

**REPORT TO THE TWENTY-NINTH LEGISLATURE
STATE OF HAWAII
2017**

PURSUANT TO SENATE RESOLUTION 60, SD1 (2014):
REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH
A NATIVE HAWAIIAN HEALTH TASK FORCE

2017 PRELIMINARY REPORT AND RECOMMENDATIONS

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Acknowledgements

During the 2014 Legislative Session, the Senate passed SR60, S.D.1: *REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE*. In furtherance of this resolution, this task force was established.

The task force would like to express its gratitude to the late Senator Gil Kahele, who introduced and championed the resolution establishing this task force.

The task force would also like to recognize Loretta “Deliana” Fuddy, a founding member of the task force as the Director of Health, who tragically lost her life before the resolution was passed.

This task force was supported, in part, with funding from the Office of Hawaiian Affairs, Kaiser Permanente, and other resources from the Department of Native Hawaiian Health of the John A. Burns School of Medicine and the Hawai‘i State Department of Health.

Executive Summary

On September 23, 2013, the Senate of the Twenty-Seventh Legislature of the State of Hawai'i, Regular Session of 2014, passed Senate Resolution No. 60, S.D.1, creating a *Native Hawaiian Health Task Force*, to specifically improve the health of Native Hawaiians with implications for other Pacific Islanders and all people of Hawai'i.

Per Senate Resolution 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

The resolution called for this task force to be co-chaired by the Chair for the Department of Native Hawaiian Health of the John A. Burns School of Medicine, the Director of Health, and the Chief Executive Officer of the Office of Hawaiian Affairs (or their designees). It also called for an additional 20 members from the Native Hawaiian community to serve on this task force. A copy of SR No. 60 S.D.1 can be found in Appendix A.

Task Force Objective

The goal of the task force is to articulate priority areas that will help to advance health equity for Native Hawaiians, and in turn, the health of Hawai'i's entire population. The framework and recommendations discussed should be embraced by community members, agencies, government, and individuals in addition to those who view themselves as native-serving institutions. This work is community- and land-focused and emphasizes Native Hawaiian values and aspirations.

Recognition of Past Efforts

The task force does not represent a culmination, duplication, or specific furtherance of a particular project but seeks to compile and recognize past and current efforts being advanced by many task force members to improve Native Hawaiian health:

- E Ola Mau
 - 1985 Native Hawaiian Health Needs Study Group highlighted health disparities experienced by Native Hawaiians
 - Provided evidence needed to support Federal legislative efforts that led to the enactment of the Native Hawaiian Health Care Act of 1988
 - Currently, the E Ola Mau reports are being updated to support the reauthorization of the Act in 2018

- Native Hawaiian Health Care Act
 - Meant to close the gap of chronic disease incidence and prevalence between Native Hawaiians and other ethnic groups
 - Required U.S. Department of Health and Human Services to fund community-based and culturally-meaningful health promotion initiatives and health care workforce development
 - Established Papa Ola Lōkahi and Native Hawaiian Health Care Systems on each of the five major islands

- Assessment and Priorities Report by JABSOM
 - Released report, *Assessment and Priorities for Health & Well-being in Native Hawaiians and Other Pacific Peoples*, which documented current health disparities and their trends, experienced by Native Hawaiians and other Pacific Islanders
 - Impetus for Senate Resolution No. 60 S.D. 1 calling for the Native Hawaiian Health Task Force

- Act 155 (2014)
 - Provided support for state agencies seeking to include social determinants of health in policy planning

- Papa Ola Lōkahi Master Planning
 - Plan outlines an agenda which recognizes and addresses social determinants of health such as access to education, safe environments, employment, and culturally relevant practices

Social & Cultural Determinants of Health for Native Hawaiians

Mohala i ka wai, ka maka o ka pua.

Flowers thrive where there is water, as thriving people are found where living conditions are good.

-‘Ōlelo No‘eau

Ancient Hawaiians understood the role political, social, environmental, and cultural factors played in a person’s health and wellbeing. This understanding has been passed down to Native Hawaiians in present day and is figuratively illustrated in the above ‘Ōlelo No‘eau (Hawaiian proverbial saying). Conventional sciences have only recently uncovered what this ancient derived wisdom has understood for generations--that the foundation for optimal health, the well-being, is tied to the quality of our interpersonal relations, of the environments in which we live, work, learn, play, age and of society’s support for one’s cultural identity and preferred modes of living. All of these factors are linked to political decisions and derived policies.

The Native Hawaiian Health Task Force uses a social and cultural determinants of health model to inform and situate our findings. The definitions of social and cultural determinants of health are provided below.

What are social determinants of health?

Social determinants of health are the societal, political, and economic forces that influence the social structure and hierarchy and the distribution of power, resources, and opportunities in society that differentially impact the health and wellbeing of people.¹ These conditions include the presence or absence of discrimination in employment, education, housing and health care; whether one has a livable wage or lives in a safe neighborhood.

What are cultural determinants of health?

Cultural determinants of health are the socio-cultural conditions that influence group differences in health status. For 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, and cultural participation are important determinants of health.² However, these indigenous values, practices, and aspirations are often challenged by mainstream values and aspirations. A history of physical, emotional, and cultural marginalization due to discriminatory acts and compulsory acculturation strategies (e.g., banning of native language) have negatively impacted the health and wellbeing of Indigenous Peoples--a phenomenon often referred to as historical or cultural trauma.³

E mālama i ka iki kanaka, i ka nu‘a kanaka. O kākou no kēia ho‘akua.

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

-‘Ōlelo No‘eau

What is health equity?

Health equity refers to the attainment of the highest level of health and wellbeing for all people in a particular society and valuing everyone equally.⁴ In order to achieve health equity, efforts must be made to address avoidable inequalities and injustices.

What are health disparities?

Health disparities are differences in the incidence, prevalence, burden, and adverse outcomes of diseases and higher mortality rates.⁵ Disparities simply imply differences. Some of the differences are preventable and some are not. For example, kūpuna (older adults) may have health disparities, such as higher rates of cancer, compared to mākua (younger adults), but these kinds of disparities are expected due to aging. In contrast, disparities based on factors like education level, disability status, income, or housing conditions are factors which can be addressed. A health disparity related to a social, economic, and/or environmental disadvantage is called a health inequity. Health disparities are most problematic for those who identify with characteristics linked to discrimination or exclusion, such as ethnicity or race or lower socioeconomic status.³ The Native Hawaiian Health Task Force focuses on health inequities that are preventable and avoidable.

