



The Queen's Medical Center
Hāna Ulu Pono Project
Evaluation Report
December 2014



EXECUTIVE SUMMARY

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Project summary

The Queen’s Medical Center’s (QMC) Hāna Ulu Pono Project (HUPP) was created to join efforts to build a resilient Hāna by implementing a community-based intervention program- developed and run by the people of Hāna- to reduce the rate of obesity. This program builds on the current knowledge of the community, which promotes sustainability, ultimately increasing physical activity and improving diet. The program is open to members of the community.

The Program is implemented by the QMC staff and community partners over the course of four activities: (1) conducting health assessments, (2) providing health and nutrition education, (3) making specialist referrals to Hāna Health or to the participant’s primary care physician, and (4) participant participation in one of the prescribed physical activities.

Purpose of the evaluation

The purpose of this summative evaluation is to determine if the program had a positive impact on Native Hawaiian participants in achieving improved health outcomes as stipulated in the service contract and in assisting the Grants Division and the program staff in making decisions regarding the further development of this program.

Findings

QMC has succeeded in implementing this program in two ways: (1) by promoting healthy lifestyles, specifically the reduction of obesity and BMI while increasing blood pressure control, physical functioning, and self-management of diabetes, and (2) by building and maintaining valuable partnerships with many community partners that were able to assist in providing many of the activities that were available to the program participants.



Recommendations

1. Internally, the Office of Hawaiian Affairs should continue discussions with community programs such as Hāna Ulu Pono to identify performance measures that are connected to obesity and to clarify those performance measures to ensure that accurate data is reported.
2. As the Program continues it will be important to maintain relationships with the community partners and continue searching for more partners to connect with.
3. The quantitative results from this contract period can be used as a baseline for future implementation. Therefore, the program should consider increasing its performance measure goals.



THE QUEEN'S MEDICAL CENTER
HANA ULU PONO PROJECT
PILI `OHANA PROGRAM EVALUATION

INTRODUCTION

Program history

The Queen's Medical Center's (QMC) Hāna Ulu Pono Project (HUPP) was created to join efforts to build a resilient Hāna by implementing a community-based intervention program- developed and run by the people of Hāna- to reduce the rate of obesity. This program builds on the current knowledge of the community, which promotes sustainability, ultimately increasing physical activity and improving diet. The program is open to members of the community.

Program activities. Community coordinators perform a brief health assessment at intake, halfway, and at the end of the one-year project period, which is accompanied by a series of weekly health and nutrition education classes that run throughout the year. The program activities are broken down into the four following steps:

- In step one, participants undergo a health assessment by the Program Coordinator who obtains the participant's past medical history; vital signs; general, weight-related, and health-related quality of life information; food diary; and peak expiratory flow to screen for risk of reactive airway diseases such as Chronic Obstructive Pulmonary Disease (COPD) and asthma.
- In step two, the Program Coordinator provides health and nutrition education. The Program Coordinator offers at least two classes per week to maximize participation. After six months, when the educational program has been completed, the Program Coordinator reviews other clinical topics selected by the community members. The educational content for sessions is developed by the QMC team members, who are also responsible for reviewing with and training the Program Coordinators.
- In step three, the Program Coordinator makes specialist referrals to Hāna Health or to the participant's primary care physician based on predetermined criteria or upon a patient's request.
- In step four, participants select and join an activity. Participants may join one or more of the following activities:
 - Ho`olei `Upena (to throw net): Participants will learn traditional methods, and fish at least twice weekly.



Program activities (continued)

- Holo Mua (to walk forward; progress): Participants will walk together at least three times weekly.
- Mālama `Āina (to care for the land): Participants may choose to work at Mahele Farm twice weekly or work in the Kuailani Lo`i from one to five days a week.
- Mālama Kūpuna (take care of the kūpuna): Participants will go for gentle walks to pick lauhala, and then weave lauhala to, make hats, mats, bracelets, and other items.

Relevance to OHA’s Strategic Plan. OHA’s strategic priority of Maui Ola (Health)- to improve the quality and longevity of life, Native Hawaiians will enjoy healthy lifestyles and experience reduced onset of chronic diseases– is addressed in the course of this program because of the program’s design to decrease the incidence of chronic diseases such as diabetes and obesity. Also, healthy lifestyles interventions including weight loss and increased physical activity are promoted by the Hāna Obesity Prevention Initiative, and contribute to the improvement of healthy lifestyles.

According to the U.S. Centers for Disease Control and Prevention (CDC), Maui County is a medically underserved area, with approximately 27% of adults in Maui County being obese and an additional 35.9% of adults in the County being overweight.

