-reported overall health status  
CARE\*Link measures of morbidity  
and mortality

#### QUALITY

Sustained improvements in  
clinical indicators



**KAHUA OLA FRAMEWORK**



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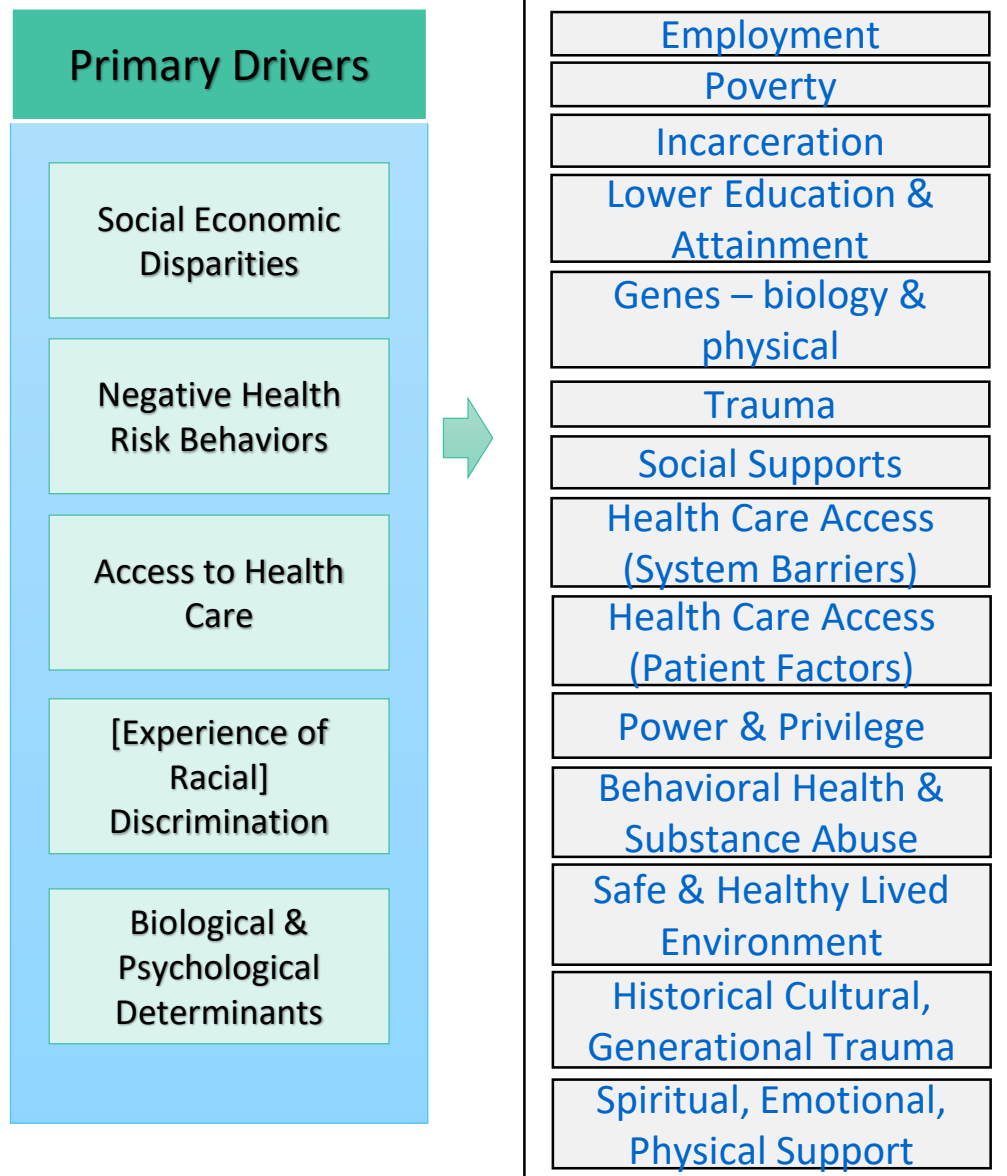
**CLINICAL PROGRAM SCALE UP:  
Population Health & Interdisciplinary  
Team Model of Care**

