Native Hawaiian Health Task Force
2017 PRELIMINARY REPORT AND RECOMMENDATIONS

REPORT TO THE TWENTY-NINTH LEGISLATURE
STATE OF HAWAII
2017

PURSUANT TO SENATE RESOLUTION 60, SD1 (2014)

January 17, 2017
Capitol Auditorium
E mālama i ka iki kanaka, i ka nuʻa kanaka.  
O kākou no kēia hoʻakua.

Take care of the insignificant and great person alike.  
That is the duty of those who lead.

-ʻŌlelo Noʻeau
Dedication

Loretta “Deliana” Fuddy

Senator Gil Kahele
Senate Resolution (SR) No. 60 S.D. 1

• Create a task force to formulate policies and procedures to eliminate the disproportionate impact of the social determinants of health and chronic disease on all individuals, with particular focus of Native Hawaiians and other Pacific Peoples.

• Urged to include:
  • Chair of Department of Native Hawaiian Health, JABSOM
  • Director of Health, State Department of Health
  • CEO of Office of Hawaiian Affairs
  • Up to 20 additional members with interest, background, and expertise in areas of Native Hawaiian health or health care.
Senate Resolution (SR) No. 60 S.D. 1

• The task force will focus on the following work:
  1. Create **data sharing policies between state agencies** to improve access to these data for timely and disaggregated analyses to help inform policies and programs aimed at improving Native Hawaiian health;
  2. Propose cost-effective **improvements to the environments** where Native Hawaiians live, learn, work, and play;
  3. Propose state **legislation to address social and cultural determinants of health** in Hawai‘i;
  4. Raise awareness and propose **programs to advance health equity**;
  5. Propose programs and legislative action that will **address barriers to access to health care**;
  6. Guide the use of **existing collaborations, systems, and partnerships** to leverage resources and maximize outcomes;
  7. Propose activities that will **support community organizations promoting their own health on their own terms**; and
  8. Propose initiatives that will **increase preventive services available** in Native Hawaiian communities.
Task Force Members

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- Noa Emmett Aluli, MD Molokaʻi General Hospital/ʻAhahui o Nā Kauka
- Puni Kekauoha Kula No Nā Poʻe Hawaiʻi
- Kamaki Kanahele and Nalani Benioni Sovereign Council
- Keola Chan and Miala Leong ʻAha Kāne Native Hawaiian Men’s Health
- Diane Paloma, PhD, MBA Queen’s Health System
- Dane Keohelani Silva Traditional healer and community leader
- Nālei Akina Queen Liliʻuokalani Children’s Center
- Sharlene Chun-Lum Community Member
- Claire Hughes, DrPH Association of Hawaiian Civic Clubs
- Joelene Lono Ke Ola Mamo NHHCS, Oʻahu
- Michelle Hiraishi Hui Mālama Ola Nā Oiwi NHHCS, Hawaiʻi Island
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- Sheri Ann Daniels, Ed Papa Ola Lōkahi
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- Joey Gonsalves Hui No Ke Ola Pono NHHCS, Maui
- Shawn Kanaʻiaupuni, PhD Kamehameha Schools
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- Keopu Reelitz and Malia Taum-Deenik Depart. of Human Services
- Mervina Cash-Kaeo Alu Like, Inc
- Maenette Benham, EdD Hawaiʻinuiākea School of Hawaiian Knowledge, UHM
- Mahina Paishon-Duarte Kanu o Ka ʻĀina New Century Charter School
Background

• Native Hawaiians develop chronic disease an average of 10 years younger than Whites and Asians in Hawai‘i.
• Native Hawaiians die a decade sooner than the general population.
• 40% of Native Hawaiians are obese and have 4 times more diabetes than Whites.
• Native Hawaiians more likely to be diagnosed with a chronic disease at later or advanced stages of the disease.
• Native Hawaiians live in obesiogenic and unsafe environments.
• Native Hawaiians are underrepresented in higher education and in professional jobs and politics.
• Native Hawaiians continue to struggle to exercise their indigenous prerogatives.
Social Determinants of Health

• “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO).

• The choices we make, such as smoking or eating unhealthy foods, can impact our health. The conditions in which we live, learn, work, play, and age can affect our health in even more significant ways. These conditions, called the “social determinants of health”, can greatly influence our health behaviors and overall health.