Cultural-Based Strategy

‘O ke kahua ma mua, ma hope ke kukulu.

Set the foundation first and then build the hale.

-‘Ōlelo No‘eau

The Native Hawaiian Health Task Force uses *Nā Pou Kihī* as the cultural framework to organize and situate the findings and recommendations of this task force.⁶ Consistent with the hale (home) as a metaphor for establishing a healthy and vibrant Native Hawaiian population, *Nā Pou Kihī* reflects the four corner posts of a hale necessary to support the weight of the hale and everyone who resides under its roof.

Thus, *Nā Pou Kihī* are the four important domains of Native Hawaiian health and wellbeing that need to be addressed, and they are consistent with the social and cultural determinants of health model used by this task force.

These four *Nā Pou Kihī* are:

1. **Ke Ao ‘Ōiwi** – our Native Hawaiian social and cultural space associated with our health and wellbeing.
2. **Ka Mālama Nohona** – the quality of the environments where Native Hawaiians live, work, learn, play, and age that affect our health and wellbeing.
3. **Ka Hana Pono** – our lifestyle choices and aspirations as Native Hawaiians in striving for optimal health and wellbeing.
4. **Ka Wai Ola** – achieving social justice through educational achievement and economic success for Native Hawaiians.

Background

Nā Pou Kihi – ‘Ekahi

Ke Ao ‘Ōiwi focuses on our Native Hawaiian cultural space, which includes our cultural values, practices, customs and rights as Indigenous Peoples that define us as the host and indigenous population here in Hawai‘i. It also refers to our ability to exercise our indigenous prerogatives and aspirations and express our cultural identity, without discrimination or prejudice, within the larger society of Hawai‘i. Ke Ao ‘Ōiwi is what makes Hawai‘i special and provides the values that bind the people of Hawai‘i to each other.

Native Hawaiian cultural revival, spurred during the Hawaiian Renaissance of the 1970s, is on a strong forward momentum toward further revitalization and integration into Hawai‘i’s multiethnic society. A vast majority of Native Hawaiians (80%) believe it is important to practice and access our culture on a daily basis and for our keiki (children) to learn the Hawaiian language as means of developing cultural pride and a positive self-image.⁷ Scientific studies find that when Native Hawaiian identity and aspirations are threatened, there is a risk for negative health outcomes. For example, ethnic discrimination and cultural discord experienced by Native Hawaiians are associated with increased risk for psychological distress,⁸ suicidal behaviors,⁹ substance use,¹⁰ hypertension,¹¹ diabetes,¹² and heart disease.¹³ A vast majority (97%) of Native Hawaiians strongly identify with, and have an affinity towards, their Native Hawaiian ancestry, despite their diverse ethnic ancestry.¹⁴ However, 50% of them report experiencing discrimination from ‘most of the time’ to ‘often’ while the remaining 50% report experiencing discrimination ‘sometimes’.¹³

Cultural revitalization and safety to support a strong positive Native Hawaiian identity and a supportive environment can help to mend the cross-generational transmission of cultural trauma and lessen the psychosocial and sociocultural stressors associated with chronic mental and physical diseases.

Committee members

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Nā Pou Kihi – ‘Elua

Ka Mālama Nohona focuses on the environments where Native Hawaiians live, work, learn, play, and age. Native Hawaiian values and practices are rooted in the relationships between and amongst people (kānaka), our physical places (‘āina), and spirituality (ho‘omana). They are exemplified through our traditional values and practices that strive for *aloha* (compassion and kindness), *lōkahi* (harmony), and *mālama ‘āina* (caring for our land and natural resources). Native Hawaiians believe that personal health and wellbeing are intimately and reciprocally linked to the health and wellbeing of ‘ohana (family, friends, and community) and ‘āina. Ka Mālama Nohona (caring for the people around us and the places we share) is essential to promoting the health and wellbeing of all people in Hawai‘i.

Native Hawaiians are more likely than other ethnic groups of Hawai‘i to live in obesogenic environments; that is, environments that promote obesity and make achieving and maintaining a healthy weight challenging within the home or workplace.¹⁵ Diabetes is also becoming prevalent among Native Hawaiians, leading to a greater risk for cardiovascular disease.^{16,17} Communities with less access to, or availability of, healthy eating and physical activity options are associated with higher rates of obesity and diabetes for Native Hawaiians, and communities with a larger Native Hawaiian population are more likely to have inadequate access to these resources.^{18,19}

Research findings have identified the beneficial effects of healthy communities on the social, physical, and emotional health of individuals.²⁰ For example, people who live in communities with access to healthier food options and less fast food establishments; easy and affordable access to recreational facilities; walking, biking, and hiking trails; safe and low density neighborhoods; opportunities for social networking; and active community members and strong local leadership are more likely to have residents who are not plagued by violence and crime in their neighborhoods or by chronic diseases, such as obesity, diabetes, and stress-related emotional problems. Ensuring healthy communities, neighborhoods, and families of Native Hawaiians will decrease the risk for chronic mental and physical diseases.

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Nā Pou Kīhi – ‘Ekolu

Ka Hana Pono focuses on our lifestyle choices and aspirations as Native Hawaiians in striving for optimal health and wellbeing in ways that are consistent with our shared cultural values and practices. It includes the types of physical activities and foods we enjoy, the health care services we access and receive, and the health promotion opportunities available to us, which are inclusive of our cultural values and practices. Ka Hana Pono is directly linked to the domains of Ke Ao ‘Ōiwi and Ka Mālama Nohona. Native Hawaiians can only exercise the healthy lifestyle choices that are available to them by the larger society and the communities in which they live, work, learn, play, and age.