PRIORITY

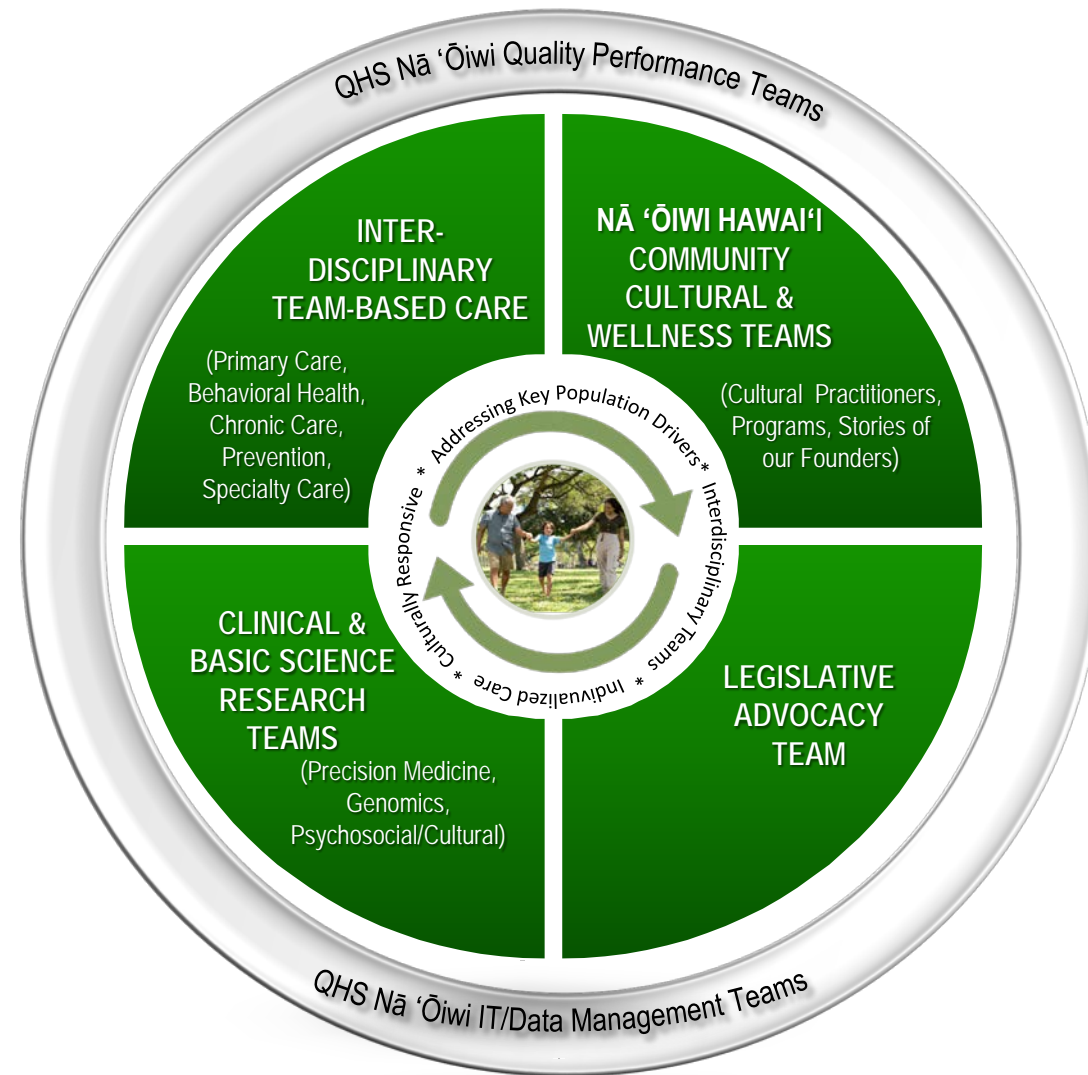
2



# Application to Population Health Approach – Final Draft



## Approach to Reducing the Gap in Life Expectancy







# Addressing Needs of Native Hawaiians



## PRELIMINARY AREAS OF FOCUS



HOUSING



FOOD INSECURITY



TRANSPORTATION



BEHAVIORAL HEALTH

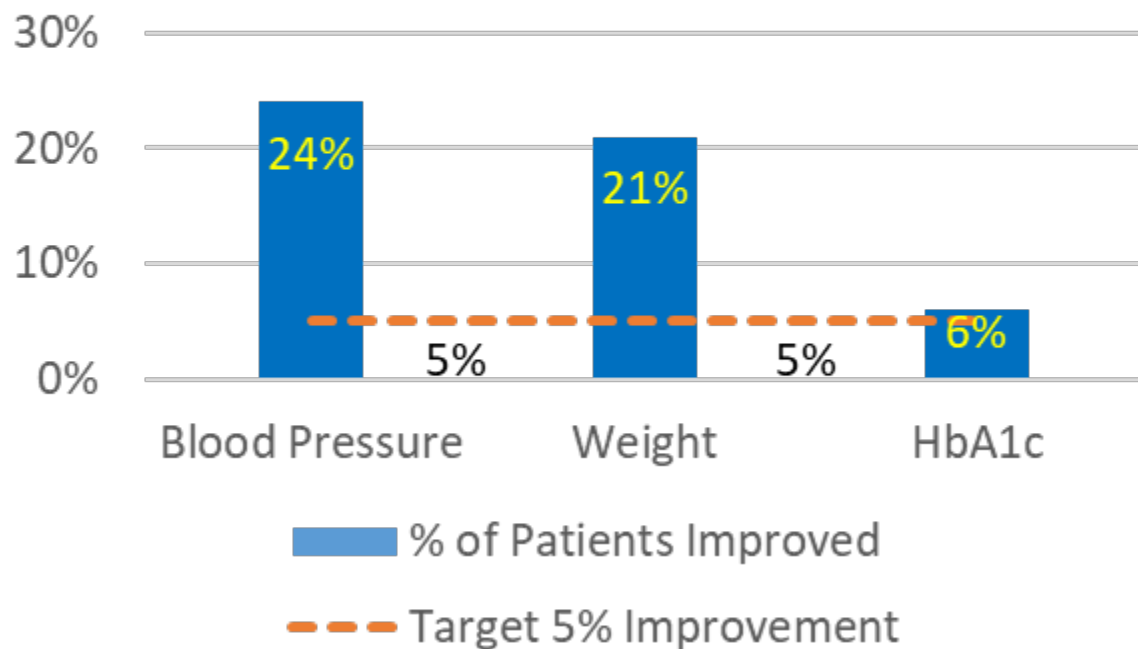
## Kahu a Ola Program





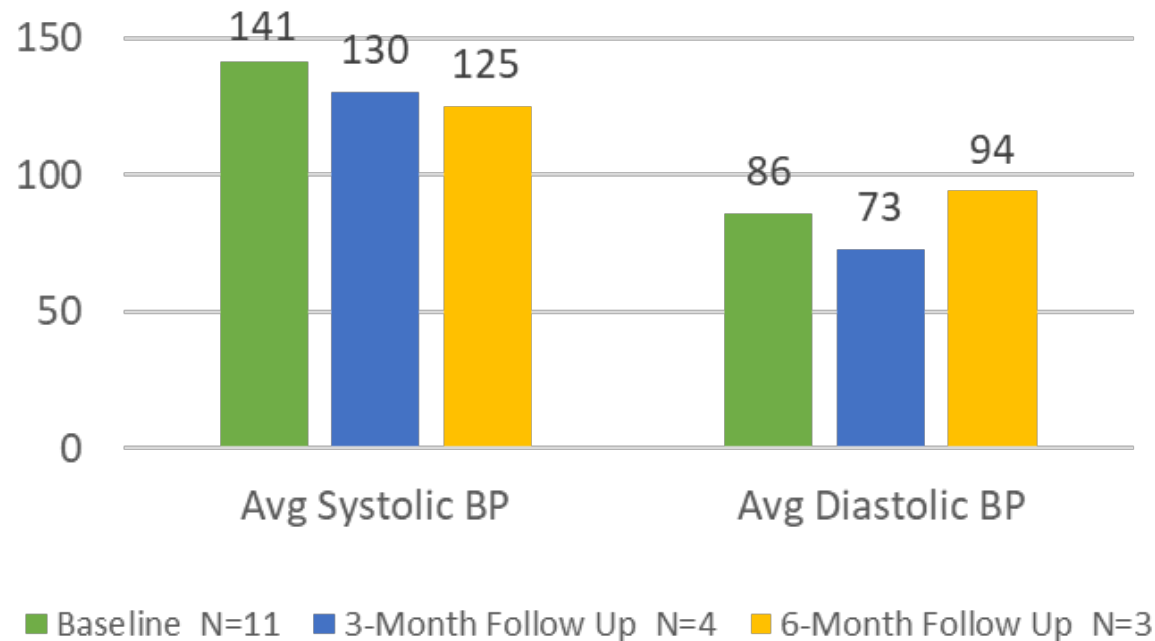
## Improved BP, Weight, A1c

### QNHCH Kahu a Ola Cohort



## Improved Systolic Blood Pressure

### QNHCH – Ola Hou I Ka Hula



# QNHCH Kahua Ola: Key Priorities

## TEN-YEAR ASPIRATIONAL GOAL

**Increase the life expectancy of Native Hawaiians and close the gap in half**  
**Become lifetime partners in health** with the community we serve

### QNHCH LEARNINGS

IMPROVE HEALTH CARE  
ACCESS & DATA  
INFRASTRUCTURE



INCREASE PATIENT  
RECRUITMENT &  
ENGAGEMENT



ADDRESS CRITICAL  
WORKFORCE SHORTAGE  
& STAFF RECRUITMENT



COMMUNITY OUTREACH,  
PARTNERSHIP, EDUCATION  
& AWARENESS



### QNHCH PRIORITIES

#### EXPAND KAHU A OLA

Expand access to (virtual care, outreach), healing, prevention, and disease management services

