

Improving the health and well-being of Native Hawaiians



Testimony of Dr. Sheri-Ann Daniels
Chief Executive Officer of Papa Ola Lōkahi
May 14, 2025

United States Senate Committee on Indian Affairs
Oversight Hearing entitled “Delivering Essential Public Health and Social Services to Native Americans – Examining Federal Programs serving Native Americans across the Operating Divisions at the U.S. Department of Health and Human Services”

Aloha e Chairman Murkowski, Vice Chairman Schatz, and Members of the United States Senate Committee on Indian Affairs (“Committee”),

Mahalo (thank you) for inviting me to provide remarks on behalf of Papa Ola Lōkahi (“POL”), the Native Hawaiian Health Board (“NHHB”). In the spirit of the Committee’s legacy of strong bipartisanship in honoring the federal trust responsibility owed to American Indians, Alaska Natives, and the Native Hawaiian Community (“NHC”), collectively “Native Americans”, thank you for convening the oversight hearing, and I’m honored to participate, and to share our collective support with Native American leaders and communities.

POL was congressionally and statutorily created in 1988 to improve the health status of Native Hawaiians, through the passage of the Native Hawaiian Health Care Act, which was later reauthorized as the Native Hawaiian Health Care Improvement Act (“NHHCIA”). The implementation of the NHHCIA provides for: 1) Coordination, implementation and updating of a comprehensive Native Hawaiian health care master plan (operationally known as “E Ola Mau”), including identification and research of diseases most prevalent among NH; 2) Establishment of a network of health resources, services, and infrastructure, through five island community based health organizations, commonly known and referred to as the Native Hawaiian Health Care Systems¹ (“NHHCS” or “Systems”); and 3) Administration of scholarships via the Native Hawaiian Health Scholarship Program (“NHHSP”).

We recognize and are grateful for the commitment and work of the NH Health Network (“NHHN”) collaborators across the eight major islands of the State of Hawai‘i, including the Systems, federally qualified health centers (“FQHCs”), community health centers (“CHCs”), community-based organizations (“CBO”), and Native Hawaiian serving organizations (“NHO”), and the State of Hawaii (Department of Health, Department of Human Services).

¹ Comprised of Ho‘ola Lāhui Hawai‘i - Kaua‘i Community Health Center, a federally qualified health center; Ke Ola Mamo, island of O‘ahu; Hui No Ke Ola Pono, island of Maui; Na Pu‘uwai, islands of Molokai and Lanai; and Hui Mālama Ola Nā ‘Ōiwi, Hawai‘i Island

POL's response to the Committee's Oversight Hearing focuses on examining Federal Programs serving NHs across the Operating Divisions at the United States Department of Health and Human Services ("HHS"), and is divided into the following three sections:

- I - Federal Trust Responsibility, Unique Political Status & Declaration of Policy
- II - Impact of Delivering Essential Public Health and Social Services to Native Hawaiians
 - A. Overview of POL's Unique Statutory Role
 - B. Impact re: Trust & Treaty Obligations, Policy Implementation for Native Hawaiians
 - C. Summary of Delivery of Essential Public Health and Social Services for Native Hawaiian Communities
 - D. Essential Public Health and Social Services: Via Native Hawaiian Health Care Systems
 - E. Essential Public Health and Social Services: During the Height of COVID-19 via HRSA
 - F. Essential Public Health and Social Services: For Communities Impacted by the Lahaina, Maui Wildfires via SAMHSA
 - G. Essential Public Health and Social Services: For Child Welfare, Domestic Violence, and Family Needs
 - H. Essential Public Health and Social Services: Via POL and Trusted Community Partners
 - I. Essential Public Health and Social Services: Via Cultural Healing Model
 - J. Essential Public Health and Social Services: Via Traditional Healers & Practitioners
 - K. Essential Public Health and Social Services: Via Native Hawaiian Health Professionals
 - L. Essential Public Health and Social Services: Via Education Collaborations
- III - Continuing Needs, Implementing Master Plan Recommendations and the Native Hawaiian Health Network
 - A. Continuing Needs
 - B. Implementing Recommendations of E Ola Mau – Native Hawaiian Health Master Plan
 - C. Native Hawaiian Health Network

Chairman Murkowski and Vice Chairman Schatz, thank you for the longstanding commitment you have demonstrated individually, collectively and through your Committee work and leadership to ensure that the United States upholds its federal Trust and Treaty Obligations to Native Americans. We acknowledge the Committee's historic and bipartisan work that has helped strengthen the overall well-being of Native Americans.

I - The Federal Trust Responsibility, Unique Political Status & Declaration of Policy

A. Federal Trust Responsibility

Similar to American Indians and Alaska Natives, Native Hawaiians never relinquished the right to self-determination despite the United States' involvement in the illegal overthrow of Queen Lili'uokalani in 1893 and the dismantling of our Hawaiian government. As such, Native Hawaiians are owed the same trust responsibility as all Native groups in the United States. The federal trust responsibility extends to all Native Hawaiians, a population that grew nationwide by 29.1% from the 2010 to the 2020 census data.² To meet this obligation, Congress—through landmark, bipartisan work of this Committee and its Members—created policies to promote education, health, housing, and a variety of other federal programs intended to build, maintain, and better conditions for the Native Hawaiian Community.

B. Unique Political Status

Hundreds of Acts of Congress expressly acknowledge or recognize a special political and trust relationship to Native Hawaiians based on our status as the Indigenous, once-sovereign people of Hawai'i. Among these laws are the Hawaiian Homes Commission Act, 1920 (42 Stat. 108) (1921), the Native Hawaiian Education Act (20 U.S.C. § 7511) (1988), the Native Hawaiian Health Care Improvement Act (42 U.S.C. § 11701) (1988), and the Hawaiian Homelands Homeownership Act codified in the Native American Housing Assistance and Self Determination Act, Title VIII (25 U.S.C. § 4221) (2000).

The first Congressional finding of the NHHCIA states, “(1) Native Hawaiians comprise a distinct and unique indigenous people with a historical continuity to the original inhabitants of the Hawaiian archipelago whose society was organized as a Nation prior to the first nonindigenous people in 1778.”³ Subsequent Congressional findings include: “(17) The authority of the Congress under the United States Constitution to legislate in matters affecting the aboriginal or indigenous peoples of the United States includes the authority to legislate in matters affecting the native Peoples of Alaska and Hawaii; (18) In furtherance of the trust responsibility for the betterment of the conditions of Native Hawaiians, the United States has established a program for the provision of comprehensive health promotion and disease prevention services to maintain and improve the health status of the Hawaiian people; and (22) Despite such services, the unmet health needs of the Native Hawaiian people are severe and the health status of Native Hawaiians continues to be far below that of the general population of the United States.”⁴

C. Declaration of Policy

Congress declared that it is the policy of the United States in fulfillment of its special trust responsibilities and legal obligations to the indigenous people of Hawaii resulting from the unique and historical relationship between the United States and the Government of the indigenous people of Hawaii (1) to raise the health status of Native Hawaiians to the highest possible health level; and (2) to provide existing Native Hawaiian health care programs with all resources necessary to effectuate this policy.⁵

² <https://www.census.gov/library/stories/2023/09/2020-census-dhc-a-nhpi-population.html>, retrieved May 7, 2025

³ The Native Hawaiian Health Care Improvement Act (42 U.S.C. § 11701) (1988)

⁴ Ibid

⁵ The Native Hawaiian Health Care Improvement Act (42 U.S.C. § 11702) (1988)

II - Impact of Delivering Essential Public Health and Social Services to Native Hawaiians

A. Overview of POL's Unique Statutory Role

For almost four decades, POL, the Native Hawaiian Health Board (“NHHB”), has consistently focused on raising the health status of Native Hawaiians, in executing its statutory charge to:

1. Coordinate, implement and update a Native Hawaiian comprehensive master plan designed to promote comprehensive health promotion and disease prevention services to improve and maintain the health status of Native Hawaiians.
2. Conduct training for Native Hawaiian care practitioners, community outreach workers, counselors, and cultural educators to educate the Native Hawaiian population regarding health promotion and disease prevention.
3. Identify and perform research into diseases that are most prevalent among Native Hawaiians.
4. Develop an action plan outlining the contributions that each member organization of Papa Ola Lōkahi will make in carrying out in the policy of the NHHCIA.
5. Serve as a clearinghouse for (1) collecting and maintaining data associated with the health status of Native Hawaiians; (2) identifying and researching diseases affecting Native Hawaiians; and (3) collecting and distributing information about available Native Hawaiian project funds, research projects and publications.
6. Coordinate and assist health care programs and services provided to Native Hawaiians.
7. Administer special projects.

