Executive Summary

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May 31, 1989
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EXECUTIVE SUMMARY

INTRODUCTION

The ALU LIKE Health and Social Services Five Year Strategy and Implementation Plan involved two sequential phases with specific tasks and outcomes targeted for completion between December 16, 1988 and May 31, 1989. Carefully determined and stringent deadlines were imposed on the planning group composed of MPAC, Inc. consultants and designated ALU LIKE personnel to meet the planning objectives set forth in the working contract. Numerous meetings between MPAC consultants and ALU LIKE Health and Social Services Program Planner as well as seven full day planning sessions with the ALU LIKE Health and Social Services planning group assured that the planning process as well as the actual Health and Social Services Program Five Year Plan conform to the mission, goals and objectives of ALU LIKE in a culturally appropriate manner.

Phase I and Phase II reports have been submitted as scheduled and the following details the highlights from both reports.
PHASE I REPORT

I. OVERVIEW OF BACKGROUND MATERIALS

In Chapter I the scope of services as specified by the contract between ALU LIKE and MPAC was outlined to reconfirm the tasks and outcomes to be accomplished.

A review of the literature was conducted. Included in this review were:

(1) ALU LIKE (internal) documents, plans, reports, etc.
(2) Other Native Hawaiian agencies (external) documents, plans, reports, audits, etc. - E Ola Mau, Office of Hawaiian Affairs
(3) State documents, plans, reports, etc. - Department of Health, Department of Human Services
(4) Agencies/Services for Native Hawaiians directories
(5) State and Federal sources of funding documents
(6) General literature and information regarding Native Hawaiians

The thrust of the review of literature was to identify priorities and gaps in service in the health and social services areas. An in-depth analysis of the health and social services priorities identified by various agencies and groups uncovered a vast array of objectives, services, projects, activities, and so forth. However, we deciphered certain threads of commonality woven into the intricate pattern of priorities. We identified and summarized these as "thematic" priorities.

On a more structural level, several urgent priorities were evident. These included:
(1) the need for coordination/integration of services and service delivery. The limited and declining resources available to health and social services efforts for the State and the forthcoming increased Federal funding available for Native Hawaiians, make it mandatory for agencies (public, private, nonprofit) to coordinate their efforts in meeting the health and socio-economic needs of at risk populations.

(2) the need for community based involvement and participation. The successful planning and implementation of projects addressing priority needs are contingent upon grass roots leadership, input and cooperation.

(3) the need for networking and interfacing among agencies and community based organizations and individuals as well on a formal and informal basis. Any serious efforts to establish systematic networking among collectivities and individuals committed to advancing the self sufficiency goals of Native Hawaiians are worthwhile in addressing priority needs.

(4) the need for a comprehensive directory of community resources/services available to at risk populations. Knowledge of what is available may help to increase accessibility of needed services.

On a more substantive, issues oriented level, several priorities common to most of the sources we reviewed were identified. Those relevant to ALI - Health and Social Services Program priority setting included:

(1) elderly - abuse/neglect; comprehensive continuum of care

(2) children - abuse/neglect; child care

(3) mothers and infants - health care; prenatal care

(4) other special populations - severely disabled mentally ill

(5) health promotion/preventive health - fitness; control of stress and violent behavior; alcohol/drug prevention

Common overall themes of concern to Native Hawaiian organizations in addressing priority needs included:
(1) comprehensive, holistic approaches
(2) culturally sensitive/appropriate approaches
(3) use of traditional health and social practices

On the basis of the review of literature (and somewhat prematurely) several possible scenarios for ALI Health and Social Services Program were considered. These included:

(1) **Scenario One: Bridging the Gap**

ALU LIKE's Health and Social Services Program could effectively be a "bridge" linking existing public health and social services agencies and the Native Hawaiian population in need of those services. This role would include but not be limited to networking and advocacy.

(2) **Scenario Two: Information and Referral**

ALU LIKE's Health and Social Services Program could provide information and referral services to Native Hawaiians in need of health and social services. This role would include gathering, reviewing, analyzing, synthesizing and disseminating vital and timely information to individuals and organizations; providing grant writing services and seminars, outreach information, and referral information to individuals and organizations.

(3) **Scenario Three: Program Planning and Evaluation**

ALU LIKE's Health and Social Services Program could develop an effective Program and Evaluation component to provide technical assistance and related services in the areas
of health and social services to ALU LIKE projects and other Native Hawaiian organizations involved in the direct services to Native Hawaiian clients. This role would include training staff in program planning, monitoring, reporting, documenting and evaluation procedures and techniques; coordinating planning and evaluation internally (within ALU LIKE) and externally (with other agencies).