#### HEALTH EDUCATION & OUTREACH

Promote awareness of services, engage new or lost-to-care patients, new referral partners

#### WORKFORCE DEVELOPMENT

Dedicated local recruitment support, specialized training, pipeline development for future workforce

#### EXPAND COMMUNITY PARTNERS

Dedicated community liaison to develop new partnerships, coordinate community events, and engage cultural practitioners

### QHS KEY PRIORITIES



IMPROVE HEALTH & WELL-BEING THROUGH CLINICAL PROGRAMS



EMPOWER INDIVIDUALS AND FAMILIES IN WELLNESS PROMOTION



DELIVER CULTURALLY RESPONSIVE CARE



INTERACTIVE ENGAGEMENT WITH COMMUNITY



# QNHCH Scale-Up

## TEN-YEAR ASPIRATIONAL GOALS

**Lifetime partners in health**

**Increase the life expectancy of Native Hawaiians and close the gap in half**

### QHS OUTCOMES

#### **PATIENT EXPERIENCE**

Patient satisfaction, engagement, trust

#### **ACCESS TO PREVENTIVE, PRIMARY, SECONDARY & TERTIARY CARE**

Equitable and timely

#### **HEALTH OUTCOMES**

Self-reported overall health status  
CARE\*Link measures of morbidity  
and mortality