• Health promotion moves beyond a focus on individual behavior towards a wide range of social and environmental interventions.
Cultural Determinants of Health

• The socio-cultural conditions that influence group differences in the health status of Indigenous Peoples.
  • The preservation of cultural traditions (e.g., native language, values, and practices) and sacred places,
  • Access to ancestral lands,
  • A strong indigenous identity,
  • Cultural participation.

• These indigenous values, practices, and aspirations are often challenged by mainstream values and aspirations.

https://vimeo.com/151596813
Mohala i ka wai, ka maka o ka pua
Flowers thrive where this is water, as thriving people are found where living conditions are good
Nā Pou Kihi

Ke Ao ʻŌiwi
• Native Hawaiian Representation
• Cultural Space

Ka Mālama Nohona
• Community
• Neighborhood and Community
• Community Building
• Environmental Safety
• Kīpuka
• Family Engagement
• Incarceration

Ka Hana Pono
• Culturally safe care
• Access to care

Ka Wai Ola
• Quality Education
• Food security/sovereignty
• Housing stability
• Economic sustainability
Native Hawaiian Health Task Force 2016 Meetings

*2 large all-member face-to-face meetings, 4 hours each, 8 total hours.

*8 small subcommittee face-to-face meetings, 2 hours each, 16 total hours.
Native Hawaiian Health Task Force
Policy Recommendations
2017
Recommendation 1: Establish an online database across state agencies.

Description: Requesting for an expansion of the current State of Hawai‘i data-sharing portal to house data from multiple state agencies that can be accessed by state-registered organizations.

- A comprehensive data sharing website would provide public access to a more complete and reliable dataset to track trends and identify targets for intervention. This central database should include data from state agencies such as health, education, public safety, human services, transportation, etc.

- Many Hawai‘i companies have their own online databases or methods to request data, such as Renewable Energy Data for Hawaiian Electric and UH Institutional Data governance for the UH System. Yet, data sharing is specific to each organization and people wanting to access data across agencies have to visit different websites. Easier for data-researchers if the data were compiled into a centralized online platform.
Recommendation 2: Advocate and plan for median strips/sidewalks and other infrastructure to increase safety in Native Hawaiian communities with community input.

Description: Seeking to align resources to prioritize the implementation of safety features such as median strips and sidewalks in communities with higher populations of Native Hawaiians in a timely manner and including the community in the process of advocating, planning and implementation of pedestrian safety features.

- People should have the right to safe communities in which to live, learn, work, play and age.
- Healthy communities promote safe walking and other forms of physical activity for all.
- The highest automotive/pedestrian accidents/fatalities are in areas with a high concentration of Native Hawaiians, such as Wai‘anae and Waimānalo. E.g., Wai‘anae has the highest pedestrian crashes-related deaths.
- Improper road crossing or jaywalking is the 2nd leading factor for fatal pedestrian crashes in Hawai‘i, and efforts towards planning more sidewalks and crosswalks in neighborhoods with high road fatalities should be made.
- A recent incident of a Waimānalo hit-and-run highlights the need for safer pedestrian sidewalks and marked crosswalks; the crosswalk where the victim and her two children were hit lacks [adequate]street lights and stop lights.

Description: Requesting for a re-evaluation of the current minimum wage and an adjustment of the minimum wage into a livable wage.

- Expensive price tags on housing means people need to earn higher salaries to fulfill their basic needs of living.
- Native Hawaiians/other Pacific Islanders lag behind other ethnic groups with a 12.2% unemployment rate and with 29.8% of the population below 125% of the poverty level. It is necessary to figure out a plan to pay people livable wages.
- In 2014, a person’s average spending amounted to $41,021, 10.3% or $3,825 higher than the U.S. average of $37,196. Higher costs of daily expenses can become problematic as Native Hawaiians lack living and housing stability.
- Native Hawaiians’ below average income level is related to 1) young median age of population, 2) larger family size, 3) greater number of single families, 4) lower number of people in management and professional positions, and 5) fewer people with bachelor’s degrees or higher.
- With a variety of reasons determining people’s poverty status, a straight-forward way to assist low-income families is to gradually increase the minimum wage to $15 by 2020.
Recommendation 4: Support paid family leave efforts with a definition of family that is culturally relevant.

Description: Seeking for an expansion of the definition of family and advocating for paid family leave policy.

- The federal Family Medical Leave Act permits unpaid leave/job protection up to 12 weeks to care for a newborn, a family member, or personal medical conditions. The Hawai‘i Family Leave Law further allows employees 4 weeks of unpaid leave to care for a parent-in-law or grandparent. Hawai‘i currently does not have a paid family leave policy, and most employees cannot take unpaid leave and maintain financial stability.