B. Impact re: Trust & Treaty Obligations, Policy Implementation for Native Hawaiians

In responding to executive orders (“EOs”) and other policy statements by this Administration, HHS and the federal government, as a whole, must honor the federal **Trust & Treaty Obligations and Responsibilities** in policy, funding and consultation practices, specifically:

1. **Policy.** Follow other executive departments (e.g., Interior, Education, Agriculture), in articulating, via Secretary’s Order, that diversity, equity, inclusion, accessibility and environmental justice policies do NOT apply to Tribal nations, tribal citizens and the NH Community and related programs. Most notably, the HHS Advisory Opinion 25-01, dated February 25, 2025, on “Application of DEI Executive Orders to the Department’s Legal Obligations to Indian Tribes and Their Citizens” **excludes NHs.**
2. **Funding.** Recognize that federal Trust responsibility, policy implementation and program funding is: Congressionally and statutorily authorized and appropriated; NOT discretionary spending that Native Americans need to “apply” for; exists beyond Indian Health Services (“IHS”); and NOT a state obligation (i.e., state funding should supplement not supplant federal funding).

3. **Consultation Practices.** Implement meaningful consultation practices with Tribal nations, tribal citizens and the NHC, including announced HHS reorganization activities (e.g., consolidation, elimination of HRSA, SAMHSA).

In practice, and by observation, HHS’ policy implementation activities in its related operating divisions, have not been explicit nor in alignment with the above.

C. Summary of Delivery of Essential Public Health and Social Services for NHCs

1. **Appropriations.** Current FY26 appropriations request for the Native Hawaiian Health Care Program is at \$27 million, via HRSA, and historically funded:

Organization	HHS Operating Division	\$
a. Papa Ola Lōkahi, Native Hawaiian Health Board	Via HRSA ⁶ , BPHC ⁷	\$10,000,000
b. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Scholarship Program via HRSA, BHW ⁸	\$2,200,000
c. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Health Care Systems Via HRSA BPHC	\$14,800,000

2. **Program Commitments, Spending.** Described in further detail below, the following table summarizes the financial program impacts by HHS operating divisions from **2022 to 2024** which may be at risk, pending further HHS’ reorganization plan details - **\$16,572,000.**

Organization	Act, Program Impacted	HHS Operating Division	\$ Funding Impact
a. Papa Ola Lōkahi, Native Hawaiian Health Board	American Rescue Plan Act (“ARPA”)	HRSA	\$1,566,000
b. Papa Ola Lōkahi, Native Hawaiian Health Board	Community Health Workers, Perinatal Health	HRSA	\$801,000
c. Papa Ola Lōkahi, Native Hawaiian Health Board	Native Hawaiian Health Program (NHHP), including Native	HRSA, including BPHC, BHW	\$9,576,000

⁶ Health Resources and Services Administration (HRSA)

⁷ Bureau of Primary Health Care (BPHC)

⁸ Bureau of Health Workforce (BHW)

Organization	Act, Program Impacted	HHS Operating Division	\$ Funding Impact
	Hawaiian Scholarship Program		
d. Papa Ola Lōkahi, Native Hawaiian Health Board	SAMHSA Emergency Response Grant (SERG)	SAMHSA ⁹ , via the State of Hawaii, Department of Health	\$4,537,000
e. Papa Ola Lōkahi, Native Hawaiian Health Board	Center of Excellence, Tobacco, Aging, Transportation Equity Working Group	Via the State of Hawaii, Department of Health	\$92,000
Total HHS' Operating Divisions Related			\$16,572,000

D. Essential Public Health and Social Services: Via Native Hawaiian Health Care Systems

1. **Overview.** The five NHHCS offer a range of health care and other services, including primary care, mental health, and fitness programs, in a way that reflects the culture and priorities of the island communities they serve. The work of the NHHCSs aims to build trust in the Native Hawaiian Community, serving as a bridge to Western medicine, while integrating medical care with traditional Native Hawaiian values, beliefs, and practices. In the past year, the five Native Hawaiian Health Care Systems have made a significant impact through their community outreach and traditional healing efforts.

Collectively, based on the most recent program funding year, the Systems distributed over 41,900 health education materials, hosted 376 events, and reached more than 39,400 individuals across Hawai‘i. Traditional healing services played a vital role, with over 3,200 people receiving care rooted in Native Hawaiian cultural practices. For example, Hui Mālama Ola Nā ‘Ōiwi (“HMONO”) reached more than 17,000 individuals through just 3 major events, while Ho‘ola Lāhui Hawai‘i (“HLH”) provided traditional healing services to 1,571 individuals across 131 events. Ke Ola Mamo (“KOM”), Nā Pu‘uwai, and Hui No Ke Ola Pono (“HNKOP”) also made notable contributions, with HNKOP engaging more than 15,400 community members through its 173 events, primarily a result of the Lahaina wildfires in August 2023. These efforts reflect a deep commitment to culturally grounded care and community engagement, strengthening health and wellness through Native Hawaiian traditions and values.

Indian Health Services (“IHS”) awarded a contract to KOM for alcoholism and related health care services and coronavirus activities in 2015 and 2020, respectively. POL is not aware of any other IHS related activities with the Systems or in the state.¹⁰

⁹ Substance Abuse and Mental Health Services (SAMHSA)

