



**Papa Ola Lokahi**  
Nana I Ka Pono Na Ma

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**Papa Ola Lokahi**

is a non-profit Native Hawaiian organization founded in 1988 for the purpose of improving the health and well-being of Native Hawaiians and other native peoples of the Pacific and continental United States.

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**Examining the COVID-19 Response in Native Communities:  
Native Health Systems One Year Later**

**Wednesday, April 14, 2021, 2:30 PM EDT/8:30 AM HST**

Aloha e Chairman Schatz, Vice Chairman Murkowski, and Members of the Senate Committee on Indian Affairs,

Mahalo nui (Thank you) for the invitation to testify on behalf of Papa Ola Lōkahi (POL) and Native Hawaiian health. I am grateful to be here to present some highlights on the COVID-19 response in the Native Hawaiian community to the Committee. Your work is critical to the self-determination of Indigenous peoples in the United States to perpetuate Native cultures and practices. Thank you also for your successful efforts to ensure that Native Hawaiians were included in the American Rescue Plan Act, as well as your continued support for federal programs that benefit Native Hawaiian families and communities.

**Papa Ola Lōkahi and the Native Hawaiian Health Care Improvement Act**

Created through federal statute in the original Native Hawaiian Health Care Act of 1988 (currently the Native Hawaiian Health Care Improvement Act (NHHCIA)), POL is a 501(c)(3) non-profit organization that is responsible for the coordination and maintenance of a comprehensive health care master plan for Native Hawaiians; training of relevant health care professionals; serving as a clearinghouse for Native Hawaiian health data and research; and providing oversight, coordination, and support to the Native Hawaiian Health Care Systems (NHHCSs), which provide direct and indirect health services to the islands of Kaua‘i, Moloka‘i, Lāna‘i, Maui, O‘ahu, and Hawai‘i.

POL and the NHHCIA stand out among the trust responsibilities to Native Hawaiians that are recognized by the United States, similar to the trust responsibilities to Native Americans and Alaska Natives. Congressional policies that uplift Native Hawaiians in areas such as education, housing, language, and more have served to fulfill these trust responsibilities. Over 150 Acts specifically acknowledge or recognize that Native Hawaiians have a special political and trust relationship as Indigenous people who never relinquished the right to self-determination.

## **COVID-19 and Native Hawaiian Health**

The pandemic response this past year has demonstrated both old and new barriers that demand timely, yet thoughtful, action for public health and safety. Simultaneously, the response of the Native Hawaiian community during the first year of the pandemic has demonstrated how community-driven efforts during unprecedented crisis can lead to innovative and effective solutions. We will highlight a sample of the discussions, partnerships, strategies and movements this past year in which Papa Ola Lokahi has participated to response to the COVID-19 pandemic.

Generally, the five NHHCSs were able to pivot their service provision through enhanced telehealth. The losses in revenues were sudden and major. Thanks to the forethought of Congress over the last several years, increases in annual appropriations to the NHHCIA somewhat sheltered the NHHCSs. However, the first year of pandemic response demonstrated the health needs of Native Hawaiians are not among the standing emergency priorities of either the State or Counties. Thus, the NHHCSs and other Native Hawaiian health organizations, which are relatively small health providers, may be better served with direct federal funding mechanisms.

Specifically naming POL and the NHHCSs as eligible entities in relevant Notice of Funding Opportunities would better expand access to resources to Native Hawaiian communities, and better enable our staff to identify and prepare grant application efforts. Direct access to agencies such as the Centers for Disease Control and Prevention (CDC), Office of Minority Health (OMH), Substance Abuse and Mental Health Services Administration (SAMHSA) would provide opportunities for the NHHCSs to increase their capacity.

The first year of pandemic response also brought to light the need for Native Hawaiian consultation with federal health agencies to understand health needs during immediate, long-term emergency response, and overall. Native Hawaiian communities continue to face stark choices due to the complex and inter-related impacts of social determinants of health, such as unemployment, food insecurity, and the “digital divide” that contributes to disparities in work and educational opportunities as well as telehealth access. Absent consultation relationships with relevant federal agencies, POL has had little ability to communicate the disparate needs reported by the NHHCSs. Despite record-breaking relief bills from Congress, the precedence of funding Asian American (AA) organizations to then act as gatekeepers for Native Hawaiians and Pacific Islanders has resulted in delayed, if any, funding support reaching Native Hawaiians.

The NHHCSs were able to respond to community needs to the extent possible through relevant outreach and enabling services, as well as new innovations in engagement and community response. In the future, health equity may be well served through direct consultation between Native Hawaiians and federal agencies.

## **Challenges and Successes During COVID-19 and Beyond**

Salient to the discussion of the first year of COVID-19 response are the health issues that frame challenges to COVID-19 response, successes celebrated by the Native Hawaiian community, and the sustainability of these innovations. It is prudent to not only learn lessons from difficult times, but also commit to change what may prevent or mitigate future challenges. Below, we discuss three key areas – virtually all of which were identified prior to the pandemic – that we believe will increase how informed, timely, and capable the NHHCSs and the health system at large may be in the future, in addition to how to leverage successes from pandemic response for Native Hawaiian communities.