- Four states in the U.S. have paid family leave, and there is a coalition in Hawai‘i working on this initiative. However, in Hawai‘i we feel that a broader definition of family is necessary. Multigenerational families in Hawai‘i should have the option to take care of extended family members such as their grandchildren and hānai children.

- Mothers with paid leave are 39% less likely to receive public assistance after the birth of a child compared to those without paid leave. In addition, maternity leave is linked to improved child health outcomes, such as increased birth weight and rate of breastfeeding for infants.
Recommendation 5: Include pre-kindergarten in public schools.

Description: **Advocating for the inclusion of pre-K programs in public elementary schools to lessen the cost burden of early childhood education on parents.**

- Early childhood development is a major phase in life which determines the quality of health, learning and behavior across the lifespan – 85% of brain development occurs before the age of 5. **Efforts should be made to make pre-k programs affordable, such as including pre-k in public schools.**
- The Economic Policy Institute reports the average cost of full-time child care for a 4-year-old in Hawai‘i, either in preschool or at a daycare center, to be $9,312 per year. **With staggering costs, many parents may overlook the importance of their child receiving pre-k education.**
- The Hawai‘i State Department of Education is in the process of expanding learning opportunities for children ages prenatal to age five, but only certain public elementary schools are selected for pre-k classes. As of the 2015-2016 school year, **there is still limited pre-k programming available across counties in Hawai‘i with an average rate of Native Hawaiian preschool enrollment of 8.3%.**
Recommendation 6: Establish a directory of Native Hawaiian professionals and community leaders with an understanding of Hawaiian culture for Governor-appointed leadership positions to better incorporate culturally relevant perspectives into statewide initiatives.

**Description:** *Seeking to establish a registry of Native Hawaiian professionals who will contribute their leadership for boards, commissions and appointed positions at the state and county levels of government.*

- Native Hawaiian leaders have demonstrated their ability to effectively address the wellbeing of their communities by advocating for cultural integrity in community health promotion programs.
- Currently, Native Hawaiian expertise in cultural practices are valued and required for certain seats on decision-making bodies, for example in the areas of tourism, land-use, education and community/economic development.
- **Native Hawaiians should be involved in the decision making processes for state governmental actions and for policy decisions,** especially when the policies are designed to directly impact Native Hawaiian communities the most.
Recommendation 7: Advocate for a portion of the Transient Accommodations Tax.

**Description:** *Allocate a portion of the revenue from the Transient Accommodations tax to support Native Hawaiian cultural, social, economic, and educational programs.*

- The Hawaiian culture is a major driver for tourism as many hotels incorporate the Aloha spirit, hula and Hawaiian entertainment, and native imagery. It is only right for the tourism industry to give back a portion of the revenue generated to the Native Hawaiian people.
- The Transient Accommodations Tax (TAT) is a 9.25% tax levied on gross rental income derived from renting living accommodations to a transient for 180 consecutive days or fewer. In fiscal year 2015, the TAT generated $421 million. **It is asked that a portion of TAT be allocated to support Native Hawaiian cultural, social, economic, and educational programs.**
- Additionally, $1,000,000 allocated to the tourism special fund is earmarked to operate a Hawaiian center and the museum of Hawaiian music and dance at the Hawai‘i Convention Center. However, this center and museum is currently not in existence. **Instead, this money should be allocated to support organizations and programs that enhance, strengthen and perpetuate Hawaiian cultural, health, social, economic, and educational programs.**
Recommendation 8: Establish an environmental and cultural preservation fee (9.25%) on restaurants and entertainment in hotels.

**Description:** Create a fee similar to the TAT on hotel restaurants and entertainment. The revenue would be allocated towards programs or projects that benefit Native Hawaiians.

- The maintenance of Hawaiʻi’s land and culture is critical to the tourism industry. Through the marketing of its natural beauty and the Hawaiian culture, the tourism industry earns billions each year—in 2015, visitors spent $15.1 billion dollars. Programs and projects benefiting Native Hawaiian wellbeing will also sustain the tourism industry, and thus funding for these causes should be a priority.

