OFFICE OF HAWAIIAN AFFAIRS

I Ola Lāhui Weight Management Program Evaluation Report

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Paia Kāne
Program Improvement Section

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EXECUTIVE SUMMARY

Project summary

I Ola Lāhui is a 501(c)(3) nonprofit organization that has been in operation since July 2007 and currently administers a weight management program with a total project cost of $918,937- of which $500,000 is funded with Office of Hawaiian Affairs (OHA) funds. The purpose of the program is to provide evidence-based behavioral health interventions in obesity management tailored to Native Hawaiians over 18 years of age with a body mass index (BMI) of 25 or greater so they can achieve a healthy weight and reduce potential health risks associated with obesity. This evaluation covers the period of December 1, 2011 to November 20, 2013.

The overall goals of the program are to address the issue of obesity in Native Hawaiians and address the biological, psychological, socio-economical, and cultural factors as they relate to health care service delivery and reducing the barriers to access in order to improve the health and well-being of the program participants.

Purpose of the evaluation

The purpose of this evaluation is to determine if the program helped participants achieve a lower BMI and healthy weight based on quantitative and qualitative data collected from the grant proposal, contract, progress reports, closeout report, the Contract Monitor's report, and the program budget.

Findings

This is the first contract with I Ola Lāhui to provide this service. Therefore, the results created a benchmark that can be applied for future contracts. Quantitative goals were outlined in the I Ola Lahui contract. During the contract period, a total of 698 participants were served, with 449 (64.33%) of those participants being Native Hawaiian.

Findings (continued)

There was no specified goal for enrolled Native Hawaiian program participants, therefore the quantitative goal of 80% of Native Hawaiian participants is 359. The 359 target was calculated by multiplying the total enrolled 449 participants during the contract period by 80%.

Some of the goals could not be determined because data was not collected from all program participants. In providing data of the number of Native Hawaiians with reduced total cholesterol, improved perception of their health status, improved health knowledge, improved self-efficacy in making health behavior changes, and number with referring medical providers demonstrating satisfaction with project, the data was inconclusive because of the total participants, data was only available for a sample of the overall participant group. Of that sample, data for a sample of Native Hawaiian participants was provided. Therefore, some of the goals were met.

Performance measure data submitted in the course of quarterly reporting did not address the performance measures that were outlined in I Ola Lāhui's *Attachment D: MFR Model* that was included with their service contract. Therefore, the data that did address the performance measures had to be requested from the Provider. Also, some of the follow-up data requested was taken from only a sample of program participants, and therefore it is difficult to affirm or negate if the performance measure goals were achieved.

During the course of the contract period, the program engaged in various advertising and community outreach activities to increase awareness and enrollment in the program. This includes commercials appearing during the Merrie Monarch Hula Festival and the Nā Hoku Hanohano Awards and an interview on the KHON2 Morning News. Also, health fairs were attended as well as presentations given to the American Psychological Association Annual Convention in 2013.

Recommendations

1. Provide a goal for enrolled Native Hawaiian participants per year in future contracts.
2. Clarify data collection requirements to ensure that data submitted by the Providers in the course of quarterly reporting addresses specific performance measures.
3. Collect data for all program participants.
4. Use the results of this contract period as the benchmark for establishing future program goals to prevent setting unrealistic goals.

I OLA LAHUI PROGRAM EVALUATION

INTRODUCTION

Program history

I Ola Lāhui is a 501(c)(3) nonprofit organization that has been in operation since July 2007. The mission is to provide culturally-minded evidence-based behavioral health care that is responsive to the needs of medically underserved and predominantly Native Hawaiian communities. I Ola Lāhui was developed specifically to address Native Hawaiian and rural community health disparities by providing behavioral health interventions for chronic disease management and traditional mental health needs. The goal is to increase access to needed health care services through direct service and training, and, conduct research to determine the effectiveness of the interventions they provide.

The purpose of I Ola Lāhui, Inc.'s Weight Management Program is to collaborate with Hawai`i Medical Service Association (HMSA) to provide evidence-based behavioral health interventions in the area of obesity management that are culturally-minded and tailored to treat a broad spectrum of Native Hawaiians over 18 years of age with a BMIs of 25 or greater, so they can achieve a healthy weight and reduce potential health risks associated with obesity. I Ola Lāhui has assembled a team of psychologists and other allied health professionals to deliver a two-year weight management and lifestyle modification program that is individually tailored and designed to provide motivational support, nutritional counseling, education, support for lifestyle change, and physical activity all in one program.