Native Hawaiians are more likely to develop chronic disease and die an average of 10 years earlier than people of other ethnic groups in Hawai‘i.^{21,22} Native Hawaiians have among the highest rates of obesity, hypertension, diabetes, cardiovascular and cerebrovascular diseases, and certain cancers.^{23,24} Nationally, Native Hawaiians have among the highest mortality rates.²⁵ Studies find that many Native Hawaiians feel alienated from the health care system and have a mistrust toward and reluctance in seeking care, preferring more culturally-acceptable means to managing their health.^{26,27,28}

Studies also find that culturally-tailored, community-based health promotion programs offer the promise of reducing the prevalence and burden of chronic diseases such as obesity, diabetes, and heart disease among Native Hawaiians.^{29,30,31} The support of community-based health promotion programs and the development of health care delivery models and strategies that are inclusive of the cultural values and practices of Native Hawaiians can reduce their disproportionate burden of chronic diseases and improve their life expectancy.

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Nā Pou Kihī – ‘Ehā

Ka Wai Ola focuses on achieving social justice through educational achievement and economic success for Native Hawaiians. Native Hawaiians have a long history of valuing learning and the pursuit of knowledge, which are celebrated in our mo‘olelo (history) and exemplified in the phenomenal achievements of our kūpuna (ancestors). In the 1800s, Native Hawaiians were among the most literate in the world and circulated over 20 Hawaiian language newspapers that fed our ancestors’ love for knowledge and information. Our Ali‘i (Royalty) were among the most educated, often speaking several languages, and were prolific poets, composers of music and song, and writers among all Heads-of-States of their time. Economically, our ancestors developed a sophisticated system of resource management that ensured equitable access to the riches of the ‘āina (land), wai (fresh water), and kai (ocean) for all. All members of society had a clear and well-defined role that contributed to the welfare of the community. Ka Wai Ola provides the foundation for securing the educational and economic benefits needed for people to thrive and flourish.

Numerous studies, including those done of Hawai‘i, find that a person’s income is strongly associated with his or her longevity, and income is also strongly tied to a person’s educational qualifications. Native Hawaiians who have lower educational attainment and income are more likely to engage in substance use and abuse and are at greater risk for behavioral health problems and chronic diseases. A majority of Native Hawaiians are educated by our public school system which is under-resourced and whose curriculum is often incongruent with the learning preferences of many Native Hawaiian students. Studies find that children of Hawai‘i’s public schools are at greater risk for substance use and abuse and emotional problems than those who attend private schools. Compared to students of other ethnic groups, Native Hawaiian students are more likely to attend low-quality schools with less experienced teachers, to be overrepresented in special education, to repeat grade levels more frequently, and to have among the lowest graduation rates.³²

Compared to the performance of Native Hawaiian students enrolled in traditional public schools, those enrolled in culture-based Charter Schools do remarkably better in math and reading tests, and they have better attendance and engagement in their education.³³ Across both private and public schools, teachers who employ culture-based educational strategies, compared to those who do not, results in Native Hawaiian students with greater cultural knowledge and values, stronger cultural identity, greater emotional and cognitive engagement in their education, and greater sense of place and community engagement.³⁴

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Native Hawaiian Health Task Force Policy Recommendations

The Senate Resolution outlined eight areas of concentrations, which yielded 16 recommendations below:

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;

Recommendation 1: Establish an online database across state agencies.

2. Propose cost-effective improvements to the environments where Native Hawaiians live, learn, work, and play;

Recommendation 2: Advocate and plan for median strip/sidewalks and other infrastructure to increase safety in Native Hawaiian communities with community input.

3. Propose state legislation to address social and cultural determinants of health in Hawai'i;

Recommendation 3: Advocate for a livable wage by 2020.

Recommendation 4: Support paid family leave efforts with a definition of family that is culturally relevant.

Recommendation 5: Include Pre-Kindergarten in public schools.

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.

4. Raise awareness and propose programs to advance health equity;

Recommendation 7: Advocate for a portion of the Transient Accommodations Tax.

Recommendation 8: Establish an environmental and cultural preservation fee (9.25%) on restaurants and entertainment in hotels.

5. Propose programs and legislative action that will address barriers to access to health care;

Recommendation 9: Include long-term care options with home-based care in a statewide insurance program.

Recommendation 10: *Develop a state-plan to incorporate the United Nations Declaration of Rights of Indigenous Peoples.*

Recommendation 11: *Establish school-based health centers.*

6. Guide the use of existing collaborations, systems, and partnerships to leverage resources and maximize outcomes;

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.*

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.*

7. Propose activities that will support community organizations promoting their own health on their own terms;

Recommendation 14: *Establish a Native Hawaiian Public Policy Advisory Council.*

Recommendation 15: *Reimburse for culturally appropriate services and traditional practices.*

8. Propose initiatives that will increase preventive services available in Native Hawaiian communities;

Recommendation 16: *Restore adult dental benefits to Medicaid enrollees.*

Policy Recommendations

I ulu nō ka lālā i ke kumu.

The branches grow because of the trunk.

-‘Ōlelo No‘eau

Using the *Nā Pou Kihī* cultural framework, the Native Hawaiian Health Task Force strives to provide recommendations that address various social and cultural determinants of health to improve the environments in Hawai‘i where people live, work, learn, play, and age. Some major themes drawn from these recommendations include increasing Native Hawaiian representation in government, deterring negative community impacts, expanding Medicaid benefits, and improving public access to state agencies’ databases. In addition to identifying priority recommendations regarding the eight areas indicated in the senate resolution, the task force also came up with a listing of ideas for future consideration to further minimize health disparity gaps and to cultivate community-centered social changes for healthy living in Hawai‘i.