(4) Scenario Four: Culturally Sensitive and Community-Based Health and Social Services Projects

ALU LIKE's Health and Social Services Program could develop and coordinate new and existing culturally sensitive community based health and social service projects for Native Hawaiians in predominantly Native Hawaiian communities on Oahu and the neighbor islands. Projects should include widespread community based participation and incorporate traditional Native Hawaiian healing and social/spiritual practices.

II. AGENCIES SERVING NATIVE HAWAIIANS AND TYPES OF SERVICES AVAILABLE

Chapter II identified and described health and social services available to Native Hawaiians. Annotated descriptions were given of some of the major reference sources that identify and/or describe available community resources in the health and social services areas.

These included:

In addition to the annotated references above, some examples of agencies/types of services available to Native Hawaiians and others in the priority areas identified earlier were given. Services in the following areas were identified:

1. elderly
2. abuse/neglect (adult and child)
3. mothers and infants
4. severely disabled mentally ill
5. health promotion/preventive health
6. alcohol and drug abuse/prevention

III. SOME FUNDING SOURCES - HEALTH AND SOCIAL SERVICES AREAS

Chapter III identified and described some major reference
sources of funding in the health and social services areas. Annotated descriptions were given of some references to potential funding sources for health and social services projects and activities.

These included:


Specific grants tailored to potential health and social services projects and activities were identified from the *1988 Catalog of Federal Domestic Assistance* and the *Directory of Charitable Trusts and Foundations for Hawaii’s Non-Profit Organizations*. These were listed.

IV. A FINAL NOTE

Chapter IV was a brief summary of Phase I report with concluding remarks.
PHASE II REPORT

I. INTRODUCTION

In moving to Phase II, serious and deliberate consideration was given to incorporating into the Health and Social Services Program Plan a philosophy that was reflective of the cultural value orientation of Native Hawaiians. The planning group’s sentiment was that technical competence and expertise or even organizational sophistication were not enough to give life to its plan.

Perspectives that emerged in discussion included:

(1) The Concept of Lokahi (Unity)
(2) The Life Cycle Approach
(3) The Holistic Perspective
(4) Giving Back to the Community

These ideas were elaborated on and endorsed by the planning group.

II. SURVEY OF KNOWLEDGEABLE SOURCES

A list of knowledgeable sources with direct and/or indirect experience, understanding, knowledge of Native Hawaiian health and social services needs and resources was compiled by MPAC, Inc. and ALI Health and Social Services Program planner. Knowledgeable sources were identified from the following groups:

(1) ALU LIKE, Inc. Personnel - select members of ALU LIKE’s State Board of Directors, the four Island Center Representatives, the Chief Executive Officer, and the key administrative, program, and project personnel.

(2) Other Native Hawaiian Agencies Personnel - key administrators from other Native Hawaiian agencies
involved in some aspect of health and social services.

(3) State/County Departments Selected Personnel - officials from various State and County agencies and offices that impact Native Hawaiian health and social services.

4) Legislators - Members of the State Senate and House of Representatives who presently are or in the recent past were key figures in health and social services or related committees as well as individuals of Native Hawaiian descent.

Knowledgeable sources responded to questionnaires designed by MPAC consultants and the Health and Social Services Program planner in one of several ways. They were interviewed personally or by telephone, or mailed in their responses.

The responses of each of the four respondent groups were analyzed separately and reported that way. However, for summary purposes the responses to those questions that were particularly relevant to planning and that were asked of all four groups were integrated and are presented as follows:

**Most Serious Health and Social Services Needs of Native Hawaiians**

(1) Health

* health prevention/education/care
* diet/nutrition
* chronic diseases
* culturally appropriate health delivery
* mental health
* family planning, prenatal, maternal-child care, teen pregnancy

(2) Social and Cultural

* housing
* child care
* elderly care
* substance abuse problems
* abuse: spouse and child
* parenting skills
* school/education problems
* cultural identity/self esteem
* knowledge on how to use the system/get help
(3) Economic/Education and Training Related to Jobs

* economic programs for self sufficiency
* education/job training
* career and transition counseling

Gaps in Service in the Health and Social Services

(1) Health – prevention/education/care

(2) Communication and coordination among existing service agencies and services provided

(3) Outreach health and social services

(4) Counseling (in all areas for youth and families)

(5) Individuals who do not qualify for help under mandates of certain trusts and/or eligibility requirements

(6) Advocacy for Native Hawaiians

(7) Support services for clients receiving specific help or training (ALU LIKE clients)

