

# The Native Hawaiian Health Professions Scholarship program's impact on the community of Ko'olau Loa: a program report

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## Abstract

The Native Hawaiian Health Professions Scholarship was established as one component of the Native Hawaiian Health Care Act of 1988, which was later reauthorized as the Native Hawaiian Health Care Improvement Act of 1992. The Scholarship program was designed to develop Native Hawaiian primary health care professionals who would return to work in Native Hawaiian communities. To ensure this, scholarship recipients fulfill their scholarship agreement by working in medically unserved and underserved communities throughout Hawai'i. Since 1991, 121 scholarships have been awarded to Native Hawaiians training in different primary care professions including medicine, dentistry, nursing, midwifery, social work, and public health. Although the service obligation is attached to the scholarship as a means of "paying back," the intent is to provide an opportunity for graduates to establish a sense of social responsibility for the communities most in need.

One of the communities benefiting from this program is Ko'olau Loa, a community that spans from Ka'a'awa to Pūpūkea on Windward O'ahu. Native Hawaiian Health Scholarship recipients, Kehau Santiago, Michele Shimizu, and Stephany Vaioleti live and continue to serve in the very community in which they fulfilled their service obliga-

tions. This article focuses on how the Native Hawaiian Health Scholarship Program—in particular, the three scholars—affected Ko'olau Loa.

## Introduction

The Ko'olau Loa community spans 26 miles of Windward O'ahu, from Ka'a'awa to Pūpūkea. Ko'olau Loa is home to approximately 20,000 residents. Native Hawaiian Health Scholarship recipients, Kehau Santiago, Michele Shimizu, and Stephany Vaioleti live and continue to work in the very community they completed their service obligations. This article will focus on how the Native Hawaiian Health Scholarship Program impacted this particular community served by three scholarship recipients.

## Background

Well-reported are the disparate rates of morbidity and mortality of Native Hawaiians due to chronic diseases, dental caries, and mental health conditions<sup>1</sup>. Also emphasized is the gross under-representation of Native Hawaiians in health care professions.

The Native Hawaiian Health Professions Scholarship Fund was established as one component of the Native Hawaiian Health Care Act of 1988, later reauthorized as the Native Hawaiian Health Care Improvement Act of 1992. The Scholarship Program was designed to develop Native Hawaiian primary health care professionals who will return to work in Native Hawaiian communities. To ensure this, scholarship recipients fulfill their scholarship agreement by working in medically unserved and underserved communities. Since 1991, 121 scholarships have been awarded to Native Hawaiians training in different primary care professions, including medicine, dentistry, nursing, midwifery, social work, and public health.

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## Ko'olau Loa

Ko'olau Loa is located on the island of O'ahu in the State of Hawai'i. On the windward north shore of the island is

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an old Hawaiian political district (*moku*), no longer extant as such, called the Ko'olau Loa Moku. The *moku* consists of a string of several small rural villages stretched along 26 miles on a lone road, namely Ka'a'awa, Kahana, Punalu'u, Hau'ula, Lā'ie, Kahuku, and North Shore (Sunset, Pūpūkea).

Though much of the ancient Hawaiian landscape and lifestyle has changed, enough remains of the past to remind us of those who lived here long ago. There are many Hawaiian families whose roots go back many generations in the *moku*.

The population of 20,000 is scattered over a relatively long geographic area—in villages with populations ranging from a 1,000 to 4,000, making transportation and travel time major factors and reinforcing a sense of insularity of these villages. The traditional Hawaiian extended family system of *'ohana* still exists and there is a strong sense of community.

## Current health status

The uninsured, medically underserved resident population of North O'ahu is estimated at greater than 10% of the population—a number substantiated by the Kahuku hospital's experience in community outreach programs. As reflected in a 1998 study, this population receives more financial aid (10%) than that of the State of Hawaii at large (6.6%). Additionally, the birth rate is higher than the rest of the State, and the overall risk factors measuring maternal and child health as well as the socio-economic risk are increasing.

Although the people in this area are at risk for some health problems, the general profile of the district is not extraordinary given the relatively high proportion of Hawaiians (i.e., 24%). This contrasts with a Hawaiian population of 11% on the Island of O'ahu. Other Pacific Island and Asian ethnicities are also strongly represented<sup>2</sup>. The age-adjusted mortality rate for Hawaiians is approximately three times higher than the rate for Caucasians, Chinese, Filipinos, and Japanese.

Kahuku Hospital is the main health care facility in the area. The nearest hospitals are 30 miles in one direction and 35 miles in another. The necessity of having a facility like Kahuku Hospital was never more evident than on Mother's Day, Sunday, March 10, 1999. The tiny rural facility became a key treatment point in the aftermath of the landslide at Sacred Falls State Park. Seven people died that day. Kahuku Hospital was just 10 minutes from the accident site, whereas the next nearest medical facility, Castle Medical Center in Kailua, was more than double the distance and at least triple the travel time because of the winding roads. Kahuku Hospital cared for 16 victims—more than any other O'ahu hospital. Flooded on this Sunday with more than 20 patients in four hours, the

hospital implemented its disaster plan expanding the emergency room and calling in additional staff. Hallways became extra E.R. space, where six makeshift beds shared space with soda machines. Wayne Fairchild, CEO, said that the hospital is needed not only in disasters, but also for normal, everyday medical care.

In 1998, closing dates were discussed and board members researched bankruptcy. Two years later, the hospital has trimmed costs and made flexibility a byword. New medical equipment and physicians have been brought aboard, as well as services such as the North Shore Community Health Clinic, which serves the under- and uninsured.