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.*

- The U.S. government has its own data sharing website (data.gov) and the White House is collaborating with local governments to make online resources accessible at the neighborhood-level. There are currently over 192,252 datasets available on the national government website.³⁵ If Hawai‘i also creates a data sharing website, which includes data from various neighborhood organizations, the local government can provide public access to a more complete and reliable dataset.
- The State of Hawai‘i launched an Open Data Portal (dashboard.hawaii.gov) providing state data to increase government participation and transparency. The portal is currently comprised of over 150 datasets organized into the following six categories ³⁶:
 - culture and recreation
 - economic development
 - employment
 - environmental protection
 - formal education
 - government-wide support

More datasets will be continually added to the portal as datasets are being collected.³⁶

- Many companies in Hawai'i have their own existing online databases or methods to request data such as Renewable Energy Data for Hawaiian Electric and UH Institutional Data governance for the UH System.^{37,38} Yet, data sharing is specific to each organization and people wanting to access data across agencies have to visit different websites. It will be more convenient 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.*

- All individuals, including Native Hawaiian individuals, should have the right to safe communities in which to live, learn, work, play and age. Native Hawaiian communities should be equitably included in the process of considering concerns of physical safety, community design and the built environment and concerns of safety related to intimidation, violence in public areas and other types of harassment. Healthy communities should engage and promote safe walking and other forms of physical activity for all, and should involve members of the community, in addition to law enforcement, local elected officials, businesses, and others commonly considered in transportation planning processes.³⁹
- The highest automotive and pedestrian accidents and fatalities in the state are in areas with a high concentration of Native Hawaiians, such as Wai'anae and Waimānalo. Five year data of EMS attended car crashes was gathered for Oahu: Waipahu, Wai'anae, and Makakilo/Kapolei had the highest number of crashes with 806, 619, and 679 incidences respectively.⁴⁰ In addition, Wai'anae is also the location of the highest

number of pedestrian crashes-related deaths: 11% of pedestrian-vehicle fatalities were in Waiʻanae.⁴⁰

- Improper road crossing or jaywalking is the second leading factor for fatal pedestrian crashes in Hawaiʻi, and efforts towards planning more sidewalks and crosswalks in neighborhoods with high road fatalities should be made.⁴¹ A recent incident of a Waimānalo hit-and-run further 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.⁴²
- Annual reports of performance standards with benchmarks reflecting safety along roadways under the jurisdiction of the City and County of Honolulu are requirements for compliance of the Honolulu Complete Streets Ordinance. Problem areas and suggested solutions and recommendations are included in their reports.⁴³ A method of prioritization of problem areas in Native Hawaiian communities should be submitted for inclusion for priority planning and funding consideration in the Transportation Improvement Program (TIP), the Oahu Regional Transportation Plan (ORTP), and other transportation planning processes. Similar processes should be designed in each county so that Native Hawaiian communities ability to safely live, learn, work, play and age are addressed statewide.
- “Healthy communities that promote physical activity such as walking promote individual physical and mental health, community health and economic health.... Increasing access to walking can help address health disparities, which have a profound impact on a person’s quality of life and lifespan” (America Walks, 2016). Increasing access to walking and other forms of physical activity in transportation planning is an important consideration to reducing health disparities in Native Hawaiian communities.³⁹
- Research has shown that improved accessibility and a more welcoming street environment created by pedestrian safety improvement projects can generate increases in retail sales in the areas that projects were implemented. Data on retail sales can be used to potentially activate the business community in support of appropriately designed projects and address concerns when appropriate. Well-designed communities with

pedestrian safety features can contribute to the economic vitality of communities.⁴⁰ Therefore, by improving the safety of pedestrians through sidewalks, median strips, and other traffic calming measures, we can increase the economic vitality of neighborhoods as well as the indirect, cost-effective economic benefits of these improvements, such as the long-term health benefits of Native Hawaiian communities. Native Hawaiian communities should be equitably included in the opportunity to have accessible, welcoming and safe street environments.

- Each county in the State of Hawai'i has passed policies relating to complete streets to ensure that transportation facilities or projects are planned, designed, operated, and maintained to provide safe mobility for all users.⁴¹ The complete streets policy and principles of the City and County of Honolulu include ten objectives, including applying a context sensitive solution that integrates community context and the surrounding environment, including land use, encouraging opportunities for physical activity and recognizing the health benefits of an active lifestyle, and recognizing complete streets as a long-term investment that can save money over time.⁴² These objectives are in alignment with the recommendation of the Native Hawaiian Health Task Force, as long as community input is heralded in consideration of design and functionality. One of the possible methods of collecting community input could be including community members in complete streets design charrettes.
- The viewpoints of all community members, including Native Hawaiians, should be considered in addressing concerns, including safety, cultural and religious practice, age, mobility, and economic considerations. Furthermore, concerted effort should be made to take steps to involve and engage Native Hawaiian community members on proposed projects in communities with a high proportion of Native Hawaiian residents.³⁹ The engagement of community members in the process is a health promoting practice in itself.⁴⁴

Recommendation 3: Advocate for a livable wage by 2020.

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

- According to the U.S. Department of Housing and Urban Development, affordable housing means families paying 30% or less than their household income.⁴⁵ Even in 2012, 56% of Native Hawaiian or part-Hawaiian renters are spending at least 30% of their income for housing expenses.⁴⁶ Expensive price tags on housing means people need to earn higher salaries to fulfill their basic needs of living.
- For most people, steady income from employment is used to cover the costs of basic necessities such as food, rent, transportation, and health care. Under the current labor for money system, Native Hawaiians and other Pacific Islanders lag behind other ethnic or racial groups with a 12.2% unemployment rate and with 29.8% of the population below 125% of the poverty level.^{47,48} With many community members living in poverty, it is necessary to figure out a plan to pay people livable wages.
- Besides earning less than the national average, high living expenses in Hawai'i is a crucial factor that explains why Native Hawaiians and Pacific Islanders experience economic challenges in their daily lives. In 2014, a person's average spending amounts to \$41,021 which is 10.3% or \$3,825 higher than the U.S. average of \$37,196.^{49,50} Higher costs of daily expenses can become problematic as Native Hawaiians lack living and housing stability.
- Researchers looked into Native Hawaiians' below average income level and have proposed the following contributing factors: young median age of population, larger family size, greater number of single families, lower number of people in management and professional positions, and fewer people with bachelor's degrees or higher.⁵¹ 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.
- In May 2014, minimum wage increase was signed into law which will increase wages to \$7.75/hour in 2015, to \$8.50/hour in 2016, and up to \$10.10/hour in 2018.⁵² Yet, minimum wage is not a living wage. As the National Low Income Housing Coalition reports, the hourly wage needed to afford a two bedroom home in Hawai'i is \$34.22.⁵³ Even with the minimum wage hike, low-income families will still find it difficult to afford basic necessities.

