

Native Hawai`ian Health Scholarship Placement Program

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Introduction

In 1985, *E Ola Mau, The Native Hawai`ian Needs Study* reported on the disparate rates of morbidity and mortality due to chronic diseases, dental caries and mental health conditions. This comprehensive report also emphasized the gross underrepresentation of Native Hawai`ians in health care professions.

To address these findings, the Native Hawai`ian Health Professions Scholarship Fund was established as one component of the Native Hawai`ian Health Care Act of 1988, later reauthorized as the Native Hawai`ian Health Improvement Act of 1992 (Public Law 102-396). The Scholarship Funds were designated to develop Native Hawai`ian primary health care professionals who will return to work in Native Hawai`ian communities. To ensure this, scholarship recipients fulfill their scholarship agreement by working in unserved and underserved communities.

The scholarship program is modeled after the National Health Service Corps and is administered by the U.S. Department of Health and Human Services (DHHS), Health Resources Service Administration (HRSA) Bureau of Primary Health Care (BPHC). In Hawai`i, Papa Ola Lokahi, Kamehameha Schools Bishop Estate and the Hawai`i State

Primary Care Association comprise the program's management triumvirate.

Since 1991, 74 scholarships have been awarded to Native Hawai`ians training in 11 different primary care professions including: medicine, dentistry, nursing, midwifery, social work and public health (see Figure 1). Of the total scholarships, 45 have completed their training; one is due to finish by the end of 1998, and 3 have discontinued. Eight new scholarships are being awarded for the 1998-99 academic year.

Scholarships in the program's startup year were all allocated to medical students, with the knowledge that their training would take the longest and that the new physicians would not be joining the workforce for 7 to 8 years.

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The first large group of scholarship recipients enters the job market in 1998. The Hawai`i State Primary Care Association (HSPCA) was designated to identify and coordinate placements for the graduates. The HSPCA is a private non-profit association, composed of Hawai`i's community health centers. Appointing the HSPCA to carry out the placement activities takes advantage of ongoing collaborations with Kamehameha Schools Bishop Estate and Papa Ola Lokahi, and communication network with the community health centers and Native Hawai`ian Health Care Systems.

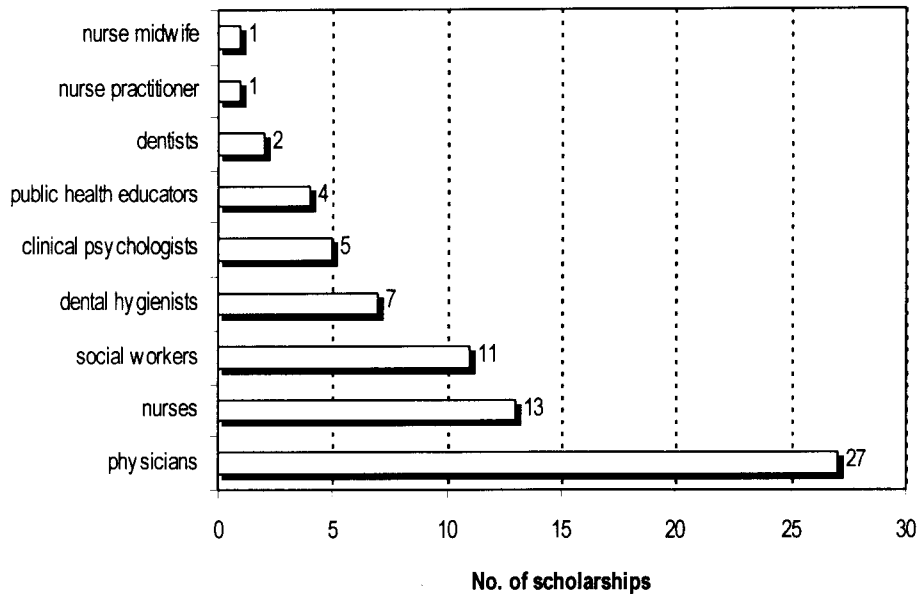
Placement site priority

Priority Guidelines for placement sites were formulated by an advisory group composed of representatives from the Native Hawai`ian Health Care Systems, Papa Ola Lokahi, Kamehameha Schools Bishop Estate, and the Hawai`i State Department of Health, and included other interested community members.