#### **QUALITY**

Sustained improvements in  
clinical indicators

### KANAKA 'ŌIWI OUTCOMES

#### **IMPROVE HEALTH & WELL-BEING THROUGH CLINICAL PROGRAMS**

NH Data Registry, Kahua Ola Program Scale-Up

#### **EMPOWER INDIVIDUALS & FAMILIES IN WELLNESS PROMOTION**

Patient engagement in care management.  
Mauliola Ke'ehi Program. Evaluation on  
'āina-based education and wellbeing

#### **INTERACTIVE ENGAGEMENT WITH COMMUNITY**

Partnership with cultural practitioners for  
culturally responsive education and  
cultural practice.

#### **DELIVER CULTURALLY RESPONSIVE CARE**

Cultural competencies. Healthcare workforce  
development, education & training. Leadership &  
workforce pathways

### QNHCH OUTCOMES

#### **EXPAND KAHU A OLA**

Expand access to (virtual care,  
outreach), healing, prevention, and  
disease management services

#### **HEALTH EDUCATION & OUTREACH**

Promote awareness of services,  
engage new or lost-to-  
care patients, new referral partners

#### **WORKFORCE DEVELOPMENT**

Dedicated local recruitment support,  
specialized training, pipeline  
development for future workforce

#### **EXPAND COMMUNITY PARTNERS**

Dedicated community liaison to  
develop new partnerships, coordinate  
community events, and engage cultural  
practitioners

## Expand Clinical Program

## Outreach

## Community Partnerships

## Workforce Development

- Remote Patient Monitoring (RPM)
- Care Coordination
- Transitional Care
  - ED Discharges
  - Inpatient Discharges
- Telehealth (Primary Care Scheduled Visit + Home Visits/Outreach for High Risk Patients)
- Expand eligibility criteria to all NHs

- Community Fairs & Events
- Outreach/Education on Specialized Services for Referrals

- Hui Mālama Ola Nā ‘Ōiwi (Papa Ola Lōkahi)
- FQHCs
- Kohala Center

- Develop Comprehensive Healthcare Workforce Development Program (1 FTE)
- Strategic Pipeline Partnerships (middle/high school/ College Program)
- QNHCH Internships
- On Island CHW/Social Work Workforce Development
- Standardized Specialized Training

# QNHCH North Hawai'i Kahu a Ola CMC Project Performance

## PROJECT UPDATE

Status (✓ Completed ❖ In Process □ Not Started)

### Infrastructure



- RN Patient Care Coordinator hired in September 2021 (Mailani Lim)
- Implemented culturally-based clinical intervention (i.e. Ola Hou i ka Hula), diabetes support, dietitian support, health education support, and chronic care management supplies) developed & initiated

### Patient Population



- NH with DM2, Obesity or Hypertension at Primary Care Clinic
- Total Kahu a Ola Enrollees (as of March 2022) = 122
  - 66 patients have DM (54% of enrollees); 103 patients have HTN (84% of enrollees); 89 patients are Obese (73% of enrollees)
  - 28 patients (23% of enrollees) have 1 of 3 qualifying diagnosis; 52 patients (43% of enrollees) have 2 of the 3 qualifying diagnosis; 42 patients (34% of enrollees) have all 3 diagnoses
- 35 patients had behavioral health services with the Kahu a Ola Clinical Therapist

| Short-Term Outcomes  | FY 21  | Target | FY 22 Quarter 3 |
|--|--------|--------|-----------------|
| Expand behavioral health department by 3 FTE   | 0 FTE  | 3 FTE  | 3 FTE           |
| Increase number (#) of NH encounters within primary care by 5% within one year         | 4,539  | 4,766  | 3,005           |
| Improvement in Hemoglobin A1c (HbA1c) among participants within one year (2% decrease) | 7.45   | 7.3    | 7.2             |
| Improvement in Body Mass Index (BMI) among participants within one year (2% decrease)  | 36.5   | 35.8   | 33.8            |
| Improvement in Blood Pressure (BP) among participants within one year (2% decrease)    | 138/82 | 137/81 | 140/82          |