Treatment model. I Ola Lāhui provides a model of services that integrates culturally-minded evidence-based behavioral health services into primary care health centers. The integrated behavioral health model in place at the health centers is a collaborative inter-disciplinary model where I Ola Lāhui psychologists and trainees work in collaboration with primary care physicians, nurses, medical assistants, and community outreach workers to assist with chronic disease management (i.e., diabetes, obesity, cardiovascular disease), psychopharmacology consultation, handling difficult patients, developing coordinated care plans, while also treating depression and other traditional mental health concerns.

Collaborative consultation between psychologists, physicians, nurse practitioners, residents, specialty physicians, community health workers, and traditional healers is the hallmark of the primary care psychology model and serves various functions. The collaborative consultation is broken down into the following three activities:

- Communication among providers is enhanced due to co-location of psychologists in the primary care setting, and/or, clearly delineated referral systems. Psychologists consult with other health care providers on a daily basis and offer immediate recommendations regarding the assessment and management of behavioral aspects of patient care (Pruitt et al., 1998).
- If patients require more sessions with the psychologist, treatment plans are discussed with, and agreed upon, by the psychologist and primary care physician to ensure appropriate treatment focus and seamless delivery of health care services. Psychologists will review treatment progress with the primary medical provider on a frequent basis to facilitate continued consultation, and provide physician education regarding specific behavioral interventions that appear to work for a particular patient and problem.
- Collaborative consultation within this model stimulates ongoing information sharing between providers regarding medical and behavioral interventions and related treat ment efficacy. I Ola Lāhui providers would be working collaboratively with primary care providers, as well as, providers in other health specialties, to identify, recruit, develop care plans, and essentially manage patients with obesity to increase initiation and maintenance of weight loss throughout the duration of the project.

I Ola Lāhui's Chronic Disease Management Services (CDMS). A central component in managing and treating individuals with chronic diseases, such as obesity, is with modifying their lifestyles to encourage health behavior changes that will improve disease specific outcomes and overall health status (Conard, Poston, & Foreyt, 2005). I Ola Lāhui providers are trained to administer psychological treatments, such as motivation interviewing and cognitive-behavioral therapy (CBT) to engage patients in focusing on their health and behavior changes, as well as on alleviating problems associated with physical, emotional, and social issues.

Behavioral health providers assist patients by instilling hope that positive change is possible, enhancing patients' confidence that they can overcome challenges to living a healthier life, and helping patients shift their mindset from being self-critical to being able to identify solutions to better manage their chronic condition(s). CBT interventions are delivered in individual and group formats and often include problem solving, goal setting, stress management, cognitive restructuring, self-monitoring, behavioral activation, and relaxation techniques such as progressive muscle relaxation or diaphragmatic breathing that are applicable across a range of chronic health conditions to include diabetes, obesity, cardiovascular disease, as well as, at-risk health behaviors.

Program goals

One goal is to address a significant health need in Native Hawaiians. High rates of overweight and obesity have been documented in Native Hawaiians and a complex interplay between biological, psychological, socio-economical, and cultural factors contribute to the current situation. According to the Centers for Disease Control and Prevention (CDC), of the 2010 U.S. Census Bureau population of the State of Hawai'i count of 1,360,301, 77.7% are adults age 18 and over with 56.4% of them being overweight with a BMI of 25 or higher and 22.7% were obese with a BMI of 30 or higher. Another goal is to address these factors as they relate to health care service delivery and reducing barriers to health care in order to improve the overall health and well-being of participants. This project also allows weight management services to be delivered in a way to increase the availability, accessibility, and acceptability of those interventions, which will increase the likelihood of improving treatment engagement, satisfaction, and health outcomes.