- The TAT, which taxes income from transient living accommodations, allocates part of its revenue to the environmental conservation and cultural preservation. However, other parts of the tourism industry, such as restaurants and entertainment in hotels, also benefit from Hawaiian culture and natural resources. As such, they should be taxed at a similar rate and their revenues allocated to programs that promote Native Hawaiian wellbeing.
Recommendation 9: Include long-term care options with home-based care in a statewide insurance program.

Description: Requesting for the inclusion of home-based care as a long-term care option to make healthcare more affordable.

- Through the Department of Veterans Affairs’ Home Based Primary Care (HBPC) program, Medicare costs were 11.7% lower than projected and combined hospitalizations were 25.5% lower than before. **With lower expenses and more patient-centered care, the general public should also be offered the option of a home-based long-term care program.**
- Age is the single most important factor in understanding the need for health resources. In Hawai‘i, kūpuna aged 65 and older comprise 15% of the state population and is growing at a much faster pace than the rest of the nation. **With a larger elderly population, there will be a greater need for long-term care services.**
- Studies show that receiving care at home provides our kūpuna with a familiar care setting and eliminates the burden of frequent hospitalizations or skilled nursing facility expenses.

**Description:** Creating a state-level declaration of the rights of indigenous peoples, based off the framework of the internationally adopted United Nations Declaration of Rights of Indigenous Peoples (UNDRIP).

- One of the most important factors of Native Hawaiian health is the ability to integrate cultural heritage together with spiritual, emotional, and physical health, in order to increase wellness. By working with the state to recognize and declare the rights of indigenous peoples and the right to self-determination, this new policy endeavor will capture the spirit of cultural appropriateness and health promotion that will increase the effectiveness of current and future policies that impact Native Hawaiians.

- UNDRIP provides several articles in its framework outlining the rights to traditional medicines and health practices; rights to all social and health services, without any discrimination; rights to be actively involved in developing, improving, and determining health; rights to protection of child health; as well as other rights that relate to the social determinants of health, including but not limited to education, housing, employment, etc.
Recommendation 11: Establish school-based health centers.

Description: Requesting for more school-based health centers to be built and operated to provide young people with needed health care while avoiding disruption in their education.

• Studies show that students who use school-based health centers were less likely to be absent and more likely to graduate. Also, on-campus health centers increase students’ health knowledge as well as use of healthcare.

• An evaluation of students who attend schools with school-based health centers shows that students decreased their use of hospital emergency rooms for routine healthcare, helping local and state governments save significantly on medical expenses.

• In 2014, Hawai‘i opened its first full-service school health center at Kahuku High and Intermediate. The Ko‘olauloa Health Center is a valuable resource for students on Medicaid, waiving any out-of-pocket expenses, as well as offering reduced fees for underinsured students. The health center also provides counseling on stress management and suicide prevention.

• In 2016, two more school-based health centers were opened at Wai‘anae High and Intermediate Schools. In only two and a half months, health providers already treated 270 students, and 92% of these students were able to return to class right after treatment. More schools should be considered for future health centers sites as these centers provide students with immediate and effective care.
Recommendation 12: Develop an undergraduate health sciences academy within the University of Hawai‘i system in cooperation with relevant educational institutions to target the recruitment and retention of Native Hawaiian students.

**Description:** The University of Hawai‘i system shall implement a program to improve preparation for careers in the health sciences. The program would encompass additional supports for indigenous students and first generation college students to improve success and increase retention.

- Current data suggest that Native Hawaiians are less likely to attend college than other ethnic groups partly due to low levels of preparation and inadequate finances. For those Native Hawaiian students who do attend college, graduation and retention rates are consistently lower than the general student population. Students also identified a strong desire to live close to family and participate in family activities and cultural pressures as factors that contributed to non-completion.

- Studies show that Native Hawaiian students who are in school activities and interact with faculty members and other peers, are more likely to persist in their education. The development of a Health Sciences Academy with a focus on Native Hawaiian student retention, should target integration of both the student and their family in school activities.

- Health care sector jobs are projected to increase by more than 160% by 2040 and wages are typically more in line with a livable wage for the State of Hawai‘i. However, these jobs typically require a Bachelor’s degree at minimum, and currently, about 15% of Native Hawaiians or Pacific Islanders hold bachelor’s degrees.
Recommendation 13: Increase services for Native Hawaiians who come in contact with the criminal justice system to promote integration back into the community to reduce recidivism rates.

**Description:** Promoting the offering of resources for community members during their contact with the criminal justice system.