Ways to Minimize/Eliminate Gaps in Service

(1) Improved system of communication among service agencies so information can be disseminated and shared

(2) Outreach/community based services

(3) Develop effective services – e.g. health programs, counseling opportunities

(4) Research and monitoring

(5) Develop advocacy and coordinating roles or units

Opportunities for Interfacing with the Health and Social Services Program

(1) Work closely and communicate with other State and Native Hawaiian agencies

(2) Reciprocal referrals

(3) Work together on special projects or activities

(4) Reciprocal involvement in planning and research efforts
(5) Provide support services (ALU LIKE)

Ways to Accomplish Interfacing

(1) Inter-agency working agreements
(2) Inter-agency communication via newsletters, periodic meetings, seminars
(3) Networking/participate on each other’s advisory Boards, planning groups, etc.
(4) Work together on joint projects
(5) Create an interfacing unit or position

The next set of questions were asked only of the State/County personnel and the Legislators and reveal their perspectives on certain health and social services issues. The integrated responses of both groups are summarized below.

Priorities Likely to be Funded by Public Funds in the Next 5 Years

(1) Health prevention/education/care/programs
(2) Education
(3) Housing
(4) Family therapy and support services
(5) Job training
(6) Adolescent services, child care/abuse, welfare reform

Level of Funding Sources

Federal and State

Role of Alu Like in Servicing Native Hawaiians in the Health and Social Services Areas – 5, 10, 15 Years

(1) Advocacy of Native Hawaiian needs and concerns
(2) Referral and monitoring
(3) Outreach to Native Hawaiian communities
(4) Education and job training
(5) Research and technical assistance
(6) Networking
(7) Community development
(8) Health care/education

**Major Political, Economic, Social Issues Which May Impact Alu Like's Health and Social Services Program - 5, 10, 15 Years**

(1) Population changes - growth in Hawaiian population
(2) Economic downturn
(3) Higher cost of land and housing
(4) Role of Office of Hawaiian Affairs (OHA) in representing needs of Native Hawaiians
(5) Hawaiian sovereignty/reparations/land issues
(6) Changes in Federal funding

It was noted that the results of the knowledgeable sources survey reinforced and substantiated the priorities that emerged and were identified in the Phase I Report review of literature.

**Additional Data: ALU LIKE Clients/Consumers Focus Groups**

It was decided that in addition to the knowledgeable sources surveyed, clients/consumers of ALU LIKE should be included in the interview phase of the planning process. Focus groups were arranged with clients and participants of (1) the Ho’oponopono Project on the island of Hawai‘i, and (2) the Offender/Ex-Offender Project and the Employment and Training Project on Oahu.

The focus group interviews gave voice to concerns from the
perspective of clients/consumers of ALU LIKE. Many of the same health and social services needs and gaps in service as reported by the knowledgeable sources previously were identified by the focus group participants. Quite evident was the feeling of exasperation with a system they feel alienated from. They do not perceive the system of social services as it currently operates as alleviating their pressing social, economic, or psychological needs. They do not feel a part of the "establishment" and in fact perceive themselves to be outside the system.

III. ORGANIZATIONAL STRATEGIES AND OBJECTIVES

To begin with, the administrative goals and objectives for ALU LIKE and the goals and objectives of the Health and Social Services Program were articulated with consideration of how both components reinforced and supported one another.

Next, an explanation of the possible ways of integrating ALU LIKE's Health and Social Services Program and existing and proposed projects objectives was given. Other projects presently or potentially relevant to the ALU LIKE Health and Social Services Program were discussed in regards to possible interfacing and cooperative efforts.

This was followed by organizational strategies in relation to the newly formed and significantly instrumental, Papa Ola Lokahi, which is charged with coordinating and implementing the Native Hawaiian comprehensive health care master plan. As a member agency of Papa Ola Lokahi, ALU LIKE can and will be responsive to health and social services needs through proposed scenarios by MPAC that
will facilitate its ability to work cooperatively and productively with Papa Ola Lokahi.

An articulation of organizational considerations and the ALU LIKE Health and Social Services Program planning process followed. Emphasis was placed on including in the planning process those people in the organization who are most affected by any change. Active participation typically facilitates change and broadens the base of support.

Consideration was given to the political, economic and social climate as related to organizational considerations and priority setting for ALU LIKE’s Health and Social Services Program. Correspondence and interviews with key informants such as Dr. Hiram Young of Kauai Medical Group and Ho’ola Lahui Hawaii and Mr. Myron Thompson of Kamehameha Schools/Bishop Estate and ALU LIKE member at-large as well as responses from knowledgeable sources in the State legislature and City and State departments were analyzed and incorporated into the planning process.