Quantitative measures stated in the contract and program proposal and contract includes the following:

- Enroll 300 participants in the program in FY2012 and FY2013, totaling 600
- 80% of Native Hawaiians in the program with improved health outcomes related to overweight and obesity status:
  - Reduced weight
  - Improved systolic/diastolic blood pressure control
  - Reduced total cholesterol
  - Reduced BMI
- 80% of referred Native Hawaiian participants attending project activities
- 80% of Native Hawaiians demonstrating improved perception of their health status

- 80% of Native Hawaiians demonstrating improved health knowledge as it relates to weight management and behavior change
- 80% of Native Hawaiians demonstrating improved self-efficacy in making health behavior changes related to overweight and obesity status
- 80% of Native Hawaiians demonstrating satisfaction with project
- 80% of Native Hawaiians with referring medical providers demonstrating satisfaction with project
- Conduct 500 individual assessments (including Nutrition & Physical Fitness consult)
- Administer 140 Obesity Management Modules (3x90-minute modules) and 70 Support Groups
- Distribute 500 educational materials on obesity management

Program budget

The total contract budget for both years total $500,000 divided equally into both years. Table 1 provides the general breakdown of the operating costs. Table 2 provides the total project budget. A more detailed breakdown is provided in the *Appendix B. Program Budget.*

Table 1. Operating costs per fiscal year

	Fiscal Year	
Operating costs	2012	2013
Personnel Costs	$142,257	$142,257
Other Personnel Costs	$44,243	$44,243
Other Expenses	$53,500	$53,500
Equipment	$10,000	$10,000
Total	$250,000	$250,000

Table 2. Total project budget

Funding category	Amount
OHA funds	$500,000
Other funds	$260,216
Other in-kind contributions	$158,721
Total	$918,937

Stakeholder roles and responsibilities

There are four primary stakeholder groups involved in the I Ola Lāhui Weight Management Program: I Ola Lāhui, Inc.; The Office of Hawaiian Affairs (OHA); program beneficiaries, and the Hawaii Medical Service Association (HMSA).

I Ola Lāhui, Inc. I Ola Lāhui, Inc., as the grantee, is responsible for implementing the services as stated in the program proposal and contract.

Office of Hawaiian Affairs (OHA). OHA is the grantor of the program funds and contract monitoring agency.

Program beneficiaries. While the program includes participants who are not of Native Hawaiian descent, the target demographic for this program are Native Hawaiians over 18 years of age with a BMI of greater than or equal to 25. A significant portion of these individuals are HMSA members (commercial and QUEST), however, the program also aims to provide services to non-HMSA members through a limited number of scholarships.

Hawaii Medical Service Association (HMSA). HMSA serves as a community partner that in collaboration with I Ola Lāhui, Inc., provides referrals to the Weight Management Program to HMSA members. HMSA also provides additional funding to the program.

Purpose of evaluation

The purpose of this evaluation is to determine if the evidence-based behavioral health interventions in obesity management helped participants achieve a lower weight and Body Mass Index (BMI) in a two-year weight management and lifestyle modification program individually tailored and designed to provide motivational support, nutritional counseling, education, support for lifestyle change, and physical activity. The evaluation addresses whether or not the services resulted in participants reducing their body weight and BMI.

Scope of evaluation

This is a summative evaluation of the I Ola Lāhui Weight Management program. The evaluation will assist the Grants Division and the Grantee in making decisions regarding the continuation and future direction of this program.

The evaluation concentrates on the end result of the participants' weight and BMI in the time period between December 1, 2011 and November 30, 2013. The evaluation examines the program activities and their impact on participants' weight and BMI.

METHODOLOGY

The evaluation integrates both quantitative and qualitative information derived from documents such as the grant contract, progress reports, the grant closeout report, and the contract budget. The program activities and goals were stipulated in various areas of the contract including the scope of services and in the grant proposal.

Information sources

- Grant proposal
- Program contract
- Quarterly progress reports
- Closeout report
- Monitor report
- Program budget and funding information forms

Information analysis

The information was collected in a quantitative and qualitative form and the information was organized into sections in the grant folder. The documents that made up the contract packet included the original contract, program budget, the proposal narrative, I Ola Lāhui's Articles of Incorporation and bylaws, list of board of directors, financial statements, IRS Letter of Determination, project flow from recruitment to services and activities, resumes of existing staff, project budget and funding information forms, and CPP Intake Checklist.

Quarterly progress reports answered narrative questions regarding key activities completed, an identification of any issues or challenges impacting project implementation, budget expenditures, and the progress in achieving the goals of the program.

Data collection

The data used in this evaluation was derived from the quarterly progress reports, the grant closeout report, and the program contract and budget. Additional data was provided by I Ola Lāhui. The type of additional data will be discussed further in section *Limitations of Available Data*.