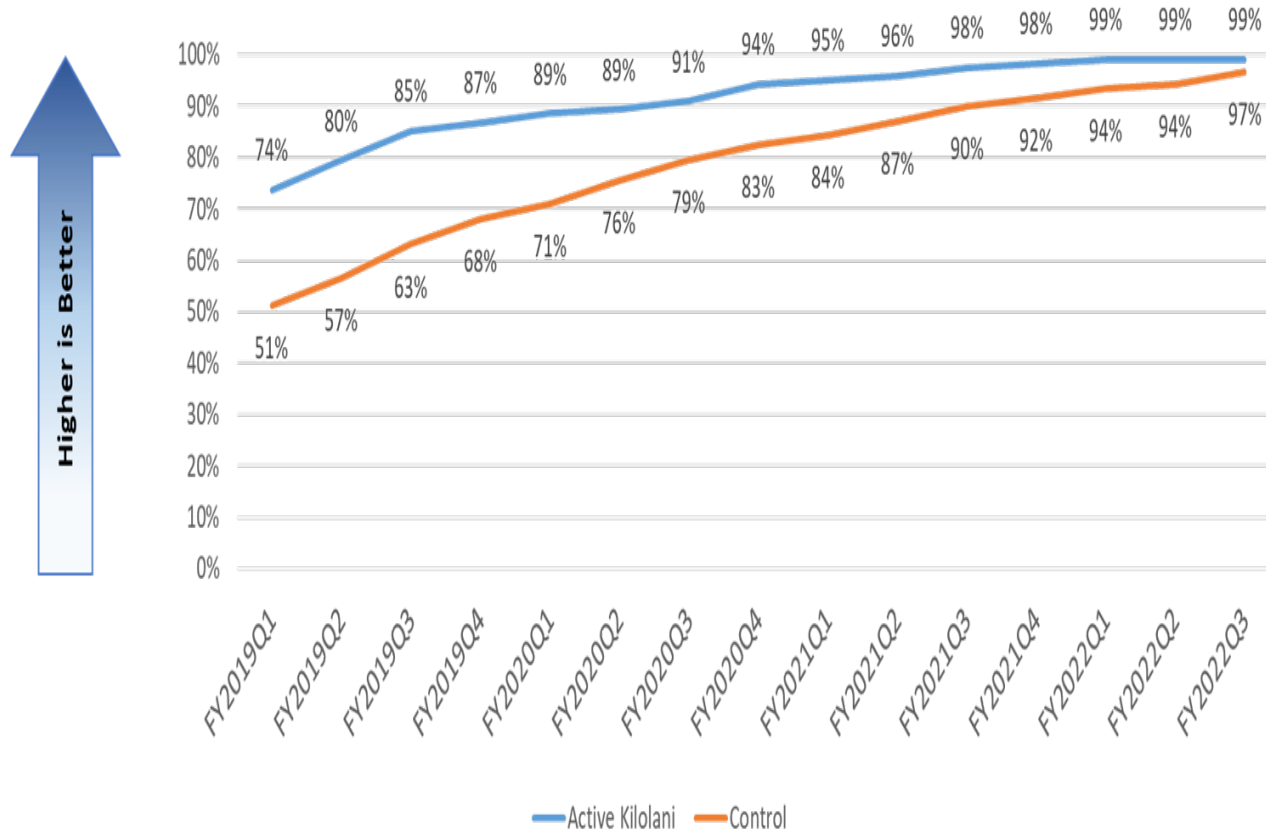


## QEC KILOLANI PROGRAM

1. Updated Data
2. Scale-Up Focus Areas/Plan
3. Health Care Workforce (Need)

# Queen Emma Clinics - Increased Patient Engagement

Lab Completion % – Hemoglobin A1c: Most Recent Lab Since 2018 Jan



## NĀ PUA KAIONA PROGRAM

# QMC QEC Kilolani CMC Project Performance

| PROJECT Q3 UPDATE  |                                     | Status   | ( <input checked="" type="checkbox"/> Completed <input checked="" type="checkbox"/> In Process <input type="checkbox"/> Not Started) |
|--------------------|-------------------------------------|--|--|
| Infrastructure     | <input checked="" type="checkbox"/> | In Progress – Expansion of team (navigator started November 2021; social work position submitted)  |  |
| Patient Population | <input checked="" type="checkbox"/> | Current Kilolani Patients as of March = 122  |  |
| Lives Touched      | <input checked="" type="checkbox"/> | <ul style="list-style-type: none"> <li>Navigator visits = 186</li> <li>Navigator meaningful encounters = 135</li> <li>Social worker visits = 154</li> <li>Social worker meaningful encounters = 201</li> <li>RN visits = 482</li> <li>Meaningful encounters with RN = 289</li> <li>Registered visits with MA = 155</li> <li>Meaningful encounters with MA = 263</li> </ul> |  |

| Short-Term Outcomes  | FY 21 | Target | FY 22 Quarter 3 |
|--|-------|--------|-----------------|
| Increase NH DM encounters by 5% in primary care within one year              | 2,407 | 2,527  | 2,174           |
| Increase NH DM new unique patients by 3% in QEC within one year              | 17    | 6      | 9               |
| Decrease no show rate of NH DMs within one year by 2% in QEC within one year | 198   | 194    | 176             |
| Decrease 30-day hospital readmissions for NH DMs within one year             | 11    | TBD    | 12              |

# Nā Pua Kaiona - Access to Wound Care for Native Hawaiians at QMC West O'ahu

## **Kahua Ola Alignment:**

Goal #1: Health care accessibility – Building trust and accessibility for Hawaiians in targeted communities

- Improve health care accessibility for Native Hawaiians residing in the West O'ahu region seeking wound care and treatment by providing transportation to patients who would not otherwise have access.
- Improve trust with Native Hawaiian patients by engaging patients through community navigation.