- On O‘ahu, an individual can have an annual income of \$54,850 and still qualify for housing assistance.⁵⁴ Although there are federal programs such as the Section 8 Housing Choice Voucher Program to assist “very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market,” with 6,196 units of public housing currently serving families, there are still over 4,556 cases of homelessness still waiting to be resolved (Navarrette and Derrickson, 2014).^{55,56}
- Other organizations also aspire and recognize the need to increase minimum wage into livable wage. Hawaii Appleseed, Center for Law and Economic Justice, recently proposed an initiative to increase minimum wage to \$15. The definition of minimum wage is fluid depending on the changing economy, and it is important that families are given opportunities to achieve economic stability.

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 and job protection up to 12 weeks to care for a newborn, a family member, or personal medical conditions. Keeping in mind of Hawai‘i’s unique family culture, the Hawai‘i Family Leave Law further allows employees 4 weeks of unpaid leave to care for a parent-in-law or grandparent. Yet, Hawai‘i currently does not have paid family leave policy, and most employees cannot take unpaid leave and maintain financial stability.⁵⁷
- Four states in the U.S. have paid family leave, and there is a coalition in Hawai‘i working on this initiative.⁵⁸ However, in Hawai‘i we feel that a broader definition of family is necessary. Not only should parents be able to take off work to care for immediate family members, multigenerational families in Hawai‘i should have the option to take care of extended family members such as their grandchildren or nieces and nephews.

- The term hānai is generally used to refer to children taken informally under custom into another's home but is not adopted in accordance with Hawai'i law.⁵⁹ In Hawai'i, members of a family is largely influenced by cultural factors and an expansion of the definition of family to include hānai children should be recognized through policy.
- Research suggests that families, on average, need an income of twice the federal poverty threshold to meet basic needs. Children in families with incomes below \$48,016 for a family of four in 2014 are considered low-income. According to the National Center for Children in Poverty, one-third of the children in Hawai'i live in low-income families.⁶⁰
- 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.⁶¹

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.*

- World Health Organization emphasizes that early childhood development is a major phase in life which determines the quality of health, well-being, learning and behavior across the lifespan.⁶² Research further shows that 85% of brain development occurs before the age of 5.⁶³ As early education plays such a crucial role in children's health and learning, 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.⁶³ With staggering costs for pre-kindergarten programs, 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.⁶⁴ According to the Hawai'i State Teachers Association, only certain public elementary

schools are selected for pre-k classes, so not all children can take advantage of this opportunity.⁶⁵ 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%.⁶⁴

- On the Island of Hawai'i, a new federally funded program offers free pre-k classes to students at four island charter schools. These students' family income is at, or below, 200% of the federal poverty guidelines in Hawai'i, showing that efforts have been made to give low-income students the opportunity to receive high-quality preschool instruction.⁶⁶ Yet, due to the high costs of pre-k programs, families who are above the 200% cutoff of the federal poverty mark should also be offered lesser cost alternatives to sending their children to schools.

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.*

- When Native Hawaiian charter school graduates were asked to describe their leadership roles, most responded that they were related to intergenerational relationships, teaching the Hawaiian language and culture and leading when leadership opportunities are available.⁶⁷ Establishing a registry of Native Hawaiian professionals to be appointed into leadership positions will broaden the categories under which Native Hawaiians can serve as leaders and give back to their communities.
- The Native Hawaiian and Indigenous Leadership Institute established at the University of Hawai'i at Mānoa College of Education specifically recruits and mentors Native Hawaiian and Indigenous graduate students to become future leaders in their communities.⁶⁸ Therefore, Native Hawaiians with higher educational backgrounds are adequately prepared for leadership roles, and appointment into a leadership position will give Native Hawaiian professionals a chance to create positive change.

- 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.^{69,70}
- 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 used as a major driver for tourism in the islands. Many hotels incorporate the Aloha spirit, local entertainers, and native imagery in the form of paintings and photography to welcome worldwide visitors. By generously sharing the Hawaiian culture with many tourists, it is only right for the tourism industry to give back a portion of the revenue generated to the Hawaiian people.
- Millions of tourists visit the Hawaiian Islands annually. In 2015, a record of 8.6 million visitors came to Hawai'i.⁷¹ Lodging is the largest expenditure category for visitors, spending \$6.3 billion in 2015.⁷¹
- 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.⁷² In fiscal year 2015, the TAT generated \$421 million.⁷³ Portions of the TAT are allocated to the counties and various special funds relating to tourism and conservation. The remainder is deposited into the general fund.
- Currently, \$1,000,000 of the money 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 Hawai'i'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.⁷¹ 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 land. 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.*

- The Department of Veterans Affairs has a Home Based Primary Care (HBPC) program benefitting those who need extra care for their medical, social, or behavioral conditions. With the HBPC program, Veterans Affairs and Medicare costs were 11.7% lower than projected and the combined hospitalizations were 25.5% lower than before. Furthermore, patients reported high satisfaction with access to care under HBPC as well as the continuity of care.⁷⁴ 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.

- A research study by the Urban Institute determined about 15% of 65-year-olds will spend, on average, \$250,000 on health care expenses.⁷⁵ Long-term care is required by the elderly as well as younger people with chronic conditions or trauma, therefore it is necessary to figure out more affordable care options for our loved ones or even for ourselves.
- According to the Hawaii Long Term Care Association, age is the single most important factor in understanding the need for health resources. In Hawai'i, the elderly population (kūpuna) aged 65 and older comprises 15% of the state population and is growing at a much faster pace than the rest of the nation.⁷⁶ With a larger elderly population, there will be a greater need for long-term care services.
- In a recent study of the effect of home-based primary care (HBPC) on Medicare costs and mortality in frail elders, HBPC reduces Medicare costs while sustaining similar survival outcomes across cases and controls.⁷⁷ Receiving care at home provides our kūpuna (elders) with a familiar care setting and eliminates the burden of frequent hospitalizations or skilled nursing facility expenses.
- Caring for our kūpuna is a cultural tradition in Hawai'i, and Senator Roz Baker is proposing the idea of creating a first-in-the-nation universal long-term care insurance program. This benefit will be available to long-term residents and be paid for by general tax.⁷⁸ Aging is a natural occurrence, and by establishing a statewide, insurance-covered, long-term care program, we are helping those who really need help.

