



ke ola mamo

November 18, 1999

Assistant Secretary John Berry
c/o Document Management Unit
The Department of the Interior
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Dear Secretary Berry,

On behalf of the Board of Directors of Ke Ola Mamo Native Hawaiian Health Care System for the Island of O'ahu, we extend a special mahalo (thank you) for providing our organization with the opportunity to participate in this hearing. The primary focus of this testimony is to discuss the severe health conditions of Hawaii's indigenous people and provide for recommendations to raise the health status of Native Hawaiians at the Reconciliation Process Hearing being held at the East-West Center at the University of Hawaii on Friday, December 10, 1999 and Saturday, December 11, 1999.

Organizational Background & Mission Statement:

Ke Ola Mamo is the Native Hawaiian Health Care System for the Island of O'ahu, authorized by the Native Hawaiian Health Care Improvement Act of 1992. As a community based Native Hawaiian health organization tax-exempt under section 501(c)(3) of the IRS, our mission is to raise the health status of Native Hawaiians on O'ahu and "empower them to live longer, healthier and productive lives."

Summary of Demographic Characteristics:

The island of O'ahu, which Ke Ola Mamo serves, has the largest population of Native Hawaiians in the state. There are approximately 156,006 Native Hawaiians, comprising over 19% of the total population and 65%, or almost two-thirds, of all Native Hawaiians in the state resides on the island of O'ahu. The Native Hawaiian population is a "young population" as reflected in birth statistics. O'ahu's Native Hawaiian population is thus growing rapidly, more rapidly than any other ethnic group in the State.

O'ahu is unique among Hawaii's islands in its diversity: eight-lane super freeways on the urban side become two-lane highways in rural areas; high tech tertiary-care hospitals are found only on this island, but it sometimes takes longer to get to these facilities by public transportation than it does from a neighbor island. Neighborhoods on O'ahu range from luxurious gated communities to the only inner-city areas in the state with the largest public housing community. O'ahu has six Hawaiian homestead areas--residential subdivisions set aside by federal and state law for the exclusive use of Hawaii's indigenous people: four in Wai'anae, one in Urban Honolulu, and one in Waimanalo. The largest Hawaiian homestead population is on the island of O'ahu.

Highest Mortality & Morbidity Rates Among Native Hawaiians:

Native Hawaiian mortality rates rank the highest in the state and nation among certain chronic disease and illness. For example:

CANCER:

Native Hawaiians have the highest cancer mortality rates (231.0/100,000), 45% higher than the total state population (159.7/100,000).

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Native Hawaiian males have the highest cancer mortality rates in Hawai'i for cancers of the lung, liver, and pancreas and for all cancers combined.

o Breast Cancer:

Native Hawaiians have the highest mortality rates in the state 37.96/100,000, which is 25% higher than Caucasians (30.25/100,000) and 106% higher than Chinese (18.39/100,000).

Nationally, Native Hawaiians have the third highest mortality rates due to breast cancer (25.0/100,000) following African Americans (31.4/100,000) and Caucasians (27.0/100,000)

DIABETES:

For the years 1989-1991, Native Hawaiians had the highest mortality rate due to diabetes mellitus (34.7/100,000) in Hawai'i that was 130% higher than the state all races rate of 15.1/100,000.

Pure Hawaiians had a mortality rate of 93.3/100,000, that was 518% higher than the state all races

Part Hawaiians had a mortality rate of 27.1/100,000, that was 79% higher than the state all races.

[Appendix A: Detail Summary of Chronic Disease and Illness Among Native Hawaiians]

Ke Ola Mamo Native Hawaiian Health Care System, O'ahu - Health Care Service Delivery:

Since 1992, Ke Ola Mamo has helped over 15,000 Native Hawaiians access health care services through its community outreach program funded through the Native Hawaiian Health Care Improvement Act of 1992. This program has also provided for health enrollment, assessment, assisting over 2,617 uninsured Native Hawaiians into MedQuest and facilitation to access to primary and secondary care through referrals and transporting of client to and from physician visit. Community outreach, health promotion, disease prevention projects (health screenings etc.), case management, health education classes (diabetes, hypertension, traditional healers, nutrition, family dynamics, otitis media, mental health, cancer, domestic violence, family planning, smoking cessation) and the introduction of lomilomi (Native Hawaiian massage therapy) have been some of Ke Ola Mamo's achievements under the grant. The majority of the clients served are either uninsured or underinsured and requires extensive health care services and intensive follow-up.