# QMC West-O'ahu Nā Pua Kaiona Project Performance

## PROJECT UPDATE

Status (✓ Completed    ♦ In Process    □ Not Started)

|                    |   |  |
|--------------------|---|--|
| Infrastructure     | ✓ | <ul style="list-style-type: none"> <li>Completed Dec 2020 - Official patient care launch</li> <li>Completed Aug 2020 - PCN recruitment &amp; training</li> </ul>   |
| Patient Population | ✓ | <ul style="list-style-type: none"> <li>All NHs scheduled at wound clinic with transportation or navigation needs</li> <li>N= 24 active caseload (as of April 29, 2022)</li> <li>N= 17 on wait list (as of April 29, 2022)</li> <li>SDoH needs of the current active caseload (as of April 29, 2022) <ul style="list-style-type: none"> <li>Food Insufficiency <ul style="list-style-type: none"> <li>Mobility – 73%</li> <li>Educational – 92%</li> <li>Cost – 85%</li> </ul> </li> <li>Housing - 55%</li> <li>Mental Health – 55%</li> <li>Substance abuse – 30%</li> </ul> </li> </ul> |

| Short-Term Outcomes  | FY 21 | Target | FY 22 Quarter 3 |
|--|-------|--------|-----------------|
| Decrease no show/cancellation by 10% by the end of FY21                | 1,786 | 1,604  | 727             |
| Increase NH visits by 10%.   | 1,954 | 2,149  | 2,016           |
| Increase unique NHs served by ride share program, Year over Year (YOY) | 20    | ≥100   | 37              |
| Increase NHs served by navigator, YOY                                  | 157   | >157   | 54              |
| Decrease wound-specific readmissions for QMCWO wound patients          | 57    | <57    | 15              |
| Decrease ER visits for wound care for QMCWO wound patients             | 85    | <85    | 34              |
| Improve wound healing rate through appointment compliance              | 3.24% | >3.24% | 5%              |



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# NATIVE HAWAIIAN DATA REGISTRY

Development, Build-up, Testing

Go-Live By February 2023

PRIORITY

3



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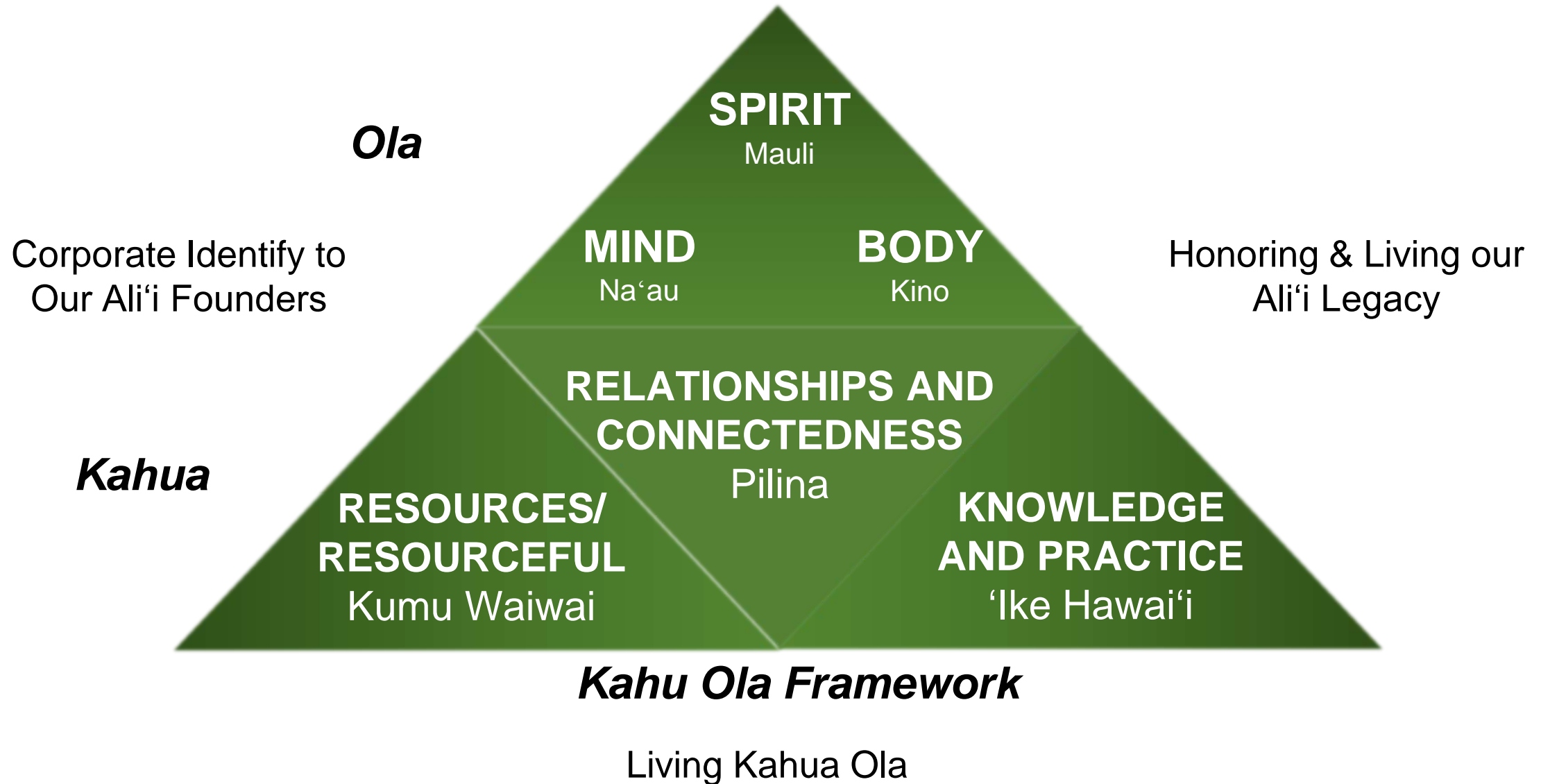
# **CORPORATE IDENTITY & CHARACTER GROUNDED IN CULTURAL INTEGRITY**