Recommendation 10: Develop a state-plan to incorporate the United Nations Declaration of Rights of Indigenous Peoples.

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).*

- The definitions of “Indian tribe,” “tribal sovereignty,” “compact of free association,” and other current legal definitions and arrangements set by

U.S. national and state law do not accurately describe, nor would it be appropriate to mimic for, Native Hawaiians. Native Hawaiians wish to explore choosing to self-identify as one of the “indigenous peoples,” whose rights are described in the UNDRIP.^{79,80,81} This is in accordance with the definition of self-determination in international law.

- The UNDRIP provides a framework outlining the rights that the state of Hawai‘i can pursue in regards to taking the necessary steps to progressively achieving the full realization of the equal right of indigenous individuals to the enjoyment of the highest attainable standard of physical and mental health. In addition, pertaining to health, 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.⁸¹ Therefore, by outlining a more holistic view of health as culturally appropriate for indigenous peoples at the state-level, we will be taking the multifaceted measures needed to increase access to health care for indigenous peoples in Hawai‘i.
- 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.⁸¹ 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 aim to increase wellness of Native Hawaiians.

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.*

- School-based health centers are designed to help young people get the healthcare they need, while taking into consideration of factors such as

transportation, costs, appointment time, and student confidentiality. According to Advocates for Youth, studies show that students who use school-based health centers were less likely to be absent and more likely to graduate.⁸² Furthermore, on-campus health centers increase students' health knowledge as well as usage 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.⁸²
- School-based health centers offer students affordable health services. 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.⁸³ In addition to medical and dental services, the health center also provides counseling on stress management and suicide prevention.⁸⁴
- In 2016, two more school-based health centers were opened at Waianae High and Intermediate Schools. In only two and a half months, health providers already treated 270 students for cases such as coughs, abrasions, headaches, and ankle injuries, and 92% of these students were able to return to class right after treatment.⁸⁴ 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.⁸⁶ 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.⁸⁷

- Multiple studies testing for factors leading to retention identified that the more involved Native Hawaiian students are in school activities and interact with faculty members and other peers, the more likely they are to persist in their education.⁸⁶ The development of a Health Sciences Academy with a focus on Native Hawaiian student retention, would target integration of both the student and their family in school activities.
- 30% of Native Hawaiian/Pacific Islander children have parents with high school degrees as their highest education level while 18% have parents with a bachelor's degree or higher. During the 2007—08 academic year, 34% of Native Hawaiian/Pacific Islander undergraduate males were enrolled in postsecondary education, yet smaller sample size of the Native Hawaiian/Pacific Islander population made it difficult to provide data for undergraduate completion.⁸⁸
- 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.⁸⁹ 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.⁹⁰

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.*

- Based on a report from the Justice Policy Institute, Hawai'i is one of the top ten states with the highest unemployment rates and corresponding violent crime rates.⁹¹ Many people are either unemployed or earned low wages prior to their arrests, and unfortunately, prisons do not provide

the necessary resources to prepare persons for returning to their communities.

- Native Hawaiians receive longer prison sentences, have greater numbers of women in prison, and go to prison for drug offenses more often than other racial or ethnic groups.^{91,92} These adverse impacts are of great concern to the Native Hawaiian community, leading to a breakdown of family culture as well as an accumulation of negative long-term impacts of poor health and low-wage jobs.⁹¹
- Native Hawaiians are negatively affected in the areas of physical and mental health as they receive longer prison sentences than other racial groups.⁹³ Results from a national survey of inmates' health levels reveals that at the local jails level, 38.7% of incarcerated persons suffered from a chronic medical condition and failed to receive the care they need. Furthermore, the percentages of local jail inmates taking psychiatric medication before and after arrest increased from 38.5% to 45.5%.⁹⁴ To improve people's wellbeing, more attention should be provided to the general population in the area of mental health, and incarcerated persons should receive needed physical and mental care while in prison.
- The National Institute of Justice's survey approximates that 60-75% of ex-offenders are unable to find jobs after release.⁹⁵ Before people end up in jail, efforts should be made to assist Hawai'i's people in getting employment. Employed persons have a stronger sense of responsibility which decreases their tendency to participate in criminal activities. This same mindset of getting people employed should be adapted in helping incarcerated persons prior to their release. Prisons should offer job-finding workshops or related services to assist community members on a smoother transition back into society.

Recommendation 14: Establish a Native Hawaiian Public Policy Advisory Council.

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

- According to the U.S. Department of Health and Human Services Office of Minority Health, national data shows a concern pertaining to infant mortality rates (deaths per 1,000 live births). For Native Hawaiians in

2002, it was 9.6. This rate was significantly higher than the 4.8 for all Asian-American/Pacific Islander groups and the 7.0 for all populations.⁹⁶ With greater numbers of chronic illnesses and deaths, there is a need for promoting community-centric policies for Native Hawaiians, especially in the area of health.

- Compared to other ethnic groups, Native Hawaiians/Pacific Islanders have higher rates of smoking, alcohol consumption, and obesity. In 2010, the cost of chronic disease treatments in Hawai'i reached \$3.6 billion and is projected to reach \$6.7 billion by 2020.⁹⁷ Furthermore, limited access to prevention programs led to greater number of cancer, heart disease, unintentional injuries, stroke and diabetes-related deaths.
- During the twenty-seventh legislative session in 2014, Act 155 was passed to reduce health disparities for Native Hawaiian, other Pacific Islanders, and Filipino local communities through identifying and addressing social determinants of health.⁹⁸ The Office of Hawaiian Affairs shares the Native Hawaiians' holistic view of health of unity, the sacred life force, and harmony or balance which is different from the western perspective of health.⁹⁹ The concept of health have different meanings to different people, and the formation of an advisory council will lead to community-centered, culturally-integrated policies.
- The Native Hawaiian Health Consortium June 2011 Compendium gathered private, non-profit, state, academic, community health centers and community-based providers to discuss the current state of Native Hawaiian health. From this consortium, a recommendation was to have a federal liaison for Native Hawaiian/Pacific Islander health initiatives within a federal health agency.⁸² At that time, health care providers recognize that Native Hawaiian participation is valuable in the health planning process. Forming a policy advisory council will further encourage community input in shaping 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.