¹⁰ [KE OLA MAMO - Coronavirus Contracts - ProPublica](#), retrieved May 12, 2025

2. **HLH (Kauaʻi)** provides comprehensive health services across Kauaʻi County, including primary, dental, pharmacy (with delivery), behavioral health, substance abuse counseling, chronic disease management, physical activity and nutrition programs, health screenings, school-based services, mobile clinic care, family planning, and traditional healing. Services are delivered island-wide with central locations in Līhuʻe, Kapaʻa, and Waimea. In addition to its designation as a Native Hawaiian Health Care System, HLH operates as a Federally Qualified Health Center under Section 330 of the Public Health Service Act. Their culturally grounded approach emphasizes preventive care, cultural competence through local staffing, and integration of traditional practices with modern medicine. HLH's facilities include two clinics, mobile units, a pharmacy, and a fitness center.
3. **KOM (Oʻahu)** is dedicated to improving the health and well-being of its clients, with a focus on Native Hawaiians while serving the entire Oʻahu community. Becoming a client is simple and provides access to a variety of health and wellness programs. KOM offers comprehensive support, including medical and primary care, traditional healing such as lomilomi, fitness programs, cultural workshops, and health classes. Recognizing the disproportionate rates of heart disease, diabetes, stroke, and cancer among Native Hawaiians, Ke Ola Mamo integrates cultural values with healthcare to address these disparities. Services are delivered through one medical clinic, an administrative office, and four community-based health offices, ensuring care that honors the cultural and historical connections to health and well-being.
4. **Nā Puʻuwai**, founded on the pillars of Native Hawaiian health disparity and cardiovascular disease research, serves residents of both Molokaʻi and Lānaʻi. Nā Puʻuwai is dedicated to delivering culturally responsive primary health, health education and health promotion that address the unique needs of these communities, its mission, informed by a foundation in research and advocacy, is to uplift and enhance the health of Native Hawaiians through an integrative healthcare delivery model grounded in Native Hawaiian culture, practices, tradition, and language. Services include primary health, in addition to traditional, complimentary and integrative medicine. Nā Puʻuwai's community engagement efforts are aimed at improving healthcare access by informing Native Hawaiians about available services, programs and resources.
5. **HNKOP (Maui)** is dedicated to improving the health of Native Hawaiians and the greater Maui island community by empowering clients to become their own health advocates, blending medical care with traditional Hawaiian values and practices. With an emphasis on health promotion and prevention, HNKOP, offers enabling and wrap-around services to help community navigate healthcare and connect with resources. Clinical services include adult primary care, oral health, and intensive cardiac rehabilitation, supported by wellness programs such as the Kaiāulu Wellness & Outreach, Hale Hoʻōikaika gym, Simply Health Cafe, and career training through the Kealahoʻimai program. What distinguishes HNKOP is its Kūaʻuaʻu traditional healing program, which provides lomilomi, hoʻoponopono, and lāʻau lapaʻau. Strong community partnerships further enhance services, offering behavioral health training, medicinal plant access, and Native Hawaiian birth and parenting education.
6. **HMONO (Hawaiʻi Island)** provides comprehensive, culturally grounded health services on Hawaiʻi Island, including primary care, behavioral health, nutrition counseling, and chronic disease education. Services are offered at the Hilo-based Family Medicine Clinic, via telehealth, and through home visits—especially supporting kūpuna. HMONO emphasizes community wellness through traditional healing programs such as lāʻau lapaʻau gardening

and taro cultivation, health education including yoga, nutrition, and chronic disease management, and support groups for diabetes and cancer. HMONO also operates a transportation program with wheelchair-accessible vehicles to ensure access to medical appointments across the island. Community engagement is further supported through major events like the Mālama Nā Keiki Festival and Ladies' Night Out.

E. Essential Public Health and Social Services: During the Height of COVID-19 via HRSA

1. **Overview.** The establishment of POL, the NHHB, as a non-profit organization allowed eligibility to pursue federal, State, county, and private sources of funding. Since the first shutdown in the State of Hawai'i in March 2020, POL (both alone and in partnership with community organizations) successfully applied for or acted as fiscal agent for over \$2 million dollars throughout various grants. These grant funds are in addition to the roughly \$3.5 million of ARPA funds that POL distributed to community based organizations ("CBOs"). POL is committed to pursuing its mandates and mission through multiple funding mechanisms to expand opportunities for Native Hawaiian health. POL engaged its Congressional duties by providing the administration for the Hawai'i COVID-19 Native Hawaiian & Pacific Islander Response, Recovery, and Resilience ("NHPI 3R") Team, a coalition of over 60 partners engaged on behalf of communities throughout the State of Hawai'i, from June 2020 to present.
2. **ARPA, Nā Makawai.** Nā Makawai is the name of the initiative that encompassed the work of the five NHHCS, POL, and fifteen Native Hawaiian serving health entities (20 organizations in total) that received ARPA funding to provide COVID-19 response and recovery services and resources throughout the State of Hawai'i. ARPA funding was administered by HRSA. Notably, ARPA language allowed for funds to be applied towards health workforce, infrastructure, and community outreach and education – critical components of the Native Hawaiian Health Network ("NHHN"). Given the annual appropriations for federal fiscal years 2021 and 2022 (\$20.5 and \$22 million, respectively), a \$20 million increase in funding across a two-year span increases the total funding to the NHHCS by approximately half. The thoughtful flexibility and inclusivity of ARPA language and approved activities through HRSA allowed POL to partner with local organizations across a wide range of programs and services throughout the State of Hawai'i, which included:
 - Direct clinical COVID-19 services (vaccination and testing, mobile care, and mobile events);
 - Indirect COVID-19 services (outreach, education, and surveillance; statewide referral hotline for various resources); and
 - Increasing or maintaining resources needed to expand COVID-19 response (workforce, including community health workers; telehealth capacity and electronic medical records).

In addition, the Nā Makawai partners' COVID-19 relief needs overlapped with preexisting needs in the Native Hawaiian community. These included: sustaining comprehensive primary health care; mental/behavioral health; serving rural youth; food insecurity and access programs; and maternal/childcare. POL connected with health factors that impact clinical needs, so Nā Makawai partnerships have also supported a

broadband infrastructure mapping project so that future telehealth projects and programs that rely on broadband accessibility can be informed by and based on high quality, locally collected data.

3. **NHPI 3R.** The Native Hawaiian & Pacific Islander Response, Recovery & Resilience Team (NHPI 3R) was established in May 2020 to collectively address the impact of COVID-19 and recommend and implement solutions. Established in May 2020, in alignment with the national response team, to improve the collection and reporting of

accurate data, identify and lend support to initiatives across the Hawaiian Islands working to address COVID-19 among Native Hawaiians and Pacific Islanders, and unify to establish a presence in the decision-making processes and policies that impact our communities.

More than 60 agencies, organizations, and departments comprise the NHPI 3R Team.

As the response to COVID-19 transitions, the NHPI 3R is

pivoting toward priority issues impacting Native Hawaiian and Pacific Islander communities in Hawai'i. Capitalizing on the influence and impact such a collective can have, these working committees continue to meet regularly: Data & Research, Policy, Communication & Outreach, Health & Wellness Priorities and the Community Health Worker Collaborative.

F. Essential Public Health and Social Services: For Communities Impacted by the Lahaina, Maui Wildfires via SAMHSA

1. **SERG.** SAMHSA Emergency Response Grant (SERG) program is a SAMHSA-wide

grant opportunity, inclusive of mental health and substance use prevention, response, and recovery services, that authorizes SAMHSA to act immediately under emergency circumstances that create a behavioral health crisis, where the crisis overwhelms the behavioral health system or creates behavioral health service needs that do not fit existing behavioral health resources. SERG funds are “funds of last” resort and cannot supplant existing resources. SERG funding enables public entities to address emergency behavioral health crises when existing resources are overwhelmed or



Program/Services	Organization
Building Pilina and Purpose	Aloha House
Bridging the Gap: Connecting the Community of Behavioral Health Providers	Hawaii Behavioral Health Connection
Maui Project	Hawaii Center for Children and Families
Papa Ku'i 'ai/Pohaku Ku'i 'ai and Community Ku'i 'ai	LOILOA
Hoowaiwai Kaiaulu Program	Maui Family Support Services

unavailable.¹¹

2. **Lahaina Wildfires & On the Ground Community Impacts.** In collaboration with SAMHSA grantee, the State of Hawai‘i, Department of Health, the SERG collaborator network grew initially from 20 to over 30 providers, contractors, programs, serving the emotional, social and mental health needs of survivors of the August 2023 Maui

Wildfires. Maui SERG accomplishments, from the initial, on the ground delivery period February to September 2024: Community Served – 7,298 families and 20,413 individuals; Clinical Care – 8,152 urgent trauma and mental health clinical appointments; Community Outreach – 452 events and 2,133 non-clinical appointments; Workforce Development – 94 training sessions attended by 2,229 local professionals and; Collaborative Engagement – Strong partnerships with 14 local organizations ensured tailored and effective services, especially for under-served populations.¹² Year 2 of SERG grants began November

2024 and continue to be monitored.

3. **Programming.** Examples of urgent, on the ground, community customized programming include:

- a. Family Resiliency toolkits rooted in the cultural values and wisdom of Aloha and focus on the 5 Protective Factors that support and strengthen families: Parental Resilience, Social Support, Concrete Support, Understanding of Child Development, and Social Emotional Competence of Children.