## **Assessment & Curriculum Development**

PRIORITY

4

# History, Culture & Traditions





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# ESTABLISH GRANT WRITING CORE & STRATEGY

PRIORITY

5

The royal majesties exceeded their goal in just over a month raising \$13,530.



### *A Royal Legacy*

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

### *Hale Ma'i O Ka Wahine Ali'i*

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





## THE GRANT LIFE CYCLE

**START PLANNING EARLY**

**FROM “PLAN” TO “APPLY”  
COULD TAKE 8+ MONTHS**



**NIH** National Institutes of Health

<sup>1</sup> Source: The concept of the ola triangle resembles the Hawaiian Worldview for individuals as described in “Ike Hawai‘i – A Training Program for working with Native Hawaiians,” Journal of Indigenous Voices in Social Work, Duponte, Martin, Mokuau, Paglinawan, Vol 1, Issue 1, February 2010.

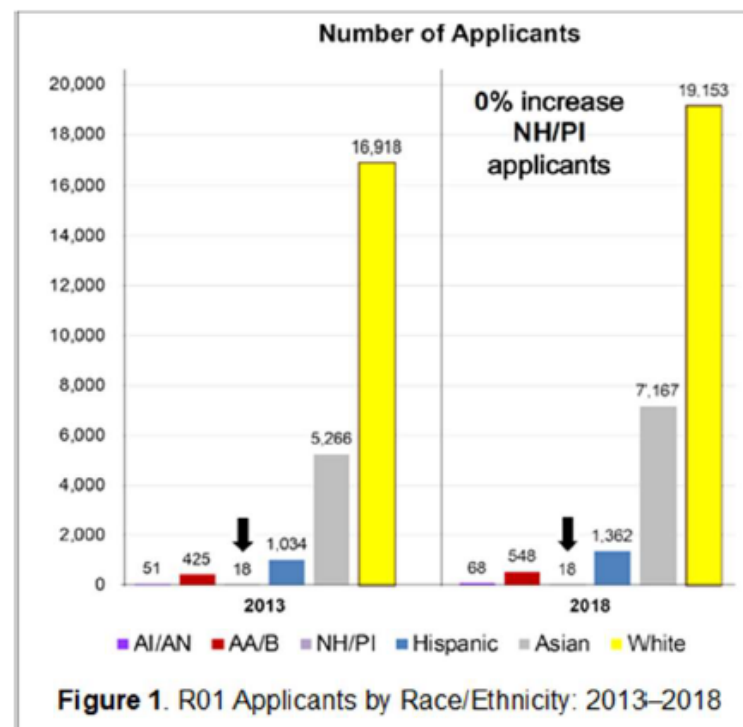


## Diversifying the CTR Workforce and Thinkforce

- Between 1992 and 2018, only 0.17% of the total NIH budget went to support research that involved Asian American, Native Hawaiian, and Pacific Islander participants.

*Native Hawaiians and Pacific Islanders are nearly absent as NIH-funded investigators and as participants of NIH-funded research.*

*Filipinos are aggregated with other Asian subgroups, which renders them invisible.*



Đoàn LN, Takata Y, Sakuma KK, Irvin VL. Trends in Clinical Research Including Asian American, Native Hawaiian, and Pacific Islander Participants Funded by the US National Institutes of Health, 1992 to 2018. *JAMA Netw Open*. 2019;2(7):e197432. doi:10.1001/jamanetworkopen.2019.7432

# KAHUA OLA FY20-FY25 VISION & STRATEGIC PLAN GOALS

Kahua Ola guided our activities for FY21, while a planning team was convened to expand the existing plan toward achieving QHS' aspirational goal to “reduce the gap in life expectancy for Native Hawaiians”

## *Vision: E ola ka 'ōiwi*

(Healthy and well are the Hawaiians)



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

## Ultimate Outcome:

Improvements in negative health behaviors or risk factors



<sup>1</sup> Source: The concept of the ola triangle resembles the Hawaiian Worldview for individuals as described in “'Ike Hawai'i – A Training Program for working with Native Hawaiians,” Journal of Indigenous Voices in Social Work, Duponte, Martin, Mokuau, Paglinawan, Vol 1, Issue 1, February 2010.