Other sources of funding, such as the Office of Minority Health, Centers for Disease Control and Prevention, State of Hawaii-Department of Health, State of Hawaii-Office of Hawaiian Affairs, Alu Like Inc. and private foundation have enabled Ke Ola Mamo to provide exercise and nutrition programs, diabetes and cardiovascular screenings, prenatal-early childhood (Healthy Start) activities, and HIV/STD prevention education to the Native Hawaiian population on O'ahu. Funding from these grants were awarded through the competitive process.

Major Service Districts:

Ke Ola Mamo's four major service districts on O'ahu divide the island into:

Urban Honolulu, which focuses on the high-poverty, disenfranchised residents of public housing, inner city and Hawaiian homesteaders in Papakolea;

Ko'olaupoko, where efforts are concentrated in the high poverty Hawaiian homestead community of Waimanalo at one end and the suburban/rural community of Kahalu'u;

Ko'olaupoko, which people refer to as O'ahu's "landlocked outer island, is the largest in area and most isolated district, served only by a primary care facility (Kahuku Hospital) and a number of small clinics;

Wai'anae, the largest Native Hawaiian district on the island, on the western/leeward coast of O'ahu. Wai'anae has a disproportionate number of substandard housing units, a large number of families living below poverty, a disproportionate number of identified as high risk by the Healthy Start Program, and the largest Native Hawaiian Homestead population in the State. According to available data, Wai'anae is one of the most severely impacted areas in the state.

Ke Ola Mamo has made health care and prevention programs accessible to all Native Hawaiians on O'ahu through its seven operational site offices throughout the island along with a total of 32 full-time administrative, professional, outreach, and support service staff.

Recommendations:

In comparison to other ethnicities in the State of Hawaii, Native Hawaiians currently have the highest morbidity rates due to chronic illness such as Diabetes, Cardiovascular diseases, and various types of Cancers; and as a result, have the highest mortality rates. Therefore in an effort to decrease both morbidity and mortality rates among the Native Hawaiian populations, Ke Ola Mamo anticipates that the outcome of the Reconciliation Process will address and support much needed health care service delivery programs to raise and improve the health status of Native Hawaiians.

The following area is prioritized starting with the greatest need for the island of O'ahu: All programs should be culturally sensitive and culturally appropriate with the ability to embrace both Native Hawaiian traditional healing practices and western medicine.

- o Increase/Enhance Diabetes Programs:
Prevention: screening and education**
- o Increase/Enhance Cardiovascular Programs: hypertension; hypercholesteremia.
Prevention: screening and education.**
- o Increase Cancer Awareness Programs: Breast, Cervical & Prostate:
Education; increase training among community workers to reach out to all the Hawaiian communities with funds/insurance to cover treatment, if needed.**
- o Increase/Enhance Prenatal and Early Childhood Developmental Program:
Increase Support Groups, Training, Case Management;
Develop Interactive Group Activities and Incentives.**
- o Increase/Enhance HIV/STD Program:
Increase the availability to impact diverse target population.**
- o Increase Asthma Programs:
Education.**
- o Increase Early Detection Screening Programs:
- Hearing
- Vision**
- o Increase Community Immunization Awareness Program.
- Education**
- o High Need for Dental Services for the Target Population.**
- o Remove Barriers and Increase Access to Health Care:
- Transportation
- Medical Insurance-Med-Quest**

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- . *Underinsured: Supplement cost for intervention*
 - . *Patient Advocacy*
 - . *Health Education/Health Promotion*

 - o *Increase Services to Native Hawaiian Elderly*
 - . *supplemental insurance program*
 - . *dental coverage under insurance program*

 - o *Establish Native Hawaiian HMO or Insurance Coverage for All Native Hawaiians.*

 - o *Development of a Native Hawaiian Health Research Center*

 - o *Increase Support to the Community Health Centers*

Although we have helped many of our people during the past 7 years, there are many thousands more Native Hawaiians who need health-related services: the single mothers who are "addicted to ice"; the families who experience domestic violence; the many Hawaiians who are morbidly obese; those who are noncompliant diabetics or at-risk for stroke and heart attack.

Summary:

Dispossession of land and inherent sovereignty of Hawaii's indigenous people are the starting point for discussion on reconciliation. Of equal importance is the federal governments trust obligation to Hawaii's indigenous people.

In the reconciliation discussion, Ke Ola Mamo strongly recommends that health and health care be an integral part of the discussion. Of greater importance is the support for health care services and programs to improve the health conditions and raise the health status of Native Hawaiians be a major priority as part of the reconciliation process that would benefit Native Hawaiians in perpetuity.

Respectfully submitted,



Dexter K. Soares, Executive Director

*cc: Agnes K. Cope, President, & Board of Directors
Ke Ola Mamo Native Hawaiian Health Care System, Island of O'ahu*