First Responder Behavioral Health Support	BluePaz
Culturally-Minded Trauma-Informed Training for Maui Wildfire Recovery	I.Ola.Lāhui
Maui Mental Health & Resilience Project	Mindful Living Group
The OLENA Project	Mauliolo Pharmacy
‘Ohana Days and Toolkits	Collaborative Support Services
Maui Services	Queen’s Medical Center

- b. Via Radio, Newspaper, TV, Social Media - Developed culturally and linguistically appropriate materials and activities (e.g., family fair, youth empowerment/resiliency building activities); Provide bilingual community navigators to assist in seeking and applying for assistance; Conduct media campaigns (placing educational PSA and

¹¹ <https://www.samhsa.gov/mental-health/disaster-preparedness/serg>, retrieved May 10, 2025

¹² <https://kawaiola.news/columns/i-ola-lkahi/collaborating-to-support-mental-wellbeing-on-maui/>, retrieved May 12, 2025

events announcements on the radio, social media, and Filipino community newspapers).

Disseminated information and resources through ethnic media and also strengthen promotion of services and resources offered by government and community organizations in Ilokano and Filipino/Tagalog. Develop culturally and linguistically appropriate materials and activities to promote health, wellness, and resiliency (e.g., family fair, youth empowerment, resiliency building activities, job fair). Conduct media campaigns (placing educational PSA and events announcements on the ethnic radio and TV, Facebook, Instagram, Filipino community newspapers and publications).

- c. Workshops for Maui First Responders & Families (and partnered with 17 external partners).
- d. Disaster Behavioral Health Curriculum & Training (and partnered with 15 SERG orgs and 33 external partners)
- e. Cultural Healing & Recovery: Maui Wildfire Disaster (and partnered with 3 SERG orgs and 7 external partners)

G. Essential Public Health and Social Services: For Child Welfare, Domestic Violence, and Family Needs

Often overlooked, but vital to NH and Hawai'i's health status include areas addressed by the State of Hawaii's Department of Human Services ("DHS") in which HHS Divisions' funding flows, particularly Medicaid, covering a range of programming and funding for the most vulnerable of populations---children, pregnant women, parents of eligible children, low income adults, former foster care children, aged, blind and disabled individuals.¹³

1. Benefit, Employment & Support Services

- a. Temporary Assistance for Needy Families (TANF)
- b. Temporary Assistance for Other Needy Families (TAONF)
- c. Employment & Training
- d. Child Care Subsidy Program (Child Care Subsidy or Preschool Open Doors)
- e. Child Care Regulation (also known as Child Care Licensing)
- f. Homeless Programs
- g. Aid to the Aged, Blind and Disabled
- h. Supplemental Nutrition Assistance program (SNAP, formerly the food stamps program)
- i. Hawaii Home Energy Assistance Program (HI-HEAP formerly LIHEAP)

2. Social Services Division – Adult Protective and Community Services

- a. Adult Services and Programs: case management for elderly victims of crime program; chore services; adult foster care; senior companion; respite companion; foster grandparent program; transportation assistance; courtesy services.

¹³ [What is Medicaid](#), retrieved May 12, 2025

b. Licensing and Certification: nurse aide training and re-certification.

3. Social Services Division – Child Welfare Services

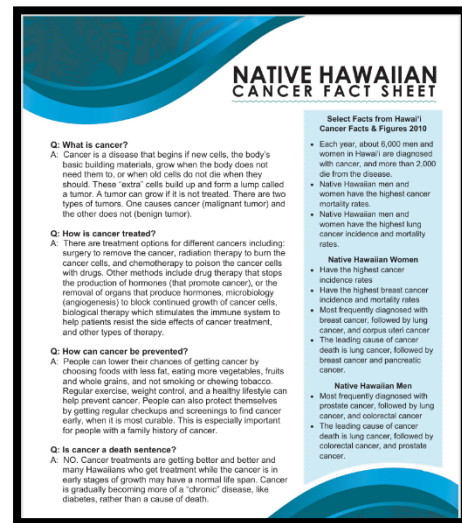
Missing children website; mandated reporters; family connections; family court; foster and adoptive care; youth resources.

4. Med-QUEST¹⁴ Division

The division is responsible for implementing the DHS responsibilities as the single state agency designated to administer the Hawaii Medicaid program under Title XIX of the Social Security Act. **POL understands¹⁵ the following about Native Hawaiian and part-Hawaiian members served by the Hawaii Medicaid Program: Total Hawaiian population currently receiving Medicaid equals almost 77,000 which represents 19% of all Med-QUEST members; almost 26,000 (34%), children including over 1,400 current and former foster care children; over 400 pregnant women; over 14,000 (18%) parents or caretakers; about 26,500 (34%) adults; about 8,800 (11%) aged, blind or disabled adults; and over 1,100 other individuals.**

H. Essential Public Health and Social Services: Via POL and Trusted Community Partners

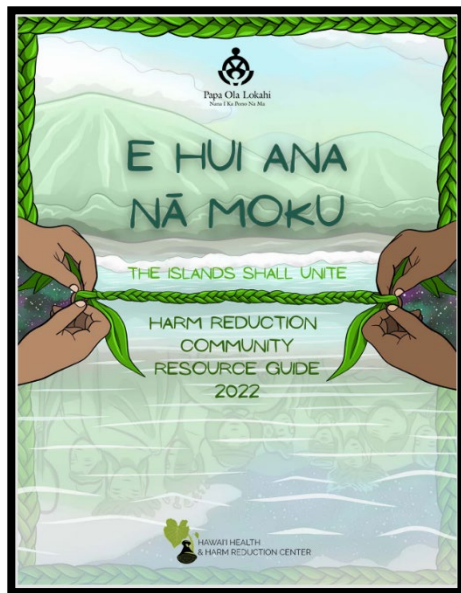
1. **Overview.** Through presentations, demonstrations, workshops, kūkā sessions and working closely with kūpuna (elders), POL seeks to improve awareness of and sensitivity to Hawaiian cultural processes and the philosophies of spiritual healing, thus assuring that they are included within the larger health and wellness arena. Whenever possible, POL collaborates and partners with NH community-based organizations.
2. **Cancer Prevention.** POL via ‘Imi Hale, its research department is a part of the Native Hawaiian Cancer Network launched in 2000, ‘Imi Hale collaborates with key local, state, national and international partners to reduce cancer incidence and mortality among Native Hawaiians through the establishment of a core organizational infrastructure that: Goal 1: Increase knowledge of, access to, and use of beneficial biomedical procedures in cancer prevention and control and co-morbid conditions of cancer patients. Goal 2: Develop and conduct evidence-based intervention research to increase use of beneficial biomedical procedures to control cancer and co-morbid conditions. Goal 3: Train and develop a critical mass of competitive researchers using community-based participatory research (CBPR) methods to reduce health disparities. ‘Imi Hale is currently one of 23 Community Networks Program Center (CNPC) sites funded by the National Cancer Institute’s Center to Reduce Cancer Health Disparities.



¹⁴ QUEST stands for: Quality care; Universal access, Efficient utilization, Stabilizing costs; and Transforming the way health care is provided.

¹⁵ State of Hawaii, Department of Human Services

3. **Chronic Conditions.** Healthy lifestyles, disease prevention and health promotion are critical to reducing the impact of chronic disease and other conditions such as heart disease, hypertension, stroke, diabetes, kidney diseases, cancer and obesity. In many Hawaiian ‘ohana (family), at least one family member is living with a chronic condition such as diabetes, heart disease, or stroke. Since Western contact, illnesses and the loss of resources have deeply affected the once-thriving lāhui of Kānaka Maoli, reshaping their way of life. Many Native Hawaiians in Hawai‘i experience a higher prevalence of chronic disease due to a combination of genetic, environmental, and systemic factors. While lifestyle choices can influence health, access to resources, such as ‘āina for growing food, can be a significant barrier to making healthier choices.