Next, a delineation of the internal and external influences that determined the health and social services priorities, that is, the "filtering" process was outlined. This included the various literature sources, knowledgeable sources, agencies, and so forth that played a role in priority setting. Similarly, organizational strategies in setting objectives that included participation of "key players" were discussed and graphically presented.

Following was an articulation of an organizational strategy for the development and expansion of the Health and Social Services Program and for ALU LIKE as a whole that builds upon the existing
and potential organizational strengths. The wisdom of expanding from a base on what the organization and programs do best was noted. Documented strengths included ALU LIKE's perceived neutrality relative to other Native Hawaiian organizations; a capable research, evaluation and monitoring capacity; statewide representation with on-site offices and representatives on Maui, Moloka'i, Kauai, Hawai'i and Oahu (position presently vacant-Oahu); a dedicated staff; considerable flexibility in organizational structure and policy making relative to Federal, State and other Native Hawaiian organizations; over ten years experience in developing culturally based projects.

Lastly, the importance of subordinating funding sources to the objectives of the organization was recognized and supported.

IV. ORGANIZATIONAL STRUCTURE/JOB DESCRIPTIONS AND WORK ACTIVITIES

It was determined that at the present time and for sometime in the future the operation of the Health and Social Services Program can be accomplished by the present and recently proposed positions in the organization as well as the two new positions and the Multiservice Technical Advisory Coordinating Committee being proposed by MPAC, Inc.

The new positions proposed by MPAC, Inc. included:

(1) **Funding Coordinator** - who would act as part of the "team" of officers under the Planning/Evaluation/Research Director. Specific responsibilities of this position were detailed.

(2) **Liaison Officer** - who would directly assist the Program Operations Director and indirectly support the Community Relations Officer. Specific responsibilities of this position were described.
Discussion of positions which were vacant (Island Center representative for Oahu) or proposed (Program Operations Director and Planning/Evaluation/Research Director) by ALU LIKE as they relate to the Health and Social Services Program followed.

The role of the Island Center representatives was considered first with regard to some of the key responsibilities they presently hold and second with respect to some anticipated responsibilities and functions that can be fulfilled in relation to the Health and Social Services Program.

Finally, suggestions for internal/external coordination and linkages included:

(1) the Development of a Multiservice Technical Advisory Coordinating Committee which would consist of one person from each project-based committee across all of the ALU LIKE programs and at least one person from each of the existing committees in the assigned program areas (H/SS, Education, Economic Development, Employment) as well as appropriate representatives from organizations outside ALU LIKE that are providing health and social services to Native Hawaiians. Functions of this committee were delineated.

(2) Funding Coordination with Office of Hawaiian Health and Other Agencies

(3) Inter-Agency Board Meetings

(4) Monitor Potential Projects

(5) Inter-Agency Health and Social Services Seminars

(6) Advocacy and Assistance to Client and Consumer Groups

V. RECOMMENDATIONS

In formulating the recommended scenarios, serious consideration was given to the following issues:
(1) Being responsive to identified priority needs and gap areas

(2) Interfacing and coordinating efforts both internally within ALU LIKE and externally with other agencies and organizations

(3) Assuring that the Health and Social Services Program goal and objectives not only align with but also support, promote and accomplish the mission, goals and objectives of ALU LIKE

(4) Building on present organizational structure and strengths of ALU LIKE

(5) Incorporating the values and philosophy that distinguish ALU LIKE from other organizations. Included would be those cited by the planning group - unity, life cycle approach, holistic perspective, "giving back to the community".

Each proposed scenario was explained in detail in the following manner:

(1) Problem Statement

(2) Project Description

(3) Objectives

(4) Implementation

(5) Time Line

However, for brevity's sake only the highlights of each scenario are presented here. It should be noted that each proposed scenario incorporates the following components:

(1) an initial research and analysis phase

(2) a training/orientation of staff phase

(3) a monitoring and evaluation phase.

A. SCENARIO I - INTER AND INTRA AGENCY HEALTH AND SOCIAL SERVICES NETWORK

This scenario addresses the critical need for coordination of
efforts in the delivery of health and social services to Native Hawaiians to increase accessibility, efficiency and quality of services and to decrease unnecessary duplication of and gaps in services.

This will be accomplished in part through formal agreements among ALU LIKE programs and projects (internal) and between ALU LIKE Health and Social Services Program and relevant public and private health and social services programs (external).

Critical to the success of this proposal will be the Inter-Agency Native Hawaiian Funding Action Committee comprised of designated planners from the various public, private nonprofit, and Native Hawaiian organizations to develop plans of action to access Federal funds targeted for Native Hawaiians culminating in inter-agency agreements and the ALU LIKE Intra Program Funding and Implementation Committee (membership on an ad hoc basis depending on the requirements of each inter-agency agreement).