Data analysis

A quantitative data analysis of the data submitted in the *Performance Measures Table* was done by comparing the data submitted to the desired results as previously specified. However, there were limitations to the available data that is discussed in the next section- *Limitations of Available Data*.

Limitations of data

The data in the *Performance Measures Table* submitted with the quarterly program reports consolidated data for Native Hawaiian and non-Native Hawaiian participants. Therefore, the data was unable to reveal whether or not the Provider met their desired results as specified in the contract.

Upon following-up with a data request to the Executive Director of I Ola Lāhui, additional data was provided that answered the data requirements in the contract. However, data collected regarding total cholesterol; perception of health status; improved health knowledge; improved self-efficacy in making health behavior changes; and referring medical providers demonstrating satisfaction with the project was not collected from all 698 program participants. Therefore, the data cited in the *Program Results* section specify that data was not collected from all participants.

RESULTS

Descriptive results

The program results in relation to the program goals are summarized in Table 3: Program Results Submitted by I Ola Lāhui. In addition to the table are the following results:

- A total of 698 people participated in the program- exceeding the goal of 600 by 98- or 16.3%. Of that, 449 were Native Hawaiian- or 64.3%.
- Of all participants, 364 (52.15%) reported weight loss. Of the 364 participants, 210 (57.69%) were Native Hawaiian. The average weight loss for participants who attended more than one session was 4.2 pounds, with a maximum weight loss of 42.1 pounds. For the 149 participants completing phase 1 (treatment), the average weight loss was 4.11 pounds. Of the 149 participants completing phase 1, 141 participants completed the program and lost an average of 7.19 pounds, with a maximum weight loss of 42.1 pounds.
- Of all participants, 363 (52.01%) reported a reduced BMI at last contact. Of the 363 participants, 209 (57.58%) were Native Hawaiian. The average BMI difference between intake (38.33) and at phase 1 (36.71) was 1.62, with 110 of the 149 participants completing phase 1 having reduced their BMI. Of the 141 participants completing the program, the average BMI difference between intake (38.3) and post-program (36.5) was 0.21, with 107 of the 141 participants having reduced their BMI.

- At post-treatment, the average satisfaction rating for the Consumer Satisfaction questionnaire was 29.4 out of 32. At post-program, the average rating rose to 30.4. Of all participants, 243 participants (34.81%) had referring medical providers who referred more than one participant. Of the 243, 78 (32.10%) were native Hawaiian and demonstrated satisfaction with the project. Of 274 physicians referring program participants, 118 physicians referred more than one patient.
- Of all participants, the average number of program activities attended per participant was 13.65. Of the 698, the Native Hawaiian group of 449 attended on average 13.38 program activities.

There was no specified target for Native Hawaiian program participants per year- only a total of 300 participants per year. Therefore, of the 449 Native Hawaiian participants, a target of 359 is the 80% measure specified in the program proposal and contract.

- The goal of having 80% of referred Native Hawaiian participants attending project activities was met.
- 698 total individual assessments were done, with 449 of them being Native Hawaiians. This goal was met.
- The goal of 140 Obesity Management modules and 70 Support Groups was met.
- All participants received educational materials on obesity management. Therefore the goal of 500 educational materials was met.
- All participants had overweight or obesity status. Therefore, the goal of 50 was met.

Table 3. Program results submitted by I Ola Lahui

Indicator	Overall	Native Hawaiians	Non-Hawaiians
Total number of participants	698	449	249
Number with reduced weight at last contact	364	210	154
Number with improved systolic/diastolic blood pressure control at last contact	206	150	56
Number with reduced BMI at last contact	363	209	154
Number and percent with reduced total cholesterol[a,b]	41 out of 86 (47.7%)	6 out of 19 (31.6%)	35 out of 67 (52.2%)
Number and percent with improved perception of their health status[b]	58 out of 152 (38.2%)	42 out of 87 (48.3%)	16 out of 65 (24.6%)
Number and percent with improved health knowledge[b]	83 out of 150 (55.3%)	45 out of 87 (51.7%)	38 out of 65 (58.5%)
Number and percent with improved self-efficacy in making health behavior changes[b]	63 out of 126 (50%)	56 out of 88 (63.6%)	7 out of 38 (18.4%)
Number and percent with referring medical providers demonstrating satisfaction with project[b,c]	103 out of 243 (42.4%)	78 out of 243 (32.1%)	25 out of 243 (10.3%)
Number who completed an initial assessment	698	449	249
Number who participated in an obesity management module	413	199	214
Number who participated in a support group	413	199	214
Number who received educational materials on weight management	698	449	249
Average number of program activities attended per participant	13.65	13.38	14.22
Percent of participants who are overweight or obese at intake	100%	100%	100%

Note. [a]Based on patient self-report of improved labs/bloodwork. [b]Results reported are based on the total number of participants for which the data were available. [c]Defined as providers referring more than 1 patient.

