

A history of Imi Ho'ola

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Introduction

One of the most successful programs attempting to increase the number of Native Hawai'ian and other under-represented minority groups in the medical profession quietly began at the University of Hawai'i in 1973. This paper reviews the history of the *Imi Ho'ola* program, the outline of the program and the results of 25 years of operation.

Early efforts

With the approval of the Hawai'i State Legislature in 1967, the medical school was formed at the University of Hawai'i. Windsor Cutting, M. D., former Dean of the Stanford Medical School, was recruited to become the first Dean. Approval was for a two-year "pre-clinical" curriculum. Students were required to complete their last two years of medical education at a school in the continental U.S. Six years later, in 1973, the medical school became a full-fledged four-year medical school and the first class graduated in 1975. The school was then named after the late Governor of Hawai'i, John A. Burns, who spearheaded the movement to establish the medical school.

Dean Cutting found that many of the applicants who were rejected for entry to the medical school were "non-traditional" students. Though careful analysis of their backgrounds revealed better than average scholastic abilities with superb human qualities, acceptance for one of the limited admission slots relied heavily on grades and Medical College

Admission Test (MCAT) scores. Dr. Cutting proposed an extraordinary approach and invited a number of individuals to enroll in medical school as his "guests". To assure every possibility for success, the program was designed to allow students more time, i.e., three years to complete the first two years of the medical curriculum. Key faculty provided tutoring to students as needed. Students who did well had their records presented to the executive committee with recommendations for enrollment and advancement as a full-time medical student. Called the "Dean's Guest Program", this project emerged as a project for "disadvantaged" students primarily from the Pacific who would be able to complete the rigorous and demanding preclinical medical curriculum in three years and then advance and complete the final two years.

Instrumental in focusing the medical school on primary care was Dr. Terence A. Rogers, who succeeded Dean Cutting. Dean Rogers was deeply concerned that at the time the medical school was established, there were only ten physicians of Hawai'ian ancestry. Cognizant that some

students in the Dean's Guest Program lacked a solid foundation in chemistry, biology and/or English, Dean Rogers solicited federal grants to establish a one-year program to prepare students through premedical sciences.

The project was headed by Benjamin B. C. Young, M. D., the first psychiatrist of Hawai'ian ancestry. His

charge was threefold, 1) to increase the participation of Pacific Islanders in medicine, with an emphasis on Hawai'ians, 2) do not lower or compromise the standards for promotion and advancement in medical school, and 3) get them graduated! With the counsel of the late Hawai'ian scholar and writer, Mary Kawena Puku'i, the project was named, *Imi Ho'ola*. The words selected by Mrs. Puku'i: *imi*, seek, and *ho'ola*, to heal were appropriate to all the students who were seeking to heal. The program's infrastructure and coordination reflected the contributions of prestigious and committed faculty. An Advisory Committee, comprised of community leaders, was established to review applications, interview and select students for the program.

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Table 1. Imi Ho'ola graduates, by ethnicity (as of August 1997)

Ethnicity	No. of graduates	Percent of total
Native Hawaiian	47	41%
Filipino	20	17%
Samoan	12	10%
Micronesian		
- Guam (8)		
- Northern Marianas (4)		
- FSM: Yap (2)		
Kosrae (1)	19	16%
Pohnpei (1)		
- Palau (2)		
- Marshall Is. (1)		
Japanese	7	6%
Native American Indian	4	3%
Cambodian	2	2%
Vietnamese	2	2%
Caucasian	2	2%
Chinese	1	1%
TOTAL	116	100%

Objectives of *Imi Ho'ola*

Imi Ho'ola was established to assist in the review of premedical curriculum to reinforce students' skills, thereby improving success in completing medical school. The specific objective was to increase the numbers of under-represented ethnic groups in medicine. Though particularly focused on Hawai'ians, Samoans, Micronesians and other Pacific Islanders, the program included individuals from other underrepresented groups including women, Filipinos, Vietnamese and Cambodians. Individuals who came from difficult social-economic circumstances were also given consideration.

Upon completion of the *Imi Ho'ola* Program students entered medical school under the Dean's Guest Program which was now called the *Kulia* program. The Hawai'ian term *kulia* means to strive and is taken from Queen Kapi'olani's motto, *Kulia i ka nu'u*, (strive to reach the summit). The *Imi Ho'ola* and *Kulia* programs were available for Pacific Island and underrepresented students. The *Imi Ho'ola* program shored up a students premedical curriculum in preparation for the *Kulia* program or for transition in to the regular medical school program, depending upon the student. The *Kulia* program as originally designed, assisted students who could benefit by a three-year pre-clinical curriculum versus the traditional two years.

Program results

As of August 19, 1997, 116 *Imi Ho'ola* students graduated from medical school. Ethnic breakdown is detailed in Table 1, followed with a breakdown by specialty (Table 2).

Going home

The *Imi Ho'ola* program was keenly aware of the common criticism of programs which focus on under-represented groups, which is, "They (graduates) never go back to their communities." A student of the *Imi Ho'ola* program could spend up to six years in Hawai'i pursuing his/her medical education making it difficult to maintain the bond with their home community. For students from the Western Pacific islands, the distance and cost of commuting between home and medical school is prohibitive to maintaining community ties during the course of the six years.

To address this concern, the *Imi Ho'ola* program utilized recognized speakers and faculty from Hawai'i and the Pacific Islands to help students continue on culturally appropriate issues. Additionally, the program worked with communities to arrange employment for students during vacation periods. Finally, students served as recruiters to publicize the program and solicit other students for the program.

Table 2. Specialty of Imi Ho'ola graduates (as of August 1997)

Medical specialty	No. of graduates	Percent of total
Internal Medicine	40	34%
Family Practice	26	22%
Pediatrics	19	16%
Psychiatry	8	7%
Surgery	8	7%
Anesthesiology	4	3%
Obstetrics Gynecology	4	3%
Emergency Medicine	3	3%
Radiology	2	2%
Oncology	1	1%
Deceased	1	1%
Total	116	100%

Another barrier which has been largely unresolved is the attraction of larger salaries offered in the urban areas and in the US, which discourages many graduates from returning to their respective communities to practice. The medically underserved communities that need physicians are hard pressed to compete with the salaries offered many of the graduates. Programs of the John A. Burns School of Medicine established to address this issue include the former Pacific Basin Medical Officer's Training Program, which was based in Pohnpei in the Federated States of Micronesia and the *Ke Ola O Hawai'i* program at the medical school.

Nonetheless, graduates of the *Imi Ho'ola* program are now in key positions within the health delivery network throughout the Pacific. At least four have been appointed as Chief Residents and others serve in leadership roles including medical directors, Chairs of the Departments of Psychiatry, and Family Practice.

Conclusion

Programs such as *Imi Ho'ola* provide needed support to underrepresented and disadvantaged students pursuing medical careers. These programs have been directly responsible for facilitating more minority graduates from our medical school. Continued efforts of this kind are needed to address the severe under representation of minority physicians. Currently, only four percent of all practicing physicians in Hawai'i are of Hawai'ian ancestry. Recent developments at the University of Hawai'i have resulted in the discontinuation of these programs. The question arises, "If we don't support and facilitate the medical education of Hawai'ian and other minority students, who will?"

References

References available from the author on request. □

E mālama i ka mākua, o ho'omakua auane'i i ka ha'i.

Take care of [your] parents [lest the day come when] you will be caring for someone else's.

Mākua includes all relatives of the parents' generation, including their siblings and cousins. 'Ōlelo No'eau #347