The ability of the proposed inter and intra agency Health and Social Services Network to keep abreast of the network of service providers and to negotiate formal agreements with public and private, Native Hawaiian and non-Native Hawaiian agencies in the health and social areas will place it in a particularly strategic position to respond to needs and opportunities as they arise in various issues specific areas.

This scenario addresses an identified major priority need/gap area. The thrust is to coordinate and integrate health and social services within ALU LIKE and external to ALU LIKE. In doing so, the multi-dimensional health and social services needs of clients
are served. This is planned institutional responsiveness to clients' need to be treated holistically.

B. SCENARIO II - HEALTH AND SOCIAL SERVICES NATIVE HAWAIIAN PROFESSIONALS AND COMMUNITY RECRUITMENT AND RETENTION PROJECT

This scenario addresses the glaring limited numbers of Native Hawaiians in the health and social services professions in general and the equally distressing situation where only a very small percentage of these professionals return to Native Hawaiian communities to practice their skills.

A recruitment and retention effort aimed at potential Native Hawaiian students presently enrolled in high schools, community colleges and colleges/universities as well as currently practicing Native Hawaiian health and social services professionals will be undertaken.

Strategies and incentives to recruit and retain potential and practicing Native Hawaiian health and social services professionals for Native Hawaiian communities might include financial support, child care and tutoring services, assistance in securing positions and/or setting up practices, agreements to return to Native Hawaiian communities to practice, and so forth.

This scenario focuses on parity as well as self sufficiency, that is, Native Hawaiians serving Native Hawaiians. It promotes the growth of a corps of Native Hawaiian health and social services professionals and thereupon capitalizes on the talents and resources of this group. Imbued in this approach is the philosophy of "giving back to the community"; that is, sharing the skills and
knowledge gained through the assistance of ALU LIKE in their own predominantly Native Hawaiian communities.

C. SCENARIO III - NATIVE HAWAIIAN HEALTH AND SOCIAL SERVICES OUTREACH WORKER PROJECT

This scenario addresses the particular need for culturally appropriate outreach health and social services for Native Hawaiians. This was identified as one of the existing gaps in service.

Through the use of trained outreach health and social services workers, clients of other ALU LIKE projects (eg. Offender/Ex Offender Project, Employment and Training Project) as well as clients of non-ALU LIKE projects (designated as priorities by ALU LIKE) would be serviced in their own family or community environment.

This scenario responds to the need of reaching clients in their own environments and serving them through holistic and culturally sensitive approaches. The outreach worker may directly provide some services and/or may engage in referral and advocacy for his/her clients. The unique background and training of the outreach workers will combine traditional and Western health and social services practices. The outreach workers will hopefully typify what the planning group calls "community caring". Services will be made accessible and readily available to clients who need them.

Discussion of coordinating and interfacing Scenarios I, II, and III followed as well as suggestions for future research which
(1) Identifying, Defining, Explaining "Culturally Sensitive" Practices and Approaches

(2) Establishing the Scientific Basis of Traditional Practices

(3) Identifying, Defining, Explaining the Role of Traditional Healers and Practitioners

(4) Legitimating the Role of Paraprofessionals and Defining Means for Upward Mobility

VI. FUNDING

To begin with, the current funding for ALU LIKE projects was delineated and discussed. At the present time, 99% of the total projects funds derive from Federal sources. Federal funds will continue to predominate in the future.

Next, an analysis of projected sources of funding for the proposed Health and Social Services Program scenarios was presented. Included was the identification of Federal grants currently available in specific health and social services areas as well as Federal grants anticipated to be made available through legislation passed by the 100th Congress. The source of these grants was the 1988 Catalog of Federal Domestic Assistance which is accessible through a computerized retrieval system. A computer search was conducted to obtain a list of potential grants particularly suited to the health and social services scenarios proposed in this plan. In addition, funding information shared by Kamehameha Schools/Bishop Estate grants office helped to identify appropriate sources of funding. Also identified were private sources of funding (which would supplement Federal funds).
Federal legislation for health care, the Native Hawaiian Health Care Act of 1988, was discussed because of its significant role in the provision of funds for health and social services.

Finally, an analysis of the personnel costs (rank and salary) for the two proposed new positions to the ALU LIKE central organizational structure and the possibly 3 to 5 outreach workers was presented.

VII. SUMMARY AND CONCLUSION

A brief summary of Phase II report with concluding remarks finalized the document.