For this issue of the Nā Makawai Newsletter, we are featuring two organizations who focus on mental health and behavioral health services for our lāhui – I Ola Lāhui and Kīpuka O Ke Ola. Both community partner organizations understand the importance of a cultural relativistic approach to providing care for kānaka maoli. The community responds best when they feel health spaces properly respresent the community.

I Ola Lāhui was founded in 2007 in response to a shortage of culturally sensitive and patient-centered behavioral health services for Native Hawaiians and rural Hawai‘i. They offer integrated behavioral health services to help with a variety of concerns for individuals, couples, families and groups, to promote overall health and well-being.

Kīpuka O Ke Ola is located in Waimea on Hawa‘i island and provides integrated health services from primary care to behavioral health as well as traditional practices like lomilomi and lā‘au lapalapa‘au.

Papa Ola Lōkahi is honored to share their stories, challenges, and mana‘o on how we can meet the lāhui’s needs with quality, culturally-rooted care.
Kīpuka O Ke Ola
Community Partner Organization, Hawai‘i Island

Kīpuka O Ke Ola (KOKO) is seeing an incredible increase in the demand for mental health services. Though their primary initiative for the Nā Makawai program was to support the non-billable services that became necessary for the nurse practitioner to triage patients for COVID-19 testing and vaccination, the surge in behavioral health needs and lack of a Native Hawaiian workforce are the main problems they face. “Workforce development is probably the number one issue... We are in dire need of mental health support,” said Kīpuka O Ke Ola CEO Dr. Claren Kealoha-Beaudet. This call for aid is not from a lack of applicants. Candidates from across the country apply, but Dr. Kealoha-Beaudet like many other Native Hawaiian healthcare professionals underline the importance and effectiveness of having patients see Native Hawaiians when they enter any health facility. Having Native Hawaiians provide health services, especially in rural Hawai‘i, is important because of the immediacy and intimacy of their interactions. Dr. Kealoha-Beaudet describes this as “an instantaneous connection when the person that is providing them service has cultural awareness, understands their language, their worldview, and how they experience.” Unfortunately, the psychologists at KOKO closed their panels and are not taking new patients despite receiving at least 20 referrals a day.

KOKO, like many other Native Hawaiian health organizations, provide integrated health care – a coalition of primary care, behavioral health services and traditional practices such as lomilomi and lā‘au lapa‘au. New patients who would normally just seek primary care services are often referred to the traditional practitioners and vice versa. Patients have expressed not being able to imagine a time when they would step into a clinic and only receive primary care.

A Native Hawaiian patient had confessed to Dr. Kealoha-Beaudet that it had been 20 years since he had seen a doctor and that other Native Hawaiians like him seek
health services at KOKO because “they know that this is their place.” Despite the Native Hawaiian population of North Hawai‘i being 35%, 55% of KOKO’s staff are kānaka maoli. “We're finally at a place where the science is actually following along the lines of what we're saying: When leadership can represent the community that it serves, the way you perform, the way you provide service, the mission, the vision, the people that sit on your board, the people that work in your clinic, when they are all reflections of the community that you live in, you just break down all the barriers of accessibility.” Dr. Kealoha-Beaudet said that people drive or take public transportation from Ocean View and Puna, commutes that can take at least 1 hour and 30 minutes to 3 hours respectively and depending on traffic. It is common to find a tent outside KOKO’s doors of patients who have taken the last bus from Puna the night before just to make their appointment in the morning. At the end of the day, the success that Dr. Kealoha-Beaudet sees is not in quantifying interactions, but in the quality of their ability to reach populations like the patient who had not seen a doctor in decades; for kānaka maoli to provide services in a way that makes sense to kānaka maoli.

“[There is] an instantaneous connection when the person that is providing them service has cultural awareness, understands their language, their worldview, and how they experience.”
-Dr. Claren Kealoha-Beaudet, Executive Director of Kīpuka O Ke Ola

I Ola Lāhui
Community Partner Organization, Islands-wide

“What Nā Makawai represents is a recognition that if we as Hawai‘i move from a place of abundance instead of a place of scarcity, better things will happen,” stated Dr. Aukahi Austin Seabury. As the Executive Director of I Ola Lāhui (IOL) - an organization focused on rural behavioral health and increasing the number of community-centered, culturally aware professionals in Hawai‘i - as well as an actively practicing provider, Dr. Austin Seabury's experiences over the last two and a half years speak to the needs of patients, providers, and leadership.

In 2020, IOL felt a particular sting from COVID-19 as the pandemic surged in the State of Hawai‘i, as their providers typically flew around the islands to deliver in-person services. As critical IOL functions suddenly became logistically impossible, the organization acted quickly to sustain service delivery with minimal interruptions, a challenge when many patients had a strong preference...
The absence of typical competitive grant requirements has also seemingly allowed for a level of vulnerability that allows deeper insights into what community organizations are facing as the pandemic continues. “[Nā Makawai] creates a space where the value of sharing where you struggle is reinforced and supported rather than being seen as a reason that you’re not a good, fundable bet. And that changes the game in many ways.”

And the game does, indeed, need to be changed for communities to build and rebuild their lives, regardless of the direction of the COVID-19 pandemic. During the past two years, IOL has seen an increase in both current patients wanting to be seen more often and former patients wanting to return; these needs converged with new patient referrals. Given these observations and more, Dr. Austin Seabury predicts that the current needs brought on by disease have yet to decrease and the aftershocks have begun to stir. Her sense is that the pandemic sequelae such as continued economic stress, increased substance use, and domestic violence have yet to peak. These concerns emphasize the need for support to IOL’s work, especially increasing the workforce of Native Hawaiian professionals ready to serve Native Hawaiian communities. “We only have so many of us on Earth,” said Dr. Austin Seabury. “We teach the next generation... we try to find the people that have the heart to serve and then help them know how to do that better and be more relevant to our lāhui.”

The Nā Makawai program supported I Ola Lāhui’s commitment to providing culturally relevant care to Native Hawaiian and rural communities as well as developing training programs that incorporated mauliola perspective and move in Native Hawaiian communities fluidly, Executive Director Dr. Austin Seabury and her team worked quickly to adjust and readjust as the waves of COVID-19 ebbed and flowed.

For more information, please contact namakawai@papaolalokahi.org.

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