

HEALTH

MAULI OLA

To improve the quality and longevity of life, Native Hawaiians will enjoy healthy life-styles and experience reduced onset of chronic diseases.

Authors of health report call for broader approach to well-being

By Lisa Asato

A task force should be created to establish a Native Hawaiian health improvement plan that would address health disparities within that population, the chairman of the University of Hawai'i Native Hawaiian Health Department told state lawmakers.

The task force would examine data collection methods, prevention programs and ways to leverage resources, among other aspects.

Chairman Keawe Kaholokula presented the recommendation at a state legislative informational briefing on the department's recently released report, *Assessment and Priorities for Health and Well-Being in Native Hawaiians and Other Pacific Peoples*.

The 90-minute briefing highlighted "priority areas" and potential strategies sought by communities, said Kaholokula, a co-author of the report.

"Now we need a plan to take that information and turn it into effective programs (and) health-care services across the state," he told lawmakers. The joint briefing was before the health and Hawaiian affairs committees from both the House and Senate.

Senate Health Chairman Josh Green, a Hawai'i County physician, called the task force an "excellent" idea.

He cited the report's findings on morbidity and mortality risks, behavioral risks such as smoking and drinking, and economic issues

including unemployment and poverty, saying he could see "over and over again" that disparities spiked in communities with high concentrations of Native Hawaiians, namely

Wai'anae, O'ahu; Ka'ū, Hawai'i; Hāna, Maui; and Moloka'i.

"I think we could quickly convey to our colleagues the

The report showed:

- Life expectancy for Native Hawaiians, Filipinos and the state has improved to 74.3, 80.9 and 80.5, respectively; however, Hawaiians still lag behind, and the lag grew to six years from four between 1990 and 2000.
- Native Hawaiian infant death rates per 1,000 has improved to 7.1 in 2000 from 11.1 in 1981, but still surpasses the state's 5.9 rate from 9.5 over the same period.
- In 2005, Wai'anae had the highest rates in the state for smoking, heavy drinking and low physical activity. High rates were also seen in other communities with high proportions of Hawaiians: Ka'ū, North Kohala, Moloka'i, Hāna and Kapa'a.
- The percentage of Native Hawaiians meeting recommended levels of physical activity increased to 54.5 from 46.6, almost 8 percent, between 2001 and 2005, the highest increase among all groups studied in the state.
- Native Hawaiian enrollment at University of Hawai'i community colleges rose 53 percent – from 13.6 percent to 28.8 percent of total students enrolled between 1992 and 2010.
- In 2010, Hawaiians comprised 21 percent of students in the UH School of Social Work, 14 percent in the School of Nursing and Dental Hygiene, and 8 percent in the School of Medicine.
- Nationally, Native Hawaiians' and Pacific Islanders' unemployment rate increased 60 percent from 2007 to 2010, from 4.8 percent to 12 percent. NHPI's 2010 rate was higher than that of whites and Asians but lower than that of Hispanics and blacks.

To download a copy of the report, visit www3.jabsom.hawaii.edu/native and click on "Native Hawaiians & other Pacific Peoples Health Status Report" under Publications.

To watch the informational briefing on demand, visit <http://bit.ly/1jtEJLb>.



return on investment in human terms," he said. "When I read this that's the first thing I see."

Dr. Marjorie Mau, a report co-author and director of the department's Center for Native and Pacific Health Disparities Research, which took the lead on the report, said Native Hawaiians improved in life expectancy and infant death rates, but still lag behind the state in general in those categories.

"In fact Native Hawaiians die from the same top causes of death, just at an earlier age" compared to other ethnicities, she said, referring to 2000 data that show heart disease, cancer, stroke and diabetes as the leading causes of death in the state.

The report – and the Sept. 24 presentation to lawmakers – also focused on promising programs and so-called "social determinants," or factors like education, and economic, cultural and emotional well-being.

"Like genetics and like biology, (health is) influenced by the envi-

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ronment,” said Kaholokula, a report co-author. “Our behaviors are influenced by what we have, the resources we have or don’t have and the opportunities we see and don’t see.”

He said everyone wants to be healthy, but “in Hawai‘i, where you have to work two jobs to make ends meet, it’s very difficult for people to avoid McDonald’s when they got half an hour to get from Job A to Job B and that drive-through, that’s the only dinner you’re going to get. By design we’re forced into the lifestyle that promotes obesity.”

Emphasis should be placed on “upstream factors” that cause diabetes, heart disease and early death, he said. In other words, “our political, socioeconomic situation,” which policymakers have direct control over.

Innovations, he said, will come through partnerships as a way of leveraging resources and diverse areas of expertise. He cited the

relatively young Nā Limahana o Lonopūhā Native Hawaiian Health Consortium as an example that unites groups like Queen’s Medical Center, OHA, the UH School of Social Work and Native Hawaiian Health Department, and Wai‘anae Coast Comprehensive Health Center, among others, to address Hawaiian health issues.

Government data collection also could be improved. For example, current data are not disaggregated by ethnicity or Native Hawaiians are lumped in with Asians, he said.

“It’s very challenging for us to really make any kind of good decisions about research or medical care services when we can’t get good access to the data in a timely fashion.”

The report, meanwhile, highlighted needs identified by the Ulu Network, a coalition of 30 organizations in Hawai‘i and California working to improve the health and well-being of Native Hawaiians and Pacific Peoples.

As it did 10 years ago at its

inception, the department surveyed members on the biggest problems they face, said Mele Look, the department’s community engagement director. She said 93 percent identified diabetes, heart disease and obesity as the top three.

“They said, ‘When you came 10 years ago, it’s the same problem, it’s just gotten bigger,’” she said.

Look said the network members pointed to “promising practices,” such as food gardens and programs where “scientific practices and community wisdom came together.” That includes the OHA-funded Partnerships to Improve Lifestyle Interventions (PILI) ‘Ohana Project, a community-based intervention program to prevent diabetes and address obesity.

Mau said PILI is effective in combatting “metabolic syndrome” – a clustering of diabetes, heart disease, hypertension and obesity, which disproportionately affects Native Hawaiians and Pacific Islanders.

Other effective culture-based and community-focused programs

include the Hula Empowering Lifestyle Adaptation study, or HELA, a program that promotes heart health through hula; and Mālama Pu‘uwai programs to ease the transition from hospital to home for Native Hawaiians and Pacific Islanders with heart conditions, she said.

After the briefing, Look said society is “slowly recognizing the broader influences on health, but it is not a widely accepted perspective.”

“Talking about these other determinants of health is not typical of medical school departments,” she said. But after 30 years in Native Hawaiian health, she recognizes

“solutions are not going to come by just looking at the medical approach.”

She noted it took 25 years for American society’s view of smoking to change.

“So we need those kinds of broad policy solutions ... if inequity is going to change,” Look said. “We’re going to find justice in health for Hawaiians and Pacific Islanders that have these huge gaps.

“The solution is definitely not going to be a pill and it’s not going to happen in a doctor’s office. It’s got to happen across communities and across all society.” ■



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James Gathany, Cen-
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