Program goals

The ultimate goal of this program is to reduce obesity by implementing a community-based intervention program in, for, and by the community of Hāna. The program has been implemented with the following quantitative outcome goals as outlined in the attached *Appendix 1. Performance and Outcome Measurements Table*:

- 125 Native Hawaiians achieve reduction in weight
- 100 Native Hawaiians achieve reduction in BMI
- 125 Native Hawaiians improve blood pressure control
- 125 Native Hawaiians improve physical functioning
- 150 Native Hawaiians receive patient education
- 100 Native Hawaiians reduce obesity related medical complications
- 135 Native Hawaiians improve eating habits/dietary choices
- 135 Native Hawaiians increase physical activity
- 75 Native Hawaiians ceased and/or decreased smoking
- 150 Native Hawaiians complete the program.



Program budget

The contract budget information for FY13 has been taken from the original contract. The total contract funding award from OHA was \$148,500. Tables 1 and 2 provide a general breakdown of the operating costs.

Table 1. Total funding for the Hāna Ulu Pono Project

Funding Sources	FY13
Amount of OHA Funds Requested	\$148,500
Other Funds From Applicant’s Organization	\$77,970
In-Kind From Applicant’s Organization	\$49,400
Total Project Cost	\$275,870

Table 2. Total project budget

Category	OHA funds
Personnel — Salaries	\$124,800
Airfare, Inter-Island	\$2,100
Contractual Services — Subcon- tracts/Consultants	\$400
Equipment	\$2,500
Food	\$1,800
Lease/Rental of Equipment	\$4,800
Publication & Printing	\$1,500
Supplies	\$10,600
Total	\$250,000

Stakeholders

There are eleven different stakeholders involved in the HUPP: (1) The Queen’s Medical Center (QMC), (2) the Hāna Youth Center, (3) Hale Hulu Mamo, (4) Travassa Hotel, (5) Mahele Farms, (6) County of Maui Parks and Recreation Hāna, (7) Hāna Art Barn, (8) Hāna Dialysis Center, (9) Ha-wai`i Soccer Club, (10) the Office of Hawaiian Affairs (OHA), and (11) the program beneficiaries.

The Queen’s Medical Center is the operator and partial funder of this program. The Hāna Youth Center is a partner of QMC providing access to their facility and equipment to offer strengthening



Stakeholders (continued)

activities. Hala Hulu Mamo and the Travassa Hotel are partners that offer the aquacise activities at the Hotel Sea Ranch Pool. Mahele Farms is a partner that allows participants to work in the garden and lo`i. The County of Maui Parks and Recreation Hāna is a partner that provides access to parks to offer Sports Night/'OHāna Night. The Hāna Art Barn is a partner that operates the Hu-la Movement, Tahitian Movement and Step Up Line Dancing HUPP activities. The Hāna Dialysis Center was a partner that providing a location to hold nutrition workshops. The Hawai`i Soccer Club provides the liability insurance that the County of Maui Parks and Recreation requires to have the ballpark lights turned on during sports night. OHA is the primary grantor of the program funds and contract monitoring agency. Program beneficiaries are identified as those residing in Hāna. Any community member can enter the program, however, the primary goal is to deliver outcomes among Native Hawaiians.

Purpose of the evaluation

The purpose of this evaluation is to determine if the program had a positive impact on Native Hawaiian participants in achieving improved health outcomes as stipulated in the service contract.

Scope of the evaluation. This is a summative evaluation of the HUPP. The evaluation will assist the Grants Division and the Grantee in making decisions regarding the continuation and future development of this program. This evaluation concentrates on the achievement of the quantitative measures in the time period between September 1, 2012 and August 31, 2013.

METHODOLOGY

The evaluation integrates both quantitative and qualitative information derived from documents such as the grant contract, progress reports, 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.

The information used in this evaluation 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, organization chart, consolidated financial statements, IRS Letter of Determination, discussion of project activities, resumes of existing staff, and project budget and funding information forms.

Quarterly progress reports narratively identified key activities completed, any issues or challenges impacting project implementation, budget expenditures, the progress in achieving the goals of



Methodology (continued)

the program, and the overall successes of the Program.

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. A qualitative data analysis was done by reviewing the activities done as reported in the quarterly progress reports.

PROGRAM RESULTS

The program has achieved results both quantitatively and qualitatively. The coming *Quantitative Results* section discusses the quantitative data reported and the *Qualitative Results* section discusses the additional activities incorporated in the program.

Quantitative results. Program results were reported by the Provider and received by the Grant Monitor. Table 3 below exhibits the program results as stated in the Performance and outcome Measurements Table in the contract with the accumulated results over the contract period for the 165 participants.