- Kaiser Permanente will be launching a Fit Rewards program, beginning 2017, for members to encourage year-round fitness. After signing up for membership at a partner gym and paying a \$200 annual fee, members need to commit 45 days of 30 minutes workout sessions to be refunded the annual fee.¹⁰⁰
- Hawaii Medical Service Association has a HMSA365 Discounts program to engage members in health maintenance outside of the doctor's office. Some categories included under HMSA's discount program include tai chi lessons, Jazz dance classes, acupuncture treatments, hypnotherapy, meditation sessions, and more.¹⁰¹ Although offering members a wide range of health maintenance options, there lacks discounts for traditional cultural practices such as hula dancing or canoe paddling.
- In a recent study, kumu hula (hula educators and experts) were interviewed for their views regarding hula's relation to health and wellbeing. Each kumu hula participant expressed the importance of cultural integrity in health and that hula can be an important cultural practice to include in cardiovascular disease clinical interventions.⁶⁹
- 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-integrated health maintenance options.^{102,103}

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 published by The Pew Center.¹⁰⁴ According to the Department of Health's Hawai'i Oral Health: Key Findings report published in August 2015, there are substantial dental health disparities among low-income residents, pregnant women, neighbor island counties.¹⁰⁵
- Fluoride added to community drinking water sources is a safe, inexpensive and extremely effective method of preventing tooth decay across all age groups. However, only 11% of Hawai'i residents have fluoridated water compared to 75% for the United States as a whole.¹⁰⁶
- Only 52% of low-income adults in Hawai'i saw a dentist, compared to 82% of high-income adults.¹¹⁰ Fifty-one percent (51%) of low-income adults lost teeth due to dental disease, while only 32% of high-income adults did so.¹⁰⁵
- Because many Hawai'i residents are unable to afford dental care or schedule a dental appointment, they end up seeking care at a hospital emergency department, although dental services are not generally available there. In 2012, there were more than 3,000 emergency room visits due to preventable dental problems, 67% more than in 2006.¹⁰⁵ 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.¹⁰⁷

Continued Commitment

The Native Hawaiian Health Task Force is committed to advancing health equity for Native Hawaiians, and in turn, the health of Hawai'i's entire population. Task Force members have committed to meeting annually to review progress in the above areas as well as a larger list outlined in a community report to follow. It is our intention that the Native Hawaiian Health Task Force will continue to advance policy that will positively impact our community and minimize health disparities in the years to come.

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Appendix A

SENATE RESOLUTION

REQUESTING THE UNIVERSITY OF HAWAII JOHN A. BURNS SCHOOL OF
MEDICINE TO ESTABLISH A NATIVE HAWAIIAN HEALTH TASK FORCE.

1 WHEREAS, obesity and chronic diseases, such as diabetes and
2 heart disease, disproportionately affect Native Hawaiians; and
3

4 WHEREAS, in order to address the health of indigenous
5 people, Hawaii's policies, programs, and services must focus on
6 economic and social conditions that influence group differences
7 in health status; and
8

9 WHEREAS, the Department of Native Hawaiian Health, as part
10 of the University of Hawaii John A. Burns School of Medicine,
11 recently completed a two-year study entitled "Assessment and
12 Priorities for Health and Well-Being in Native Hawaiians and
13 Other Pacific Peoples"; and
14

15 WHEREAS, these findings were presented to a joint
16 legislative committee on September 23, 2013, along with
17 recommendations and priorities to improve the health and
18 well-being of the State's indigenous and Pacific Islander
19 populations; and
20

21 WHEREAS, the study also detailed successful programs that
22 have led to reduced risk factors for diabetes, heart disease,
23 and stroke, and these programs include weight and blood pressure
24 management; and
25

26 WHEREAS, it is necessary to address the findings and
27 recommendations of the Department of Native Hawaiian Health's
28 study by creating a task force to formulate policies and
29 procedures to eliminate the disproportionate impact of the
30 social determinants of health and chronic disease on all
31 individuals, with particular focus on Native Hawaiians and other
32 Pacific peoples; now, therefore,
33

34 BE IT RESOLVED by the Senate of the Twenty-seventh
35 Legislature of the State of Hawaii, Regular Session of 2014,
36 that the University of Hawaii John A. Burns School of Medicine

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1 is requested to establish a Native Hawaiian Health Task Force to
2 be administratively attached to the University of Hawaii John A.
3 Burns School of Medicine; and

4

5 BE IT FURTHER RESOLVED that the task force is urged to
6 include:

7

- 8 (1) The Chair of the Department of Native Hawaiian Health
9 of the John A. Burns School of Medicine, or the
10 Chair's designee;
- 11
- 12 (2) The Director of Health, or the Director's designee;
- 13
- 14 (3) The Chief Executive Officer of the Office of Hawaiian
15 Affairs, or the Chief Executive Officer's designee;
16 and
- 17
- 18 (4) Up to twenty additional task force members with
19 demonstrated interest in and backgrounds beneficial to
20 assisting the functions of the task force, including
21 members with extensive knowledge, expertise, or
22 experience in areas such as Native Hawaiian health or
23 health care, and Native Hawaiian health care
24 consumers, to be appointed by the Chair of the
25 Department of Native Hawaiian Health of the John A.
26 Burns School of Medicine; and

27

28 BE IT FURTHER RESOLVED that the Native Hawaiian Health Task
29 Force is requested to:

30

- 31 (1) Create data sharing policies between state agencies to
32 improve access for Native Hawaiian and other Pacific
33 peoples;
- 34
- 35 (2) Propose cost-effective improvements to the
36 environments where Native Hawaiians and other Pacific
37 peoples live, learn, work, and play;
- 38
- 39 (3) Propose legislation to address social determinants of
40 health in Hawaii;
- 41
- 42 (4) Raise awareness and propose programs to advance health
43 equity;