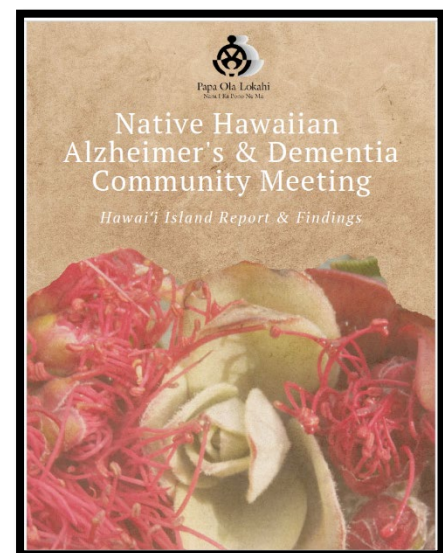
There are many ways to support overall well-being and reduce the risk of chronic conditions. Engaging in physical activity, eating nourishing foods, breastfeeding, and avoiding tobacco are all beneficial steps. Fortunately, there are numerous resources and community support systems available to help individuals and families on their health journey.

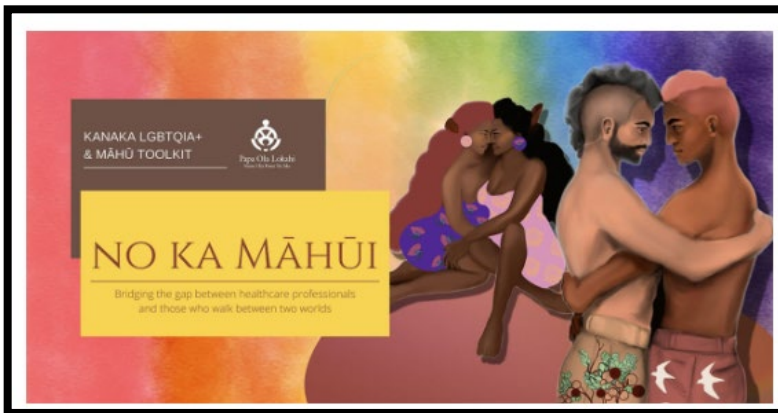
POL coordinates, facilitates, contracts and sometimes direct delivers disease prevention and health promotion programming re: breastfeeding, nutrition, physical activity, tobacco use, kidney disease, heart disease, cancer, diabetes.

4. **Harm Reduction.** POL and the Hawai‘i Health & Harm Reduction Center (H3RC) released a harm reduction toolkit for Native Hawaiians. This approach to harm reduction focuses on developing a community

understanding of harm reduction, reducing the harms caused by colonization in Hawai‘i, and introducing a cultural approach to reducing harm and promoting healing.

5. **Kūpuna Brain Health.** Aligned with POL’s commitment to improve the health and well-being of Native Hawaiians and our families, inquiry into the brain health of kūpuna—elders, grandparents, adults 65 and older—and Alzheimer’s Disease and Related Dementias (ADRD) has yielded insightful observations, a rich body of knowledge, and targeted recommendations to agencies that address the interests of elders in Hawai‘i. The welfare of our kūpuna impacts the well-being and resiliency of the entire family.





6. **LGBTQIA+.** The Hawaiian ‘ohana as well as our lāhui had roles for each person. Whether kane, wahine, or māhū, each person had a kuleana in the Hawaiian ‘ohana. Māhū have long held an important traditional role as caretakers—of other ‘ohana members, of cultural and historical knowledge, and as respected contributors to the lāhui. However, since Western-Colonial contact, we’ve seen a decrease in health outcomes for our māhū (aka LGBTQ)

community.

Papa Ola Lōkahi includes our māhū ‘ohana in our commitment to the health and well-being of Native Hawaiians and all our families. We are identifying the health disparities and through programs, public policy and partnerships, we are developing strategies to address: Increased risk for depression, anxiety and mental health challenges; Increased risk for substance use/misuse.; Increased societal stigma around care (e.g. HIV, MPOX, etc.); Limited, and sometimes prohibited access to gender-affirming care.

In 2023 alone, roughly 500 anti-LGBTQ bills were introduced within state legislatures across the United States, including six bills introduced in Hawai‘i that would limit and criminalize vital gender-affirming care that our trans and māhū ‘ohana members need.



7. **Nutrition and Food Systems.** Promoting nutrition education, research, and policy related to food access, food sovereignty, and food systems. POL efforts build on the foundation established in *E Ola Mau*, Native Hawaiian Health Master Plan, emphasizing food sovereignty, community-based education, and sustainable nutrition practices to promote lifelong well-being. The 2023 *E Ola Mau* Update reaffirmed the commitment to these principles, incorporating contemporary research and community-driven solutions to further address nutritional health, chronic disease prevention, and overall wellness.

8. **‘Ohana (Family) Well Being.** From keiki (children) to kūpuna, this strand focuses on adverse childhood experiences, dental health, sexual and reproductive health.
9. **Substance Use, Recovery, and Behavioral Health.** This strand focuses on substance use, recovery, addictions, and related mental health and wellness. Disproportionate numbers of our Native Hawaiian population have been consistently over-represented among those who are seeking or thrust into Western treatment for substance use disorders and mental health issues. Existing systems of care continue to assign treatment within the same western frameworks that have led to this consistent over-representation, and do not account for the unique needs of the Native Hawaiian Community, and are not anchored in Hawaiian ways of knowing and being.

perspectives, is more influential in creating positive health outcomes for Native peoples

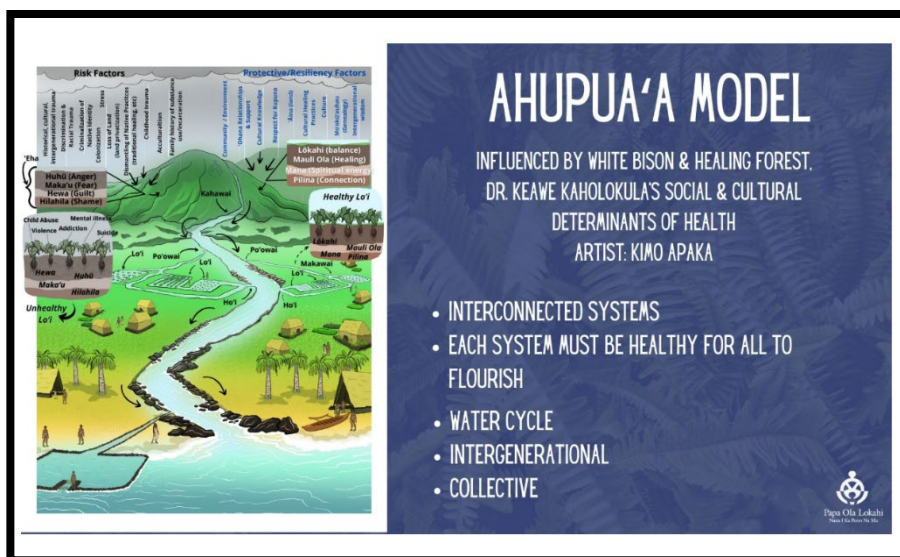


from keiki to kupuna. Seen as one of the top markets for menthol tobacco products since the 1960s, remnants still linger throughout our islands. In addition to combustible commercial tobacco, young people (minors and young adults) are being targeted by e-cigarette companies.

Although makahala (Native Hawaiian tobacco) has been used in la‘au lapa‘au, commercial tobacco as well as its subsequent nicotine-related products such as e-cigarettes (also known as ESD, ENDS), have been imported into Native Hawaiian communities since Western-Colonial contact. Since its import, tobacco, and more recently e-cigs, have infiltrated and ravaged through our kaiaulu (communities). The 2021 Youth Risk Behavioral Survey shows that Native Hawaiian youth are particularly vulnerable to the Tobacco Industry’s targeted marketing.