Qualitative results

Throughout the course of the program, new elements were added along the way to adapt to the demand of the participants' needs. The increased activities reported here were reported in the Contract Monitor's Report and the Provider's quarterly reporting.

Group session content. In the fourth quarter of the first year, topics of chronic pain management and managing healthy habits during the holiday season was added to the group sessions as well as an increase in the number of fitness classes available each week. In the first quarter of the second year, the group sessions included content on how to read and interpret medical lab reports and reading food labels.

Advertising and community outreach. There was a lot of advertising and community outreach done to increase the exposure of the program and overall recruitment. During the contract period, articles about the program were featured in Ka Wai Ola and Island Scene Magazine. Television ads were run during the Merrie Monarch Hula Festival and the Nā Hoku Hanohano Awards, also a feature interview was done on the KHON2 Morning News. Participation to distribute information about the program was done in the Papakolea Health Fair, HMSA Team Healthy Hawaiian Fair, and the Prince Kuhio Festival. And finally, two presentations were given at the American Psychological Association Annual Convention in 2013 to increase national exposure.

Quality improvement initiation. Due to attrition from the program, a quality improvement process was initiated to determine what factors caused attendance issues and to determine where workflow improvements could be made to keep attendance high. Improvements implemented included making reminder phone calls and doing follow-up calls for participants who did not show up for an activity, revising the informed consent and motivational interviewing content of the first session to emphasize the importance of regular attendance.

FINDINGS

Having completed their first contract for this service, I Ola Lāhui has established a baseline of what can be considered to be a reasonable service target for program participants in the future. The data provided in this section will show that while not all goals were met, there was still progress that shows that program participants, specifically Native Hawaiians, did achieve weight, BMI, and cholesterol reduction, blood pressure control, and improved health knowledge and perception of their health status and self-efficacy in making health behavior changes. Therefore, some of the goals were met.

IMPACT ON HAWAIIAN BENEFICIARIES

Because some of the result data was taken only for a sample of Native Hawaiian participants versus the total population of Native Hawaiian participants, the accomplishment of some of the program goals were unable to be determined. However, the data for the participants who were enrolled cannot be discounted because participants in the program did experience a benefit in their overall health- which was evident by the data reported.

It has been reported by the Provider that participants have experienced positive accomplishments that they attribute to being in the program. These accomplishments include being able to tie one's own shoes or being able to walk up stairs without stopping as well as changes in their medical condition, reduced need for medication, and improved self-confidence.

RECOMMENDATIONS

1. Provide a goal for enrolled Native Hawaiian participants per year when agreeing to the contract performance measures.
2. Clarify data collection requirements to ensure that the data submitted by the Provider in the course of quarterly reporting addresses specific performance measures as stipulated in the program contract.
3. Collect data for Native Hawaiian program participants for the following program result areas as stipulated in the program contract:
    - Improved health outcomes related to (1) reduced weight, (2) improved systolic/ diastolic blood pressure control, and (3) reduced BMI.
    - Participants demonstrating improved perception of their health status.
    - Participants demonstrating improved health knowledge as it related to weight management and behavior change.
    - Participants demonstrating improved self-efficacy in making health behavior changes related to overweight and obesity status.
    - Participants demonstrating satisfaction with the project
    - Participants with referring medical providers demonstrating satisfaction with the project.
4. Collect data from Non-Native Hawaiian program participants for the program result areas as stipulated in the program contract that can be used for comparative purposes.
5. Use the results of this contract period as the benchmark for establishing future program goals to prevent setting unrealistic goals.