44

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- 1 (5) Propose programs and legislative action that will
2 address barriers to access to health care;
- 3
- 4 (6) Guide the use of existing collaborations, systems, and
5 partnerships to leverage resources and maximize
6 outcomes;
- 7
- 8 (7) Propose activities that will support community
9 organizations promoting their own health; and
- 10
- 11 (8) Propose initiatives that will increase preventive
12 services available in Native Hawaiian communities; and
13

14 BE IT FURTHER RESOLVED that the Native Hawaiian Health Task
15 Force is requested to report its findings and recommendations,
16 including any proposed legislation, to the Legislature no later
17 than twenty days prior to the convening of the Regular Session
18 of 2016; and

19

20 BE IT FURTHER RESOLVED that certified copies of this
21 Resolution be transmitted to the Director of Health, Chief
22 Executive Officer of the Office of Hawaiian Affairs, and Chair
23 of the Department of Native Hawaiian Health of the University of
24 Hawaii John A. Burns School of Medicine.



Appendix B

DRAFT DATE: January 12, 2017

S.C.R. NO. _____

SENATE CONCURRENT RESOLUTION

REQUESTING THE STATE LEGISLATURE TO ACCEPT THE NATIVE HAWAIIAN HEALTH TASK FORCE REPORT AND TO ESTABLISH A NATIVE HAWAIIAN PUBLIC POLICY ADVISORY COUNCIL.

1 WHEREAS, obesity and chronic disease, such as diabetes
2 and heart disease, and their risk factors disproportionately
3 affect Native Hawaiians; and

4

5 WHEREAS, in order to address the health of Native
6 Hawaiians, the indigenous population of Hawai'i, policies,
7 programs, and services must focus on economic and social
8 conditions that influence ethnic group differences in health
9 status; and

10

11 WHEREAS, in 2010, the cost of chronic disease treatments
12 in Hawai'i reached \$3.6 billion and is projected to reach \$6.7
13 billion by 2020; and

14

15 WHEREAS, the Native Hawaiian population is expected to
16 double in size by 2050 in Hawai'i, likely accounting for over
17 one-third of the State's entire population; and

18

19 WHEREAS, limited access to prevention programs led to
20 greater number of cancer, heart disease, unintentional
21 injuries, stroke and diabetes-related deaths; and

22

23 WHEREAS, Native Hawaiian communities have demonstrated
24 their ability and resolve to effectively address the health
25 and wellbeing of their communities with health promotion
26 programs, but are challenged in feasibly sustaining such
27 programs; and

28

29 WHEREAS, the concept of health has different meanings to
30 different people, and the formation of an advisory council
31 will lead to community-centered, culturally-integrated
32 policies; and

1
2 WHEREAS, forming a policy advisory council will further
3 encourage community input in shaping the future of Native
4 Hawaiian wellbeing and community health; and
5
6 WHEREAS, in 2014 the Hawai'i State Senate established the
7 Native Hawaiian Health Task Force to be administratively
8 attached to the University of Hawai'i John A. Burns School of
9 Medicine to focus on eight areas to improve the health of
10 Native Hawaiians and to report its findings and
11 recommendations to the Legislature; and
12
13 WHEREAS, in 2016 the Native Hawaiian Health Task Force
14 convened twenty-nine members and determined seventeen
15 recommendations; and
16
17 WHEREAS, in 2017 the Native Hawaiian Health Task Force
18 fulfilled its mandate by providing a written and oral report
19 to Hawai'i's legislature that highlighted specific policy
20 recommendations; and
21
22 BE IT RESOLVED by the Legislature of the Twenty-ninth
23 Legislature of the State of Hawai'i, Regular Session of 2017,
24 that the Legislature accepts the report submitted by the
25 Native Hawaiian Health Task Force; and
26
27 BE IT FURTHER RESOLVED a Native Hawaiian Public Policy
28 Advisory Council will be established; and
29
30 BE IT FURTHER RESOLVED that candidacy for the Native
31 Hawaiian Public Policy Advisory Council will be individuals
32 who demonstrated commitment and experience towards working
33 with the Native Hawaiian population; and
34
35 BE IT FURTHER RESOLVED that the Native Hawaiian Public
36 Policy Advisory Council will be comprised of:
37
38 (1) Two health representatives;
39
40 (2) One environmental representative;
41
42 (3) One legal representative;

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- (4) One education representative;
- (5) One business representative;
- (6) One cultural practitioner;
- (7) One criminal justice representative;
- (8) Two community members; and

BE IT FURTHER RESOLVED that the Native Hawaiian Public Policy Advisory Council will have three ex-officio members:

- (1) Department of Health Director or designee;
- (2) University of Hawai'i John A. Burns School of Medicine, Department of Native Hawaiian Health Chair or designee;
- (3) Office of Hawaiian Affairs, Chief Executive Officer or designee; and

BE IT FURTHER RESOLVED that the ex-officio members of the Native Hawaiian Public Policy Advisory Council select and confirm members of the Native Hawaiian Public Policy Advisory Council.

BE IT FURTHER RESOLVED that membership in the Native Hawaiian Public Policy Advisory Council is a three year term with each member serving a maximum of two consecutive terms; and

BE IT FURTHER RESOLVED that a chair will be selected from the policy advisory council who will be responsible for convening council meetings; and

BE IT FURTHER RESOLVED that the Native Hawaiian Public Policy Advisory Council will work with the Native Hawaiian Health Task Force to provide recommendations to the legislature biennially; and

S.R. NO. _____

1 BE IT FURTHER RESOLVED that the Native Hawaiian Public
2 Policy Advisory Council will also include:

3

4 (1) One State House of Representative

5

6 (2) One State Senator; and

7

8 BE IT FURTHER RESOLVED that the State Representative and
9 State Senator will not have voting privileges on the Native
10 Hawaiian Public Policy Advisory Council.

11

12 BE IT FURTHER RESOLVED that the Native Hawaiian Public
13 Policy Advisory Council will focus on ensuring health in all
14 public policies that impact Native Hawaiians and their social
15 and cultural determinants of health as outlined in the Native
16 Hawaiian Health Task Force 2017 Legislative Report.

DRAFT