- Native Hawaiians receive longer prison sentences, have greater numbers of women in prison, and go to prison for drug offenses more often than other ethnic groups.
- Native Hawaiians are negatively affected in the areas of physical and mental health as they receive longer prison sentences than other ethnic groups. 38.7% of incarcerated persons suffer from a chronic medical condition and fail to receive the care they need. The percentages of local inmates taking psychiatric medication before and after arrest increased from 38.5% to 45.5%. **Incarcerated persons should receive needed physical and mental care while in prison.**
- 60-75% of ex-offenders are unable to find jobs after release. Employed persons have a stronger sense of responsibility which decreases their tendency to participate in criminal activities. **Prisons should offer job-finding workshops or related services to assist community members on a smoother transition back into society.**
- In addition, prior to prisoners should receive state IDs to assist with reintegration and securing employment and housing.

Description: Development of a Native Hawaiian Public Policy Advisory Council to provide guidance on significant policies impacting Native Hawaiians.

• Act 155 calls for consideration of social determinants of health in all policy planning. However, expertise in Native Hawaiian education, health, law, business, environment, and culture is lacking in many governmental agencies.

• The formation of a Native Hawaiian Public Policy (NHPP) Council will provide the expertise and Native Hawaiian perspective needed to design relevant and responsive policy to shape the future of Native Hawaiian well-being and community health.
Recommendation 15: Reimburse for culturally appropriate services and traditional practices.

• **Description:** *Requesting for an expansion of insurance company benefits to include traditional Native Hawaiian practices with health benefits such as hula dancing or canoe paddling.*
  
  • HMSA has a discount program to engage members in health maintenance outside of the doctor’s office, such as tai chi, Jazz dance, acupuncture treatments, hypnotherapy, meditation sessions, and more. Although offering members a wide range of health maintenance options, **there lacks discounts for traditional Hawaiian cultural practices that promote physical activity.**
  
  • Currently, there are also community-based health promotion programs developed and shown to be effective in the areas of weight management and cardiovascular health. **Hula and other traditional practices with proven health benefits should be considered under insurance companies’ reimbursement programs to offer culturally-based health maintenance options.**
Recommendation 16: Restore Adult Dental Benefits to Medicaid Enrollees.

**Description:** Appropriates funds to the Department of Human Services to restore basic adult dental benefits to Medicaid and QUEST Integration enrollees. Among these strategies are proposals to: (1) Continue to support and expand affordable and accessible preventive dental care services to Hawai‘i’s low-income populations; and (2) Expand Medicaid dental services for adults beyond the limited current coverage for emergencies to include preventive and treatment services.

- Poor oral health impacts a person’s ability to eat, speak, work, communicate, and learn. Unlike other states, Hawai‘i does not have an ongoing and routine system for assessing the oral health of its residents - **there is no dental public health program with the State Department of Health.**
- Hawai‘i received a failing grade of “F” in three recent oral health report cards. There are substantial dental health disparities among low-income residents, pregnant women, neighbor island counties.
- Because many Hawai‘i residents are unable to afford dental care, they end up seeking care at a hospital emergency department. In 2012, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006. As a result, aggregate hospital charges for dental emergency visits were $8,500,000, compared to $4,000,000 in 2006, due in part to the increased number of visits.
Restoring Adult Dental Benefits to Medicaid Enrollees (recommendation 16)
Advocate for a Livable Wage by 2020
(recommendation 3)

• Minimum Wage Increase to $15/hour
  • Currently $8.50/hour

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<th>1 Adult 2 Children</th>
<th>1 Adult 3 Children</th>
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<th>2 Adults (1 Working) 2 Children</th>
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</tr>
</tbody>
</table>

http://livingwage.mit.edu/counties/15003; The living wage shown is the hourly rate that an individual must earn to support their family, if they are the sole provider and are working full-time (2080 hours per year).
Proposed Senate Concurrent Resolution (recommendation 14)

• Calling for acceptance of this report by the Legislature of the Twenty-ninth Legislature of the State of Hawai‘i, Regular Session of 2017.

• Calling for the formation of Native Hawaiian Public Policy Advisory Council.
  • Representatives = two health, one environmental, one legal, one education, one business, cultural practitioner, one criminal justice, and two community members.
  • Ex-Officio members = Department of Health Director, University of Hawai‘i John A. Burns School of Medicine, Department of Native Hawaiian Health Chair, Office of Hawaiian Affairs, Chief Executive Officer.
Mahalo Nui

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Questions