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# DEVELOP & IMPLEMENT A LEGISLATIVE STRATEGY

PRIORITY

6

# Federal Legislative Strategy Projected Timeline

## Guiding Questions to Inform Our Strategy:

1. **What do we want?**
  - a. Identify 3-4 priorities for NHH/DEIJ + Wellness
2. **How do we highlight what QHS is already doing, raise our visibility and take favorable action?**
  - a. Investment in NHH/DEIJ + Wellness from Leadership
3. **Who are our potential internal/external partners?**
  - a. Ensuring alignment and coordinated efforts

| July 2022                                                                                                     | July/August 2022                                                                                                                                                                                                                                           | August 2022                                                                                                                                                                                                                                                                                                                           | September 2022                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Exploratory meeting with Papa Ola Lōkahi</b><br><br>Revisit to Native Hawaiian Health Care Improvement Act | <b>Develop white paper/narrative</b><br><br>Tell our unique history, provide data and 3-4 identified priorities for NHH/DEIJ + Wellness <ul style="list-style-type: none"> <li>Grants</li> <li>Long-term partnerships/maintaining relationships</li> </ul> | <b>Vetting our Strategy (ongoing)</b><br><br>Work with internal and potential and aligned external partners <ul style="list-style-type: none"> <li>What funding do we currently have?</li> <li>What partnerships are we already engaged in?</li> <li>What partnerships do we want to be engaged in?</li> <li>SWOT analysis</li> </ul> | <b>Washington, D.C. Site Visit</b><br><br>Coordinate an initial site visit to Washington D.C. to open up discussion and lay the groundwork <ul style="list-style-type: none"> <li>Identify key QHS staff/community partners</li> <li>Schedule meetings w/ key leaders and staff</li> </ul> |



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**Researching grants re NHH, DEIJ and Employee Wellness to support goals**

**QHS NHH was written into a Department of Native Hawaiian Health (DHHL) grant from National Telecommunications and Information Administration (NTIA) for \$4 mil to increase their telehealth capacity through broadband use and adoption**





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# **QHS MOLOKA'I POPULATION HEALTH**

## **Assessment of Community Interest & Will**

7



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## ONCOLOGY EDUCATION & EDUCATION PROGRAM

### Develop Business Case & Proforma

PRIORITY  
8



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**GENOMICS INSTITUTE**

**Complete Clinical & Research  
Development Plan & Business Case**

PRIORITY

9



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**NH CULTURAL BEHAVIORAL,  
PSYCHIATRIC ASSESSMENT &  
TREATMENT PROGRAM**

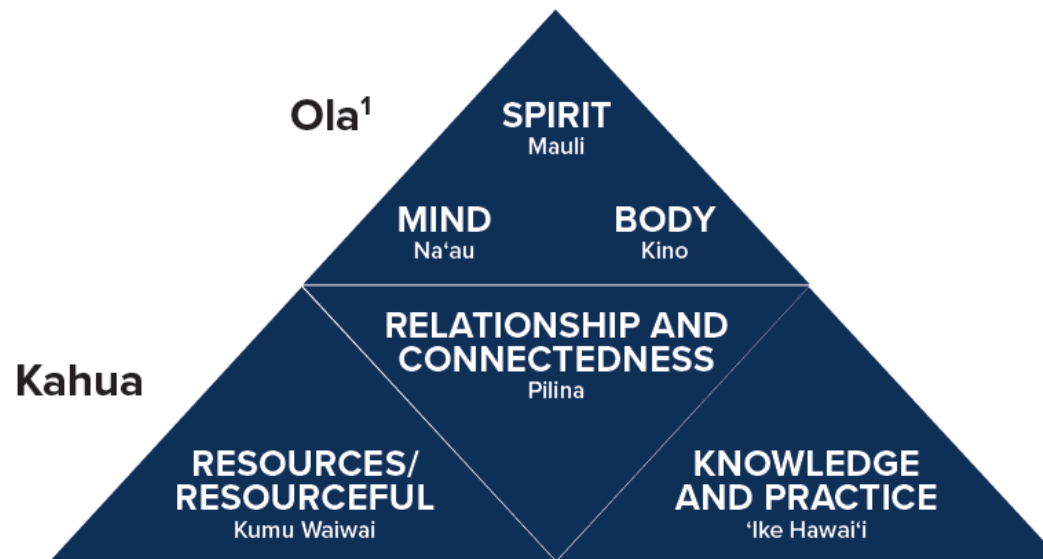
**Development & Implementation**

PRIORITY

10

# MAHALO NUI

## E Ola Ka 'Ōiwi “Healthy and Well Are the Hawaiians”



<sup>1</sup> Strengthen the resilience, identify and social connectedness of Native Hawaiians to enhance our physical, mental, and spiritual health