## Commitment to serve

Each of the three recipients, individually and collaboratively, is trying to meet the psychosocial and health care needs of the community. Each individual is highlighted below<sup>3</sup>.

With the support of the Queen Emma Foundation and Queen Lili'uokalani Children's Center, the Nā Mamo Ola Pono Program was established to address health and social issues among our Hawaiian population. By using traditional values and cultural practices, our program will serve to build on the strengths inherent in each family system, states Kehau Santiago, L.S.W., Program Manager. Nā Mamo Ola Pono is also referred to as "Healthy Start Ko'olau Loa" because the program is affiliated with the national Healthy Start Program. Unlike many of its national counterparts, however, the Ko'olau Loa Healthy Start Program seeks to focus on specific outcomes determined with input from community members.

A 1987 graduate of Kahuku High School, Kehau is committed to the community. "All of our work is about personal relationships, so it helps to have our staff come from the communities we serve. Everyone here has a vested interest. Part of our role is to assist families become productive members of their communities." This may include helping them find a place to live to providing transportation to and from their doctor's appointments. Nā Mamo Ola Pono services 75 families with a total of 230 children.

Michele Shimizu, a 1985 graduate of Kamehameha Schools, completed both her Bachelor's and Medical Degree from the University of Hawai'i at Mānoa. She completed her Family Practice residency training in Scottsdale, Arizona, as well as a one-year fellowship program in Obstetrics in Austin, Texas. "Caring for the families of Ko'olau Loa is my goal. My practice involves all aspects of family medicine from obstetrics to newborn care, children, and adults. I believe that patients should actively participate in the health care decision making

process." Dr. Shimizu operates out of the North Shore Health Center, which is adjacent to Kahuku Hospital. She sees on average of 25 to 35 patients a day.

Dr. Shimizu is the only OB/FP physician to deliver babies at Kahuku Hospital, and is, therefore, on-call 24 hours, seven days a week. Without her, expectant mothers would have to travel at least 45 minutes to give birth at another facility. There were 111 births at Kahuku Hospital in Year 2000. Thirty-two of the total births or 29% were Hawaiian/part-Hawaiian.

As the Director of Social Services at Kahuku Hospital, Stephany Vaoleti meets with patients and families to provide assistance in fulfilling the medically related social and emotional needs that impinge on the medical condition, treatment, recovery, and safe transition from one care environment to another. She is also the social worker at the Crawford's Convalescent Home and is a therapist with North Shore Mental Health.

After graduating from the University of Hawai'i at Mānoa in 1998, Stephany decided to move back to the community where she was born and raised in and accepted the social work position at the hospital. "I wanted to pursue a degree that would allow me the opportunity to find employment within my own community. The job at Kahuku Hospital was available upon my graduation and I accepted knowing the pros and cons of working in a small, rural, private, non-profit facility."

Looking at the needs of the community and trying to meet them are important. One example of this is the recent ability to conduct Med-Quest eligibility interviews at the hospital. This helps clients as well as physicians. Clients do not have to travel to town and physicians are able to refer patients as soon as they are seen. Approximately 550 clients have applied at Kahuku Hospital for Med-Quest/Medicaid since June 2000. Two hundred of them were children under the age of 18. Approximately one-third of them have been approved for health care services.

Another need of the community was in the lack of services for the under- and uninsured patients. Since opening a year ago to provide services for residents without medical insurance, Kahuku Hospital's North Shore Community Health Clinic has seen more than 500 patients. By helping uninsured patients before their conditions worsen, the hospital avoids the need to admit them and then cover the cost of their care. Facing bankruptcy throughout much of the past decade, the hospital spent about \$500,000 each year treating the uninsured. In addition to providing initial care, the Clinic refers patients to local physicians, like Dr. Shimizu, for follow-up care.

Another need that had been identified was that the community had no one agency to check on the safety and installments of car seats. In collaboration with Nā Mamo Ola Pono, Kahuku Hospital was able to provide and install car seats in collaboration with the Keiki Injury Prevention Coalition. The community has two certified car-seat technicians and approximately 30 *keiki* car seats have been checked since October 2000.

There are many days when these three women work collaboratively to assist a client or patient. For example, Stephany may visit with a woman who has just given birth to her second child and is involved in a domestic violence situation. The patient may have just moved in with her sister and is now living in Hau'ula. The patient has no insurance and is overwhelmed with the current situation. Dr. Shimizu and Stephany discuss the patient's ability to care for her newborn child. A referral to Kehau is made as soon as possible for home visiting services. A family support worker from Nā Mamo Ola Pono is able to meet with the patient before the client is discharged. Stephany completes the Med-Quest interview with the patient and other necessary referrals are made.

The three Scholarship recipients have a vested interest in the community that they serve. We all have bought homes and plan to raise our families here. We shop, go to church, and play with the people we serve. "Native Hawaiians are more likely to seek timely care from health providers who are known to them, and who will more fully understand their values and health seeking behaviors."

## Conclusion

The purposes of the Scholarship Program are twofold: to increase the number of Native Hawaiians in health professions, and to get them back to serving in communities in need. The best way to improve accessibility to, and acceptability of, health care is to identify potential members of a community to be trained as health professionals who will later return. The Native Hawaiian Health Scholarship Program has met its goals when looking at these three scholars. Although the community has gained three qualified primary health care professionals, we agree that we have gained a much deeper appreciation for the people and families who we serve.

## References

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