Research shows that there is a Native Hawaiian public health crisis where 44% Native Hawaiians adults are obese and 75% Native Hawaiians are at risk of becoming obese – higher than any other ethnic group in the state. The Office of Hawaiian Affairs (OHA) is committed to working to improve the health and well-being of Native Hawaiians through strategic approaches that integrate culture. OHA’s approach is rooted in a holistic understanding of mauli ola: that the entirety of our well-being contributes to the health of ourselves and the larger community. By empowering partners both inside the health field and other areas, we seek to improve state policy that leads to effective use of resources and better health outcomes for all.
Figure 1. Native Hawaiian Population Trends in Hawai‘i: 1778–2010

- 1778: 100% (Gonorrhea, syphilis, & tuberculosis arrive from whaling and trade ships)
- 1804: Cholera epidemic kills 15,000+
- 1848–49: Influenza, measles, & whooping cough kill 10,000+
- 1853, 1861, 1873, 1879: Smallpox kills 10,000+
- 1866–1869: Leprosy patients sent to Moloka‘i kills 8,000+
- 1910, 1920, 1930: Post Statehood

SELECTED CHRONIC & OTHER HEALTH CONDITIONS

- Arthritis: 89.1 (Native Hawaiians), 87.5 (State of Hawai'i)
- Asthma: 152.0 (Native Hawaiians), 115.0 (State of Hawai'i)
- Diabetes: 84.4 (Native Hawaiians), 59.9 (State of Hawai'i)
- High Blood Cholesterol: 149.0 (Native Hawaiians), 150.0 (State of Hawai'i)
- Hypertension: 174.0 (Native Hawaiians), 148.0 (State of Hawai'i)
- Cancer: 36.5 (Native Hawaiians), 36.2 (State of Hawai'i)
- Heart Disease: 39.4 (Native Hawaiians), 30.9 (State of Hawai'i)
- Lung Disease: 27.5 (Native Hawaiians), 26.2 (State of Hawai'i)
- Stroke: 15.6 (Native Hawaiians), 14.5 (State of Hawai'i)
An Ecological Model Of Native Hawaiian Well-Being.

This model examines each of these arenas in relation to achieving and sustaining Native Hawaiian well-being.

OHA’s advocacy role is to effectively identify, assess, and monitor internal and external policy that may impact Native Hawaiian health and well-being.
Assessing Political Will & Evaluating Policy Climate

Policy Recommendations Can Include:
- Introducing new legislation
- Amending existing statutes
- Resolutions for task forces and working groups
- Include or exclude appropriation of general funds

Draft Policy Recommendations
Conduct Interviews and Delve into Issue

Community Issues Impacting Beneficiaries
Research and Data to Understand OHA Role

Vet Community Support
TRIANGULATING HEALTH POLICY: STRATEGY CONSIDERATIONS

Community

ISSUE

Policy Makers

Scientists

Moving Evidence into Hawai‘i State Health Policy for Research, Practice and Programmatic Decision Making

Presented at He Huliau Summit on October 14, 2016
Empowering Hawaiians, Strengthening Hawai’i

ADVOCACY

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APPLYING THE HEALTH POLICY TOOLBOX

Act 155 (2014)
Act 31 (2015)
Act 233 (2015)
SR60 (2014)
Health Policy Workshop

Please group by 3-4 people
SCENARIO

An organization is asking the Hawai‘i State Legislature for general funds for a state-wide project start-up:
This organization is seeking reimbursement from private insurance companies and Medicaid for behavioral health treatment utilizing indigenous connection to the ‘āina (land and water). Adolescent Kānaka Maoli (Native Hawaiian) participants in this program have been previously diagnosed with depression for at least 12 consecutive months. These teenagers are currently non-compliant with their treatment plan (includes not taking medication, refusal to attend group therapy, no family involvement, etc.). Preliminary success has been observed from a community workshop day.
Within small groups you will be assigned a key role to play and discuss the scenario prompt:

**Organizational leaders:**
*The what matters to them*

These folks will review the proposal to approve the maintenance funds through reimbursement.

**Government officials:**
*The who matters to them*

These folks will review the proposal to approve the start-up general funds.

**Community experts:**
*The how matters to them*

These folks will scope the project with health care professionals as a pilot proposal. They possess indigenous expertise about cultural and land-based practices.

**Health care professionals:**
*The why matters to them*

These folks will scope the project with community experts as a pilot proposal. They have specific knowledge about depression and non-compliance.

Note: These activities and roles are meant to illustrate the paradigm extremes and do not represent our idea of collaborative balance.
ACTIVITY

1. Discuss the pilot program from your role perspective
2. Present evidence to stakeholders
3. Ask questions of stakeholders
4. Make a final decision to
   a) approve  b) deny  c) defer
5. Share final recommendation to the large group in 15 mins
OPEN DISCUSSION & DEBRIEF

What is the evidence you need to know to make a decision to approve/deny/defer the pilot program request?

Who was actually involved in the decision to approve/deny/defer the request?

What is the final recommendation from the stakeholders? How did you get there?

Did everyone in the group get a vote? Did everyone in the group offer expert testimony?

What are the gaps? What is missing? Who else should have been there?

What are the potential and real outcomes of this pilot program?
Empowering Hawaiians, Strengthening Hawai‘i

OPEN DISCUSSION & DEBRIEF

- Middle manager of a local health corporation
- High school student
- Kūpuna
- Community Health Worker
- Train-the-Trainer specialist
- Cultural practitioner
- Heath Research Psychologist
- State DHS Director
- Chair, Senate Health Committee
- Psychiatrist
- CEO of managed care organization
- Middle manager of a local health corporation

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Pros

- Are there other examples you can see this being helpful with? Why?

Cons

- Are there issues you would not want to conduct this process with? Why?
COMMUNITY-BASED POLICY PROCESS

Community → Research → Practice → Program → Policy
NĪNAU: QUESTIONS & ANSWERS

Office of Hawaiian Affairs

www.oha.org/health
MauliOla@oha.org

Ms. Deja Ostrowski, JD
DejaO@oha.org

Ms. Kealoha Fox, PhD (ABD), MA
KealohaF@oha.org

Share you feedback, pass on your success stories, and ask more questions of us. We would love to hear from you!