I. Essential Public Health and Social Services: Via Cultural Healing Model

The Ahupua‘a model emphasizes relationship among people and the environment, identifying protective and risk factors, and promoting collective healing. Recognizing Native Hawaiians’ holistic worldview, which includes strong connections and reciprocal relationships between the land, community, and spirituality, is key to developing effective healing methods. The ahupua‘a model provides a framework for implementing these interventions or methods and fostering a thriving Native Hawaiian Community.



By embracing a culturally grounded approach, we can empower and uplift our lāhui to reclaim and celebrate the unique cultural strengths that have kept our people healthy and thriving for generations, leading to more impactful and meaningful interventions for healing and growth.

J. Essential Public Health and Social Services: Via Traditional Healers & Practitioners

1. **Overview.** POL supports the efforts of kūpuna (elder) healing, and the organizing support of cultural masters and traditionalists toward the understanding, support and perpetuation of the Native Hawaiian healing knowledge, attitudes, values, beliefs and practices. POL advocates for the preservation of such traditions to ensure that the rights and cultural integrity of these practices are respected and appropriately protected.
2. **Approach.** Through community-based presentations, demonstrations, workshops, kūkākūkā (discussion) sessions and working closely with kūpuna (elder) of the geographic area, POL seeks to improve awareness of and sensitivity to Hawaiian cultural processes and the philosophies of spiritual healing, thus assuring that they are included within the larger health and wellness arena. Whenever possible, POL networks and partners with organizations in the medical communities. The traditional healing program keeps apprised of both Hawai‘i legislative and congressional actions impacting and affecting these practices, responds to requests and inquiries, and provides technical assistance to the Systems as well as other community-based organizations as requested.

POL welcomes kūpuna wisdom to provide the support for its cultural, spiritual and historical foundation. This foundation seeks the knowledge of the source of illness which lies within our ancestral past and environment. The wisdom of this knowledge understands that healing and wellness embraces the principles and protocols of our Native Hawaiian cultural and healing practices and compels respect for our kūpuna.



3. **Declaration of Practice, June 2024, Līhu‘e, Kaua‘i.** More than 70 practitioners and advocates of Native Hawaiian healing traditions gathered on Kaua‘i to maintain the integrity of Hawaiian healing knowledge. The chairs of five elder councils of Hawaiian healing practitioners signed *Ke Kuahaua Maui Ola*, a *Declaration of Practice* to preserve, protect and perpetuate the cultural integrity and ancestral traditions passed down through generations of healers. The declaration is a response to the growing

appropriation of Hawaiian healing knowledge and practices by usurpers who don't genuinely understand the protocols, the genealogy, the community recognition, the continued lineage of healers, and most importantly, that healing is a spiritual practice.

K. Essential Public Health and Social Services: Via Native Healthcare Professionals

1. Native Hawaiian Health Scholarship Program

- a. Overview.** Established within the Native Hawaiian Health Care Act, the NHHSP provides awards to Native Hawaiian students seeking degrees in the health care professions. The purpose is to increase the number of Native Hawaiians in health and allied health professions, thereby increasing access to health care delivery for those who seek it. The program recruits and nurtures professionals in-training for primary health care disciplines and specialties most needed to deliver quality, culturally competent health services to Native Hawaiians throughout the State of Hawai'i. The merit-based program awards scholarships dedicated to providing primary health services to Native Hawaiians and communities in Hawai'i.
- b. Impact by the Numbers.** Over the past almost three decades, 318 scholars via 347 scholarships awarded resulted in 244 program alumni in the fields of clinical psychology, dentistry, dental hygiene, dietetics/nutrition, nursing, medicine, physician assistant and social work. Fifty-one (51) scholars are supported by NHHSP staff, thru three primary phases of their journey to serving communities--- education, in-service and in community placement.
- c. Impact via Native Voices.** Hear the voices of in-education, in-service and alumni scholars below:

(i) Scholar A, In-Education, Physician's Assistant (PA), Community Area: TBD:

"The Native Hawaiian Health Scholarship equips me with the financial stability necessary to excel as a physician's assistant and effectively serve the rural communities of Hawai'i. The scholarship alleviates my financial concerns, ensuring that I can pursue my studies without the burden of part-time employment after attending classes Monday to Friday, 8 a.m. to 4 p.m., to cover my living expenses. While the financial support is substantial, the most valuable aspect of this program is the opportunity to connect and learn from esteemed and future leaders in Hawaiian healthcare. The I Ola Lahui lecture series provided me with invaluable insights into the path to leadership as a Native Hawaiian in healthcare. This scholarship not only benefits me personally but also contributes to the greater well-being of the lahui by enabling me to serve the community as a physician's assistant upon completion of my studies."

(ii) Scholar B, In-Service, Registered Nurse (RN), Community Area: Maui

"The NHHSP helped me obtain my nursing license to serve my rural community of Hana, Maui. The financial, emotional, and mental support allowed me to focus on my education and complete my program successfully. It also lifted the financial burden, allowing me to focus on my family."

(iii) Scholar C, Alumni, Family Nurse Practitioner (FNP), Community Area: Kauaʻi

“The Native Hawaiian Health Scholarship Program has been invaluable to me and my family. Without this scholarship I would not have pursued my Master's degree and would never have become a nurse practitioner serving as a primary care provider and hospice/palliative care provider for my community. Had I not received this scholarship I would have had to decline my acceptance to the Master's program because it was going to be near impossible to afford my tuition as I would have had to quit my full time job and become a full time student. I was also making a choice between purchasing a home (remaining an RN) and pursuing my education (becoming an APRN). When I received the notification of my acceptance for the Scholarship program my family and I were overjoyed as we felt that the decision was made for us and my education was what I was meant to pursue. The scholarship program afforded me the ability to become a full-time student and still be able to help care for my then 3 year old son. The primary challenge I had with the scholarship program was related to taxes the years following my award. However, through the help of an accountant I was able to file correctly and was able to afford the taxes in the end. This was such a small bump in the road compared to the hurdles I faced going to school and being able to afford to provide for my family as well as afford my tuition. I am grateful for this program and feel blessed to continue to be able to be a part of the community it helped me to find.”

(iv) Scholar D, Alumni, Masters in Nursing (MSN), Community Area: Molokaʻi

“The NHHSP assisted my Masters In Nursing Program from 2011-2013. Because of the assistance of this program, I was able to obtain a management position as a Branch Coordinator of the only Home Care Agency on the island of Molokai serving a majority of the Hawaiian Population. I am fortunate to serve the people on a rural island and community who lack the medical resources other islands are privileged to. Because of this scholarship, I have been able to make a difference in my community.”

(v) Scholar E, Alumni, Bachelor of Science in Nursing (BSN), Community Area: Maui, Molokaʻi:

“I was a registered nurse working at Hui No Ke Ola Pono, Inc. The NHHSP allowed me to pursue my BSN degree while continuing to work full time. I continued to work for Hui No Ke Ola Pono, Inc. serving the Native Hawaiian community. The BSN degree allowed me to move back home to Molokaʻ and serve the community that helped to raise me. I had the privilege and honor to work with Dr. Aluli, the person who had been instrumental in obtaining the Native Hawaiian Health funding and testified in Washington DC to advocate for the health of our lāhui. In my current position, I am able to advocate for our island and help to find solutions for our island's health needs. All this was possible first to Ke Akua for opening the doors and providing the open door to the NHHSP.

2. Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii - Mānoa¹⁶

- a. **Overview.** For the past five decades, Ho‘ona‘auao, the medical education division, has been dedicated to developing physicians who are committed to improving the health of Hawai‘i through the ‘Imi Ho‘ōla Post-Baccalaureate Program and the Native Hawaiian Center of Excellence. Over 350 physicians (38% NH) who serve communities across Hawaii, the Pacific, and the continental U.S., were produced by the program and in the current year, 52 medical students currently enrolled, 47 pre-medical students preparing to apply to medical schools and 2,300 K-12 students engaged through recruitment and outreach events.
- b. **Executive Order Impacts.** The following information was shared with the Board of Trustees at the Office of Hawaiian Affairs:

Executive Order Impacts		
Already Lost	At Risk	Future Outlook
<ul style="list-style-type: none"> Stop order on 20yr+ NIH longitudinal grant on diabetes (\$208K/year) Discontinuation of biomedical sciences mentorship pathway program (\$250K/year) Minority Health Training Grant for students in health sciences (New - \$270K/year) Loss of data infrastructure and specialized research staff 	<ul style="list-style-type: none"> Current Funding: \$5.4M Pending Funding: \$6.6M Disruption/halt of health research for Native Hawaiians Reduced support for NH students pursuing medicine, behavioral health, and health science careers Disruption of partnerships with NH communities 	<ul style="list-style-type: none"> Declining rates of NH student recruitment into health fields Reduction of community-based clinical and health science outreach NH will experience widening health inequities without a voice in academic medicine Loss of informed health policy regarding Native Hawaiians

L. Essential Public Health and Social Services: Via Education Collaborations

POL collaborates with other sectors, including education, resulting in the United States Department of Education, Native Hawaiian Education Program¹⁷, award in 2001, a grant to POL, totaling \$1.879 million for the Resilient Communities, Families and Schools project. Also known as the ‘Ohana (Family) Resilience Program, approximately 20 community-based vendors were contracted, serving sites included in communities near community health centers on the islands of Hawai‘i (in the communities of Mountain View, Honaunau, West Hawaii, East Hawaii) and O‘ahu (in the communities of Waianae, Waimanalo) to ensure equitable access to disadvantaged communities by strengthening community partnerships, promoting trauma sensitive practice and enhancing coordination of wrap-around prevention/intervention services for children and families.

¹⁶ Presentation to the Board of Trustees of the Office of Hawaiian Affairs by DNNH, JABSOM, May 1, 2025

¹⁷ To address and support the educational needs of Native Hawaiians, as demonstrated through the 1983 Native Hawaiian Educational Assessment Report, Congress enacted the Native Hawaiian Education Act (NHEA)

POL, Native Hawaiian Health Care System, Hawai‘i Department of Education, University of Hawai‘i Hilo Center for Place-Based Socioemotional Development, Hawai‘i Afterschool Alliance, Ceeds of Peace, and HawaiiKidsCAN committed to support five (5) Title I elementary schools located in rural and remote communities where poverty, substance abuse and unemployment are pervasive with limited access to health and further education. On average, 69% of students identify as Native Hawaiian or Pacific Island ancestry and 90% of students are eligible for free and reduced lunch.

Accelerating the unique challenges of rural and remote places, COVID-19 exacerbated existing stressors on youth, family and communities. In response to the impacts of COVID-19, the purpose of the resiliency hubs for communities, families and schools, was to promote equitable access to education by empowering schools in disadvantaged and/or rural communities to strengthen community partnerships, promote trauma sensitive practice and enhance coordination of wraparound prevention/intervention services for children and families.

*END – Section II - Impact of Delivering Essential Public Health and Social Services to
Native Hawaiians – intentionally left blank*

III – Continuing Needs, Implementing Master Plan Recommendations and the Native Hawaiian Health Network

A. Continuing Needs

Despite Congress’ declaration that it is the policy of the United States in fulfillment of its special trust responsibilities and legal obligations to the indigenous people of Hawaii, health disparities persist and programming needs in the following areas are at risk:

1. SAMHSA Emergency Response Grants (HHS>SAMHSA)

Currently in Year 2 of the implementation of SERG grants (beginning November 2024), and the six-month period reporting in progress, emerging data includes (pending final review and confirmation): over 5,400 families served in the community, associated with almost 14,400 individuals; about 4,400 urgent trauma and mental health clinical appointments; almost 475 events, over 3000 non-clinical appointments; over 90 training sessions attended by almost 1,700 local professionals; and over 140 unduplicated organizations.

2. Rural Health Disparities in Hawai‘i – Native Hawaiian Health Systems (HHS, HRSA>BPHC, Federal Office of Rural Health Policy)

The following plain language summary is provided by the Economic Research Organization at the University of Hawai‘i report “Rural Health Disparities in Hawai‘i”¹⁸, published in August 2024:

“Health can be different in rural and city areas for many reasons. For example, rural places might not have as many healthcare services. This makes it harder for people to get good care. But rural areas are closer to nature and often have close communities. This can be good for health. Studies on how rural living affects health in the US have shown mixed results. There have not been any studies for Hawai‘i before. This report looks at health differences between rural and city areas in Hawai‘i. We used data from a health survey done in June 2023: the UHERO Rapid Survey. We looked at things like age, gender, race/ethnicity, income, education, and disability to see how they relate to health and rural living. We found some big differences in health between rural and city residents in Hawai‘i. Living in a rural area was strongly linked to overall health. The effect was bigger for physical health than mental health. People with disabilities and people with low incomes in rural areas faced the biggest health differences. Our findings suggest that health policies should aim to reduce differences between rural and city areas. It is especially important to help groups like people with disabilities and people with low incomes in rural areas. These groups need additional support.”

Continuing supports via NHHN organizations (POL, Systems, FQHCs, CHCs, CBOs, NHOs, universities, State of Hawaii) can collectively address rural health disparities.

¹⁸ [Rural Health Disparities in Hawai‘i - UHERO](#), retrieved May 12, 2025

3. Disproportionate Representation in Programs that Address the Health, Safety and Self-Sufficiency of Native Hawaiian Families¹⁹ (HHS>CMS)

- a. 33% of Temporary Assistance for Needy Families (TANF) clients in June 2024 were Native Hawaiian. This is higher than Hawaiians' proportion of the total state population of 21%.
- b. In State Fiscal Year (SFY) 2024, 39.7% of confirmed victims of child abuse or neglect were Hawaiian.
- c. In the same year, 41.6% of children in foster care are Native Hawaiian.
- d. 42.8% of incarcerated youth were Hawaiian.
- e. Total Hawaiian population currently receiving Medicaid equals almost 77,000 which represents 19% of all Med-QUEST members; almost 26,000 (34%), children including over 1,400 current and former foster care children; over 400 pregnant women; over 14,000 (18%) parents or caretakers; about 26,500 (34%) adults; about 8,800 (11%) aged, blind or disabled adults; and over 1,100 other individuals.

4. Missing and Murdered Native Hawaiian Women and Girls²⁰ (HHS>HRSA) Pursuant to H.C.R. 11, the Hawai'i State Commission on the Status of Women (CSW) convened a Task Force to study Missing and Murdered Native Hawaiian Women and Girls (MMNHWG). The Missing and Murdered Native Hawaiian Women and Girls Task Force (MMNHWG TF) was administered through the Hawai'i State CSW and the Office of Hawaiian Affairs and was comprised of individuals representing over 22 governmental and non-governmental organizations across Hawai'i that provide services to those who are impacted by violence against Kānaka Maoli. The MMNHWG TF had the responsibility of understanding the drivers that lead to Kānaka Maoli women and girls to be missing and murdered, to propose solutions, and to raise public awareness about violence against Kānaka Maoli.

The findings and recommendations in the report were provided to members of the MMN-HWG TF for review and their insights were included. Any disparate agreement with the findings and recommendations will be noted.

- a. 21% of Hawai'i's total population (N= 1,441,553) identifies as Native Hawaiian (U.S. Census Bureau, 2021).
- b. 10.2% of the total population of Hawai'i identifies as a Native Hawaiian female, with 47.6% of this population identified as females under the age of 18 (U.S. Census Bureau, 2021).