All service sites must be in the State of Hawai`i, must serve a significant Native Hawai`ian clientele or community, and are prioritized below.

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Figure 1. Scholarships awarded, by profession, since 1991



1. Native Hawaiʻian Health Care Systems (NHHCS). The NHHCS were established by the Native Hawaiʻian Health Care Act of 1988. Five entities were established which service Native Hawaiʻians on the islands of Oʻahu, Kauaʻi, Maui, Hawaiʻi, and Molokaʻi and Lanaʻi combined. The NHHCS are autonomous, community-based organizations which provide health promotion and education, disease prevention services and an array of primary health care services.

The Systems are ideal in location and have demonstrated their ability to reach Native Hawaiʻians in need of health services. Resource limitations however make it difficult for the NHHCS to employ graduates. To date three recipients have been placed with the NHHCS and at this time, only one remains.

2. Health professional shortage areas (HPSAs), medically underserved areas (MUAs) or populations (MUPs), or geographic areas or facilities similarly designated by the U.S. Public Health Service. These include all ten of Hawaiʻi’s community health centers, and facilities in rural areas such as Molokaʻi, Lanaʻi or Hana.

To date, one scholarship recipient is on the island of Lānaʻi (HPSA), one is on Molokaʻi (HPSA), one is in Hana, Maui (HPSA), and seven others have been placed in community health centers on Oʻahu and Maui. Two more have made commitments to begin serving in community health centers by the end of 1998.

3. Public health. This would include positions with the U.S. Public Health Service; the Veterans’ Administration, or employment within the Hawaiʻi State departments of health,

human services or judiciary. Six graduates have served in the public sector. One currently remains.

4. Private sector. If all of the aforementioned priority sites are exhausted, then HSPCA first explores private, non-profit agencies, followed by for-profit entities. Non-profit agencies that serve Native Hawaiʻians (such as Office of Hawaiʻian Affairs, Kamehameha Schools Bishop Estate or Queen Liliʻuokalani Children’s Center) are given higher priority. Agencies in predominantly Hawaiʻian communities, such as the Waiʻanae Coast Community Mental Health Center, also rank high.

Scholarship recipients in this category include one graduate with a Masters in Public Health who is placed at Ke Ola O Hawaiʻi, and seven with Masters in Social Work at Queen Liliʻuokalani Children’s Center (2 graduates), and at Hale Naʻau Pono, Waiʻanae Coast Community Mental Health Center (5 graduates).

Private sector agencies are usually ruled out unless the provider has a significant Native Hawaiʻian clientele, and can answer yes to the following questions:

- treats everyone who walks through the door regardless of ability to pay;
- accepts individuals with Medicare and Medicaid; and
- offers a sliding fee scale for under-insured patients.

The majority of the service placements have been in the private sector. Thus, in order to fulfill the program’s initial intent, great care is taken during the process to place scholarship recipients in rural areas with employers that have a significant Native Hawaiʻian population and can answer yes to the critical questions above.

Table 1. Status of scholarship recipients, by enrollment year

Enrollment year	TOTAL	Enrolled	In Residency	Awaiting Placement	In Service	Complete Service
91-92	10	-	3	5	2	-
92-93	10	2	4	-	3	1
93-94	11	1	3	-	2	5
94-95	12	1	2	-	3	6
95-96	15	4	-	3	7	1
96-97	10	4	-	2	4	-
97-98	3	3	-	-	-	-
TOTAL	71	14	12	10	21	14
Percentage	100%	19.7%	16.9%	14.1%	29.6%	19.7%

In addition to these totals: 1 withdrew from the scholarship program, 1 did not complete medical training and 1 passed away while enrolled.

Placement

Status reports regarding scholarship recipients (see Table 1) are issued monthly and disseminated to the Native Hawai'ian Health Care Systems, community health centers, hospitals, health care organizations and non-profit organizations throughout Hawai'i. Site development has included visiting the Native Hawai'ian Health Care Systems, community health centers and other facilities and health care providers in medically underserved areas, especially those with a significant Native Hawai'ian population. Scholarship recipients receive additional education concerning the Native Hawai'ian Health Care Improvement Act as well as professional advice on putting together résumés and developing job-seeking skills.

