

FY 2024 Native Hawaiian Health Care Improvement Act (NHHCIA) Current Board Member Characteristics Form

You must report details on your current board members. You will use the Current Board Member Characteristics form to report details.

OMB No.: 0915-0285. Expiration Date: 04/30/2026

Board Member Name	Current Board Position Held	Area of Expertise	User of Native Hawaiian Services (Yes/No)	Live or Work in Service Area (Yes/No)	Years of Board Service

BOARD MEMBER CHARACTERISTICS

Reporting aggregate information on board demographics of gender and race/ethnicity is optional.

Gender	Number of Board Members		
Male			
Female			
Any other gender identification			
Unreported/declined to report			
Ethnicity	Number of Board Members		
Hispanic or Latino/a			
Non-Hispanic or Latino/a			
Unreported/Declined to Report			
Race	Number of Board Members		
Race Native Hawaiian	Number of Board Members		
	Number of Board Members		
Native Hawaiian	Number of Board Members		
Native Hawaiian Other Pacific Islander	Number of Board Members		
Native Hawaiian Other Pacific Islander Asian	Number of Board Members		
Native Hawaiian Other Pacific Islander Asian Black/African American	Number of Board Members		
Native Hawaiian Other Pacific Islander Asian Black/African American American Indian/Alaska Native	Number of Board Members		

Public Burden Statement: The OMB control number for this information collection is 0915-0285 and it is valid until 4/30/2026. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.