REFERENCES

Centers for Disease Control and Prevention (CDC). Retrieved on March 26, 2014 from http://www.cdc.gov/obesity/stateprograms/fundedstates/pdf/hawaii-state-profile.pdf

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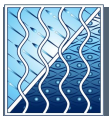
APPENDICES



APPENDIX A
I OLA LĀHUI STAFF

I Ola Lāhui research and evaluation staff

The Director of Research and Evaluation oversees research and evaluation activities and manages all contracts and grants to ensure proper progress and reporting to funding agencies. The position is a 0.4 FTE position.

The Project Manager is assigned to ensure that all project related activities are executed according to the project plan and timeline. This individual holds weekly project meetings to ascertain project status and assess any specific problem areas that may need attention. The Project Manager works closely with the Director of Research and Evaluation and Research Assistants to complete the evaluation plan for the project. The project manager also maintains a project calendar so that at all times, he/she knows what activities are supposed to occur and when. The position is a 1.0 FTE position.

The Research Assistant works closely with the Director of Research and Evaluation and Project Manager to track all data related to the project. They assist with data collection, entry, and analysis. The Research Assistant compiles information to assist in grant reporting and other research related activities. The position is a 0.5 FTE position.

I Ola Lāhui clinical staff

The Licensed Clinical Psychologists are responsible for conducting the individual assessments and facilitating the groups. The Licensed Clinical Psychologist must hold a Ph.D. or Psy.D., be licensed in the State of Hawai`i, and credentialed with HMSA. The position is a 1.0 FTE position.

Psychology Technicians are Master's-level provider with experience working with Native Hawaiians. They assist the Licensed Clinical Psychologist with program development, taking vitals, implementation of groups, and record management. The position is a 1.0 FTE position.

The Registered Dietician is responsible for administration of the individual nutritional assessments. The Registered Dietician must hold an RD credential and have experience working with Native Hawaiians. The position is a 0.4 FTE position.

The Allied Health Professionals include a Lomilomi Practitioner, Group Exercise Instructor, and Certifies Fitness Instructor. The Allied Health Professionals is responsible for the practical group activities that accompany each psychoeducational and support group. These positions amount to a 0.2 FTE position.

I Ola Lāhui administrative staff

The Administrative Assistant manages all referrals, patient scheduling, and check-ins. The position is a 0.4 FTE position.

APPENDIX B
COPY OF PROGRAM BUDGET SUBMITTED BY I OLA LAHUI

APPENDIX B. PROGRAM BUDGET

ATTACHMENT 5

BUDGET

Project: Weight Management Program

Provider: I Ola Lāhui Inc.

OPERATING COSTS PER FISCAL YEAR:	FY12	FY13
Personnel Costs	$142,257	$142,257
Other Personnel Costs	$44,243	$44,243
Other Expenses	$53,500	$53,500
Equipment	$10,000	$10,000
TOTAL OHA FUNDS AWARDED	$250,000	$250,000

APPENDIX B

COPY OF PROGRAM BUDGET SUBMITTED BY I OLA LAHUI

PROGRAM SUPPORT		FY12	FY13
Personnel Costs:			
Director of Research & Evaluation	(0.417)	$37,905	$37,905
Research Assistant	(0.466)	$6,985	6,985
Licensed Clinical Psychologist	(0.199)	$17,942	17,942
Psychology Technician	(0.073)	$25,437	25,437
Project Manager	(0.768)	$32,656	32,656
Registered Dietician	(0.194)	$11,666	11,666
Allied Health Professionals	(0.182)	$9,666	9,666
TOTAL PERSONNEL COSTS		$142,257	$142,257
Other Personnel Costs:			
Payroll Taxes and Assessment		$22,821	$22,821
Administrative Service Fees		1,180	1,180
Fringe Benefits:			
Health Insurance		15,448	15,448
Administrative Service Fees		4,794	4,794
TOTAL OTHER PERSONNEL COSTS		$44,243	$44,243
Other Expenses:			
Contractual Services - Media		$8,000	$8,000
Indirect Costs		22,727	22,727
Parking Reimbursement for clients		5,500	5,500
Supplies		4,273	4,273
Tuition Waivers		13,000	13,000
TOTAL OTHER EXPENSES		$53,500	$53,500
TOTAL PROGRAM SUPPORT		**$240,000**	**$240,000**
EQUIPMENT			
Equipment - Exercise		$10,000	$10,000
TOTAL EQUIPMENT		$10,000	$10,000

Contract Between OHA and I Ola Lāhui, Inc. Page 2 of 2