During calendar year 1998, six scholarship recipients will have fulfilled their service obligations, 15 will have completed their training and begun serving, and seven physicians will have finished medical school and begun residencies in Hawai'i and on the continental U.S.

Recommendations

1. **Strengthen the Native Hawai'ian Health Care Systems' abilities to employ NHHSP recipients** by providing full or partial subsidies (such as is done with Peace Corps volunteers), or other incentives. Funding for this should come from an increased allocation to the Native Hawai'ian Health Care Act, not out of the NHHCS' existing budgets.
2. **Project and prioritize professional shortage areas.**
 - a) **Masters level social workers (MSWs) and clinical psychologists** are in great demand largely because, with the universal shift to managed care, their services are reimbursable.
 - b) **Family practice physicians**, especially those with training in obstetrics, are highly valued by health centers and rural communities.
 - c) **Nurses** of all levels are needed on all islands, especially by the NHHCS. It is more efficient to hire one person to conduct screenings and do outreach, than both a nurse and a health educator.
 - d) **Nutritionists** have been in demand for several years, though there were no applicants until the 1998-99 year. To address this, the NHHSP director is working with both the School of Public Health and the School of Tropical Agriculture & Human Resources' Food Science & Human Nutrition Department to increase Native Hawai'ian student enrollment.
 - e) **Dentists and dental hygienists** are needed in many Hawai'ian communities, but the supply does not always match the demand—timing is an issue. The 1998 dental hygienists are being allowed to find jobs in the private sector due to lack of dental offices/agencies available in underserved communities, though positions will be available in early 1999.
 - f) **Masters in Public Health (MPH)** are not highly desired by employers for the reasons described in points a and c: they are not reimbursable as counselors, and they cannot draw blood or perform other clinical procedures.
3. **Prioritize community placement sites:** Assign HPSAs higher placement priority over other federal designations (i.e. MUA, MUP, RHC, and FQHC). This would ensure health professional gaps in places like Moloka'i, Hana and Lana'i would be filled first.
4. **Study the need for and feasibility of establishing a Rural Medicine program** at the University of Hawai'i's John A. Burns School of Medicine (UH JABSOM). An informal

survey of physicians currently practicing in rural areas indicates that rural health training during residency was an experience they had in common. Many have gained that experience in developing countries either as residents or as Peace Corps volunteers.

5. **Study the need and precedent** required to allow family practice physicians, especially those with additional training in obstetrics, to deliver babies in all Hawai'i hospitals.
6. **Explore the need and feasibility of expanding the cadre of mid-level health professionals**, such as nurse midwives and physicians' assistants, especially in rural communities, to assume clinical activities currently restricted to physicians.
7. **Increased collaboration among Papa Ola Lokahi, Kamehameha Schools Bishop Estate and HSPCA** to provide the scholarship recipients with program continuity. Currently, placement activities are initiated when training is almost complete. Earlier access to the scholarship recipients will improve understanding about and expectations concerning the service obligation.
8. **Program evaluation** is necessary, especially in readiness for Native Hawai'ian Health Care Improvement Act reauthorization, to determine its impact on the community. This should be an inclusive, collaborative project lead by the placement specialist.

The purpose of the scholarship program is twofold: to increase the number of Native Hawai'ians in health professions, and 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.

Conclusion

The purpose of the scholarship program is twofold: to increase the number of Native Hawai'ians in health professions, and get them back to serving in communities in need. Appropriate recruitment and retention are critical to the success of the scholarship program. 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. Native Hawai'ians 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.

By the year 2002, more than 100 Native Hawai'ian health professionals will have been trained through this scholarship program. Support and encouragement for Native Hawai'ians entering medical professions can be found in programs like 'Imi Ho'ola Program and the Native Hawai'ian Center of Excellence at UH JABSOM. In addition, physicians of Native Hawai'ian ancestry have

begun to organize. One of their objectives is to develop a network and coordinate mentoring opportunities for young Native Hawai'ian medical students and residents.

While 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. The degree of giving that will continue after the obligation is fulfilled is not known at this time. Further research is needed to determine the program's impact on the communities served by scholarship recipients. □

I hele le kauhale, pa'a pū'olo le ka lima.
**In going to the house of others,
 carry a package in the hand.**
 Take a gift. 'Ōlelo No'eau #1157