## 1. Data Governance and Infrastructure

The 1997 update to the Office of Management and Budget Directive (OMB) 15, “Race and Ethnic Standards for Federal Statistics and Administrative Reporting,” which disaggregated the “Asian or Pacific Islander” race category into two major groups, “Asian” and “Native Hawaiians and Other Pacific Islanders,” was a key policy change to ensure that Native Hawaiians – as well as Pacific Islanders – were more accurately represented and understood in all areas, including health. However, the data difficulties after the initial surge of pandemic activity in the State of Hawai‘i in March 2020 demonstrated that OMB 15 requires new revision as well as more robust enforcement to improve the understanding of ethnic minorities, including Native Hawaiians. In addition, the importance of understanding contextual health data on the social determinants of health (housing, employment, and food security, educational opportunities, and more) also played a large role in understanding the specific COVID-19 impacts on Native Hawaiians.

Without changes to federal data standards, the NHHCSs have limited ability to demonstrate a full and nuanced “picture” of Native Hawaiian health writ large, but especially during emergencies such as COVID-19. Many variables reported by the NHHCSs to federal agencies capture simple data counts, such as the number of people who received a type of service or participated in a program. The statistics that these data create do not capture the deeper nuances of Native health, which creates a dilemma when Native health systems try to demonstrate effective use of funds or identify Native priorities.

Recommendations for transforming data to better understand and serve Native Hawaiians were reported in February 2021 in the report *Data Justice: About Us, By Us, For Us*,<sup>1</sup> a joint publication of POL and the Hawai‘i Budget & Policy Center. These recommendations had large overlap with COVID-19 health equity recommendations in a March 2021 report, *COVID-19 in Hawai‘i: Addressing Health Equity in Diverse Populations*.<sup>2</sup> Though focused on data

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<sup>1</sup> Kauhikaua, L. and Pieper-Jordan, S. (2021). “Data Justice: About Us, By Us, For Us.” Hawai‘i Budget & Policy Center and Papa Ola Lōkahi. Available at [https://static1.squarespace.com/static/5ef66d594879125d04f91774/t/60514869451e1d09b75e4317/1615939719621/Data+Justice+Report\\_Interactive.pdf](https://static1.squarespace.com/static/5ef66d594879125d04f91774/t/60514869451e1d09b75e4317/1615939719621/Data+Justice+Report_Interactive.pdf)

<sup>2</sup> Hawai‘i State Department of Health (2021). “COVID-19 in Hawai‘i: Addressing Health Equity in Diverse Populations.” Disease Outbreak Control Division: Special Report. Available at <https://hawaiiicovid19.com/wp-content/uploads/2021/03/COVID-19-Race-Ethnicity-Equity-Report.pdf>

needs and recommendations in a state context, the majority of the report recommendations apply to federal policies as well, including the need for regular consultation, meaningful standardization of data completeness and accuracy across agencies and public programs, evaluation, and more.

## **2. NHHCIA Legislative Changes**

The first year of pandemic response served as a serious example of how current NHHCIA language prevents the NHHCSs from fully responding to community needs in a timely and meaningful way during crisis. Though the NHHCSs were generally able to pivot to telehealth and other innovations, which have now expanded to include vaccination efforts, the limitations posed by NHHCIA on matching funds during a crisis that resulted in lowered revenues for all health providers – both Native and non-Native – capped the ability of NHHCS leadership to provide proportionate servicing overall as well as the timeliness of response activities.

POL is grateful for the support of the Hawai‘i Congressional delegation for the work to revise and reauthorize the NHHCIA so that Native Hawaiian health resources reach parity with other health facilities and providers. As pandemic response shifts into recovery, the need for all Native health systems to be able to act is paramount for the protection and health of Native communities.

## **3. Collective Impact and Partnership Successes**

The successes of the NHHCSs and Native Hawaiian organizations were achieved through coalition-based efforts, often in solidarity with Pacific Islander organizations. POL was able to access and re-distribute federally-sourced resources like personal protective equipment, sanitation items, and more. The NHHCSs identified partners to assist in response efforts such as food and diaper distribution and more recently, vaccination distribution in Native Hawaiian communities. The connections strengthened or created during the first year of pandemic response and the results of collective efforts, despite their effectiveness and utility to improve Native Hawaiian health – and community health, as Native Hawaiians live among larger groups – remains underrated. It is our understanding that the CDC has recently identified some of the contact tracing efforts for Pacific Islanders as a pilot project worth further investigation; we believe that other work in the Native Hawaiian and Pacific Islander pandemic response also demonstrates successful, sustainable, and culturally appropriate practices that can be scaled and potentially applied to other health issues affecting Native Hawaiians.

Mahalo to all the members of this committee for the opportunity to share these stories.