¹⁹ Audit, Quality Control & Research Office Research Staff. (2024). *Databook*. State of Hawaii Department of Human Services. <https://humanservices.hawaii.gov/wp-content/uploads/2025/04/DHS-Databook-FY2024.pdf>

²⁰ Cristobal, N. (2022). *Holoī ā nalo Wāhine 'Ōiwi: Missing and Murdered Native Hawaiian Women and Girls Task Force Report (Part 1)*. Office of Hawaiian Affairs; Hawai'i State Commission on the Status of Women: Honolulu, HI.

- c. More than a quarter (1/4) of missing girls in Hawai‘i are Native Hawaiian (JJIS, 2001 2021).
- d. Hawai‘i has the eighth highest rate of missing persons per capita in the nation at 7.5 missing people per 100,000 residents (Kynston, 2019).
- e. The average profile of a missing child: 15 year old, female, Native Hawaiian, missing from O‘ahu (MCCH, 2022).
- f. The majority (43%) of sex trafficking cases are Kānaka Maoli girls trafficked in Waikīkī, O‘ahu (Amina, 2022).
- g. 38% (N= 74) of those arrested for soliciting sex from a thirteen-year-old online through Operation Keiki Shield are active-duty military personnel (Hawai‘i Inter net Crimes Against Children Task Force, 2022).
- h. In 2021, the Missing Child Center Hawai‘i (MCCH) assisted law enforcement with 376 recoveries of missing children. These cases are only 19% of the estimated 2,000 cases of missing children in Hawai‘i each year (MCCH, 2021).
- i. On Hawai‘i Island, Kānaka Maoli children ages 15-17, represent the highest number of missing children’s cases, with the most children reported missing in area code 96720, Hilo (Hawai‘i Island Police Department, 2022).
- j. From 2018-2021, there were 182 cases of missing Kānaka Maoli girls on Hawai‘i Island, higher than any other racial group (N= 1,175) (Hawai‘i Island Police Department, 2022).
- k. 57% of participants served through the Mana‘olana Program at Child & Family Services are Native Hawaiian females who have experienced human trafficking (Ma na‘olana, CFS, 2021-2022).

Continued collective, systemic and community-based efforts are needed to address MMINHWG issues.

B. Implementing Recommendations of E Ola Mau – Native Hawaiian Health Master Plan (HHS, HRSA)

1. **E Ola Mau 2023 Recommendations Overview**²¹. The E Ola Mau (EOM) report (NHH Master Plan) provides comprehensive recommendations aimed to address and improve the overall well-being of the Native Hawaiian community. It is generated through the efforts and commitment of a multidisciplinary collective of practitioners across the pae ‘āina. The structure of the 2023 report followed the key areas of health and well-being covered in the earlier report, including the new addition of recommendations made in the racism, data governance, and workforce development chapters. The recommendations emphasize the importance of integrating Native Hawaiian culture with modern healthcare systems to create a holistic approach to well-being. This includes increasing the availability of culturally appropriate services and resources, and supporting community-based efforts.

²¹ <https://www.papaolalokahi.org/wp-content/uploads/E-Ola-Mau-2023-Recommendations-all-workgroups.pdf>, retrieved May 12, 2025

Additionally, the report advocates for a strengths-based approach to wellness, increased monitoring and evaluation of the recommendations, and interdisciplinary collaboration. The overarching goal of these recommendations is to reduce health disparities and promote a healthier, more vibrant future for Native Hawaiians.

2. **Racism & Well-Being.** EOM teams reviewed the literature connecting racism with each chapter (e.g., oral health, behavioral health, historical and cultural context) that existed in previous EOM reports and identified specific recommendations for each section. While this chapter is new to the 2023 report, racism has been implicit in the previous reports. Recommendations from 1985 called for culturally sensitive approaches to health programs and interventions and the need to address Native Hawaiian concerns relating to land, urbanization, the justice system, self-determination, economic self-sufficiency, environmental protection, education, housing, transportation, energy, historical and archaeological sites, lawai‘a ‘ana (fishing), mahi‘ai ‘ana (farming), and language and culture. The 2019 report called for disaggregated data, Kānaka workforce development, and more culturally grounded ways of supporting Native Hawaiian health. There are recommendations for: Racism: Historical & Culture Perspectives; Mental and Behavioral Well-Being; Medicine; Nutrition, Oral Health, Data Governance, Workforce Development, Resilience; and Mental & Behavioral Wellbeing; Nutrition, Policy & Advocacy; and Community Education.

C. Native Hawaiian Health Network (HHS>HRSA, SAMHSA, CMS)

Continuing the work of the collective, the Native Hawaiian Health Network (NHHN), is vital for raising the health status of Native Hawaiians and Hawai‘i, and POL, the NHHB, acknowledges the following organizations and the long standing commitment to Hawai‘i’s communities:

1. The Native Hawaiian Health Care Systems

- a. Ho‘ola Lāhui Hawai‘i - Kaua‘i Community Health Center, also a federally qualified health center.
- b. Ke Ola Mamo, island of O‘ahu;
- c. Hui No Ke Ola Pono, island of Maui;
- d. Na Pu‘uwai, islands of Molokai and Lana‘i; and
- e. Hui Mālama Ola Nā ‘Ōiwi, Hawai‘i Island.

2. Federally Qualified Health Centers (island), alphabetically and with multiple sites and modes within their communities ²²

- a. Community Clinic of Maui (Maui)
- b. Hāmākua-Kohala Health (Hawai‘i Island)
- c. Hana Health (Maui)
- d. Kalihi Palama Health Center (O‘ahu)

²² https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/hi/, retrieved May 12, 2025

- e. Ko‘olaupia Health Center (O‘ahu)
- f. Kōkua Kalihi Valley Comprehensive Family Services (O‘ahu)
- g. Lanai Community Health Center (Lāna‘i)
- h. Molokai Ohana Health Care (Molokai)
- i. Wahiawa Center for Community Health (O‘ahu)
- j. Waianae Coast Comprehensive Health Center (O‘ahu)
- k. Waikīkī Health Center (O‘ahu)
- l. Waimanalo Health Center (O‘ahu)
- m. West Hawaii Community Health Center Inc. (Hawai‘i Island)
- n. WHCHC Hawaii Island Community Health Center (Hawai‘i Island)

3. Community Health Centers

CHCs are the cornerstone of the health care system in Hawai‘i, providing essential services to the most vulnerable populations. CHCs are non-profit organizations, and exist in federally-recognized areas, where residents have barriers to getting health care. They also actively reinvest in the development of the communities they operate in. A comprehensive array of services including: primary medical care, behavioral/mental health care, dental services, diagnostic services, prescription drugs, case management, language assistance, culturally-competent and sensitive care, health education, including nutrition counseling, and assistance with program applications, including housing and cash assistance.²³

4. State of Hawaii, Department of Health and Department of Human Services

Both department are integral to working with each other and the community at large to accomplish public health goals and objectives.

5. Native Hawaiian Organizations

POL, the NHHB, recognizes the almost 200 NHOs currently on the U.S. Department of the Interior, Office of Native Hawaiian Relations’ Notification List²⁴ which are vital, community and cultural connections to the Native Hawaiian community.

6. Community Based Organizations

Too numerous to name organizationally, the network of CBOs intersect with all of the above named and includes community collaborators in education, health, housing, social services, land and ocean at all governance levels---community, county, state, federal, international.

POL, the NHHB, acknowledges all who have been and/or are a part of the NHHN, individually and organizationally, and welcome all and commits to strengthen the health status of NHs and Hawai‘i.

²³ <https://www.hawaii-pca.net/what-is-a-chc>, retrieved May 12, 2025

²⁴ <https://www.doi.gov/sites/default/files/documents/2025-04/nhol-complete-list-final-web.pdf>, retrieved May 12, 2025