

2010 Hawaiian Business Conference and Economic Expo

Comparative Advantage Analysis

January 11, 2010

Health

Purpose:

To document Strengths, Opportunities, Weaknesses, and Threats of the Health industry in the Native Hawaiian community

Expectations:

- To understand Native Hawaiian health issues
- To gain broader perspective on health issues and the role traditional practices play
- To discuss possible integration of traditional healing and western medicine
- To hear ideas on improving health in rural communities
- To discuss how to promote/educate Hawaiian community and the State on Hawaiian health issues
- To discuss how the Queens Medical Center can assist with services to address Native Hawaiian health needs
- To discuss what Chaminade can offer to assist Native Hawaiian community in addressing health needs
- To discuss systemic healthcare reform on the State and Federal level with regards to the integration of western and Hawaiian traditional health practices
- To better understand Hawaiian health concerns and gather the ideas how OHA can assist in providing the solution

SWAT Analysis:

| Strengths | Weaknesses | Opportunities | Threats |
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| <ul style="list-style-type: none"> • We have traditional healing that starts with an individual and migrates to systemic • There is a closer connection between traditional and western healing • Large number of Native Hawaiians are dedicated to improve health status of Native Hawaiian community • There is more communication/conversation between traditional health practitioners – more gatherings take place, more sharing • There is more recognition that both western and traditional healing practices are effective in helping all people in general – however it is important to discern how we can merge both health care systems, how to create | <ul style="list-style-type: none"> • The delivery of traditional practices are not accepted within western medicine • Difficult and costly to deliver health services to rural communities • Not enough of young people in traditional medicine – need more knowledge transfer • Western medicine focuses on an individual, requires more resources and is costly to deliver – reactive not a preventive approach • Inequitable access of rural communities to health services – cost prohibitive, cost rises exponentially • Western medicine system is set up for individuals, not communities • Western medicine is based on a disease model, it takes | <ul style="list-style-type: none"> • Sustaining traditional practices – increase funding, nurture traditional practices in the Hawaiian community • Support traditional healing in rural areas • Promote further integration between western and traditional Hawaiian health systems as a continuum - building bridges • Improve dissemination of information about programs and services to the individuals – what services are available and how to access – individuals cannot access programs, agencies are not collaborating as well as they could • On federal level (Akaka | <ul style="list-style-type: none"> • Reality of increasing cost of services and declining availability • Lack of state and federal resources - once Akaka and Inouye are gone we may lose some of the funding and priorities • Insufficient communication and networking between the organizations – “silo” of resources – lack of communication about services provided • Tendency to competitiveness between the organizations • Lack of accountability for the delivery of services, no trust – need to build in deliverables and accountability |

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| <p>culturally appropriate sustainable healthcare system</p> <ul style="list-style-type: none"> • There are more organizations and resources dedicated to Native Hawaiian health, there is more acceptance of traditional healing concept • More work on traditional healing and practices is being documented and published • Some organizations within Native Hawaiian health system offer services not available elsewhere at no charge (mostly preventive and educational services) • The role of Native Hawaiian medicine is being more recognized throughout the nation – more networking • There is larger capacity in Native Hawaiian healthcare – more scholarships • There exist successful community-based programs at the family and neighborhood levels offering assessment, education and prevention | <p>a lot of resources</p> <ul style="list-style-type: none"> • It is difficult to communicate the process and new programs to the people who would benefit the most • There seem to be a “silo” nature of existing healthcare system – not enough communication between the organizations • There is scarcity mentality within organizations – limited resources, limited territorial focus, redundancy/duplication, not enough sharing, creates one up-man-ship • Organizations guilty of creating their own “silos” – insufficient networking • Insufficient state, federal and private sector resources • Lack of integration between traditional healers and western medicine | <p>and Inouye) need to document accountability of existing programs and improved network</p> <ul style="list-style-type: none"> • Promote education and work force development – in response to upcoming needs have to educate leads to jobs (licensing, internships) • Provide targeted, simple and effective education to help individuals to help themselves • Create a health communication plan on who does what • Educate western medical system regarding value of traditional practices and the historical trauma that leads to health problems in Hawaiian community • Build Hawaiian healthcare system as a continuum • Address gaps in formal education • Create systematic approach to collaboration | <ul style="list-style-type: none"> • Technology insufficiency • Traditional healing not viable enough • Many “silos” of unhealthy people • Healthy Hawaiian population will force health industry to go out of business <p style="text-align: center;">Every Threat is an Opportunity!</p> |
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Key players in future health action plan:

- Native Hawaiian Chamber of Commerce
- DOH
- NHHCS
- Papa Ola Lokahi
- Queens Medical Center
- HMSA
- Kaiser Permanente
- Aloha Care
- HPHA
- HPCA
- NASW
- KSBE-KA
- DHHS
- OHA
- CMS Medicare
- SAMHSA
- Office of Minority Health
- B. of Prim. Healthcare
- University of Hawaii
- Chaminade University
- JABSOM
- HPU
- Community Colleges
- Federal/State government
- Private Sector

OHA Function:

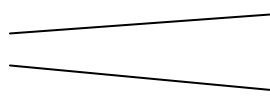
- Provide resources
- Facilitate overall collaboration process
- Establish evidence-based accountability
- Develop benchmarks
- Coordinate networking
- Develop pilot programs that require collaboration
- Provide good management
- Assist with capacity building – e.g. technology

Possible Future Actions:

- Development of an organization that would assist with community-based case management and improved communication
- Provide information about useful programs
- Devote resources to connect individuals to available resources (like Salvation Army, Catholic Charities)

Reference: www.unnaturalcauses.org

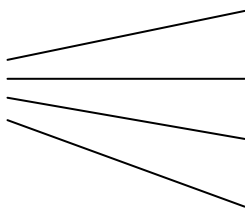
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Have effective, reliable traditional healers and western medicine practitioners

Have models: ex. Ke ano ola, Aha kane

W



Sick system

Insufficient embracing/bridging between western and traditional health care

Insufficient communication between health care agencies

Insufficient access to care for individuals especially in rural communities

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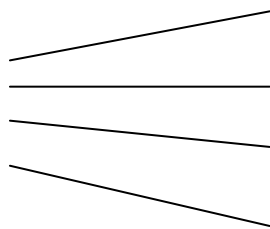


Sustainability – secure federal funds (Akaka and Inouye)

Integrating traditional health care system with western health care system

Increase communication – start basic action plan

T



Lack of funds – increasing cost of services, decreasing availability and access

Lack of accountability

Insufficient communication, networking, technology

Competitive, non-cooperative nature leads to “silos”