Table 3. Program results

Performance Measures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Total number of Native Hawaiians enrolled in the program	165 (100%)	165 (100%)	165 (100%)	165 (100%)
Total number of Native Hawaiians that:				
completed an Individual Service Plan (completed baseline)	165 (100%)	165 (100%)	165 (100%)	165 (100%)
identified as overweight/obese (BMI 25 or >)	150 (90.1%)	132 (80%)	129 (78.2%)	125 (75.8%)
screened for diabetes	42 (25.5%)	104 (63%)	146 (88.5%)	150 (90.1%)
Identified with diabetes	42 (25.5%)	57 (34.5%)	61 (36.9%)	64 (38.8%)
Identified with asthma	27 (16.4%)	27 (16.4%)	27 (16.4%)	27 (16.4%)
Achieved reduction in BMI	45 (27.3%)	55 (33.3%)	68 (41.2%)	70 (42.4%)
Improved blood pressure control	35 (21.2%)	58 (35.2%)	62 (37.6%)	65 (39.4%)



Table 3. Program results (continued)

Performance Measures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Improved physical functioning	55 (33.3%)	75 (45.5%)	85 (51.5%)	100 (60.6%)
Received patient education	165 (100%)	165 (100%)	165 (100%)	165 (100%)
Improved self-management of diabetes	25 (15.2%)	40 (24.2%)	44 (26.7%)	65 (39.4%)
Improved self-management of asthma	15 (9.1%)	15 (9.1%)	15 (9.1%)	15 (9.1%)
Reduced obesity related medical conditions	45 (27.3%)	55 (33.3%)	68 (41.2%)	70 (42.4%)
Identified with asthma	27 (16.4%)	27 (16.4%)	27 (16.4%)	27 (16.4%)
Achieved reduction in BMI	45 (27.3%)	55 (33.3%)	68 (41.2%)	70 (42.4%)
Improved eating habits/dietary choices	51 (30.1%)	75 (45.5%)	85 (41.2%)	90 (54.5%)
Increased physical activity	100 (60.6%)	125 (75.8%)	140 (84.8%)	145 (87.8%)
Ceased and/or decreased smoking	19 (11.5%)	20 (12.1%)	24 (14.5%)	25 (15.2%)
Completed the program				165 (100%)
Average weight at intake	225 lbs.			
Participant BMI at intake	BMI 25-30 (22%); 31-40 (46%); >40 (27%)			



Table 3. Program results (continued)

Performance Measures	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Participant blood pressure at intake	Systolic BP 120-140 (32%); BP 141-150 (18%);			
Participant physical functioning at intake	Below Average			

The results of table 3 show that gains were made in achieving positive health outcomes for all of the performance measures outlined above. This includes the difference in amount of participants who were identified as overweight or obese between the first and fourth quarters- 25, and those who achieved an overall reduction in their BMI- 70.

Table 4 exhibits the summary of results from the ending of the fourth quarter compared the proposed performance measures in the original contract with certain key quantitative results:



Table 4. Select program results compared to goals from the final program results:

Performance Measures	Pro-posed	Actual	Percent Exceeded By
Native Hawaiians enrolled in the program	150	165	+10%
Native Hawaiians enrolled in the program that:			
Completed an Individual Service Plan	150	165	+10%
Improved as overweight/obese	100	125	+25%
Screened for diabetes	150	150	-0%-
Identified with diabetes	70	64	-8.6%
Identified with asthma	50	27	-46%
Achieved reduction in weight	125	Not Reported	N/A
Achieved reduction in BMI	100	70	-30%
Improved blood pressure control	125	65	-48%
Improved physical functioning	125	100	-20%
Received patient education	150	165	+10%
Improved self-management of diabetes	50	65	+30%
Improved self-management of asthma	40	15	-63%
Reduced obesity related medical complications	100	70	-30%
Improved eating habits/dietary choices	135	90	-33.3%
Increased physical activity	135	145	+7.4%
Ceased and/or decreased smoking	75	25	-66.6%
Completed the program	150	165	+10%



Qualitative results. Throughout the course of the Program, QMC undertook several activities that enhanced the effectiveness of the program through the establishment of several partnerships and activities. Examples of these activities include:

- Holding monthly screenings and mentoring visits in Hāna
- Encouraging participant involvement in the pre-planning, planning, implementation, and evaluation of program activities
- HUPP team being certified in CPR and First Aid with additional training in blood pressure and using the Tanita Scale which captures weight, height, BMI, and EKG
- Holding nutrition workshops
- Forming partnerships with the Hāna Youth Center, Hale Hulu Mamo, Travassa Hotel, Mahele Farms, County of Maui Parks and Recreation Hāna, Hāna Art Barn, Hāna Dialysis Center, and the Hawai'i Soccer Club

In discussions with Dr. Todd Seto, Project Director, May Vawer, RN, Project Manager, and Garrett Kawamura, Manager, Research Business Office, emphasis from the perspective of implementing the program was placed on the relationship-building and trust-fostering from the people of Hāna. The lessons that they identified from the beginning of the contract period were the importance of learning about the community's sense of identity and who and what they represent, that partnerships need to be established with those who can conduct assessments related to this project within the community, that the program infrastructure takes a lengthy period of time to establish, and that one of the ways that they were able to build trust with the community was through doing the medical assessment and spending the time to explain to the participant what their individual results mean and how they can improve those results.

An issue that was raised was that obesity as a measure in itself is difficult to impact. However, other impacts connected to obesity such as blood pressure, weight, and physical activity, can be improved upon and can impact the effects of obesity.

FINDINGS

By reviewing the quantitative data reported, it is evident that QMC has succeeded in implementing this program in two ways: (1) by promoting healthy lifestyles, specifically the reduction of obesity and BMI while increasing blood pressure control, physical functioning, and self-management of diabetes, and (2) by building and maintaining valuable partnerships with many community partners that were able to assist in providing many of the activities that were



FINDINGS (continued)

available to the program participants. Although not all performance targets were met, 44.4% of the indicators were met or exceeded. The results show that gains were made in achieving positive health outcomes for all of the performance measures, especially in differences in the amount of participants who were identified as overweight or obese between the first and fourth quarters and those who achieved an overall reduction in their BMI.

Another important element of the Program was the partnership-building that took place with the people on Hāna. Partnerships and cooperation within the community developed by the program staff demonstrate that community-based programs can be successful if structured and well planned.

IMPACT ON HAWAIIAN BENEFICIARIES

As stated in the above findings, the program succeeded in promoting healthy lifestyles and reducing the onset of chronic diseases, specifically obesity and related medical complications, high blood pressure, diabetes, and asthma while increasing physical functioning.

Qualitatively, the Program appears to have made strides with the people of Hāna in impacting the lives on Hawaiian beneficiaries because not only was a Program offered to participants, which resulted in the quantitative results that was shown previously, but the partnerships established between the program staff and the community organizations and leaders of Hāna created the opportunity to form interpersonal relationships between the groups of participants and with the staff.



RECOMMENDATIONS

1. Internally, the Office of Hawaiian Affairs should continue discussions with community programs such as Hāna Ulu Pono to identify performance measures that are connected to obesity and to clarify those performance measures to ensure that accurate data is reported.
2. As the Program continues it will be important to maintain relationships with the community partners and continue searching for more partners to connect with.
3. The quantitative results from this contract period can be used as a baseline for future implementation. Therefore, the program should consider increasing its performance measure goals.



REFERENCE

Hamman, R., Wing, R., Edelstein, S., Lachin, J., Bray, G., Delahanty, L., ... Wylie-Rosett, J. (2006). Effect of Weight Loss With Lifestyle Intervention on Risk of Diabetes. *Diabetes Care*, 29(9), 2102-2107.



APPENDIX



APPENDIX A

APPENDIX A. PERFORMANCE AND OUTCOME MEASUREMENTS TABLE

OHA Grant Solicitation No.: OHA 13-03
Obesity and Physical Health Improvements in Native Hawaiians

Organization: The Queen's Medical Center

Attachment D

PERFORMANCE AND OUTCOME MEASUREMENTS TABLE

Performance Measures	Total
1) Outputs	
Total # of Native Hawaiians enrolled in program	150
Total # of Native Hawaiians who completed an Individual Service Plan	150
Total # of Native Hawaiians identified as overweight/obese	100
Total # of Native Hawaiians screened for diabetes	150
Total # of Native Hawaiians identified with diabetes	70
Total # of Native Hawaiians identified with asthma	50
Participant weight at intake	200 lbs
Participant BMI at intake	30
Participant blood pressure at intake	135/85
Participant physical functioning status at intake	Below ave
2. Outcomes	
Total # of Native Hawaiians who achieved reduction in weight	125
Total # of Native Hawaiians who achieved reduction in BMI	100
Total # of Native Hawaiians who improved blood pressure control	125
Total # of Native Hawaiians who improved physical functioning	125
Total # of Native Hawaiians who received patient education	150
Total # of Native Hawaiians who improved self-management of diabetes	n/a
Total # of Native Hawaiians who improved self-management of asthma	n/a
Total # of Native Hawaiians who reduced obesity related medical complications	100
Total # of Native Hawaiians who improved eating habits/dietary choices	135
Total # of Native Hawaiians who increased physical activity	135
Total # of Native Hawaiians who ceased and/or decreased smoking	75
Total # of Native Hawaiians who completed the program	150

*All numbers should reflect actual expected outputs and outcomes to be achieved by the applicant.