

**Hā Kūpuna National Resource Center
for Native Hawaiian Elders:
Advice to Healthcare and Social
Service Providers**

ECHO Geriatric
February 14, 2024



Introduction



University of Hawai'i at Mānoa
***Thompson School of Social Work
and Public Health***



Hā Kūpuna
***The National Resource Center
for Native Hawaiian Elders***
US AoA/ACL 90OIRC001

Hā Kūpuna: The National Resource Center

Funded by the Office of American Indian, Alaska Native and Native Hawaiian Programs (Admin on Aging/Admin on Community Living/DHHS).

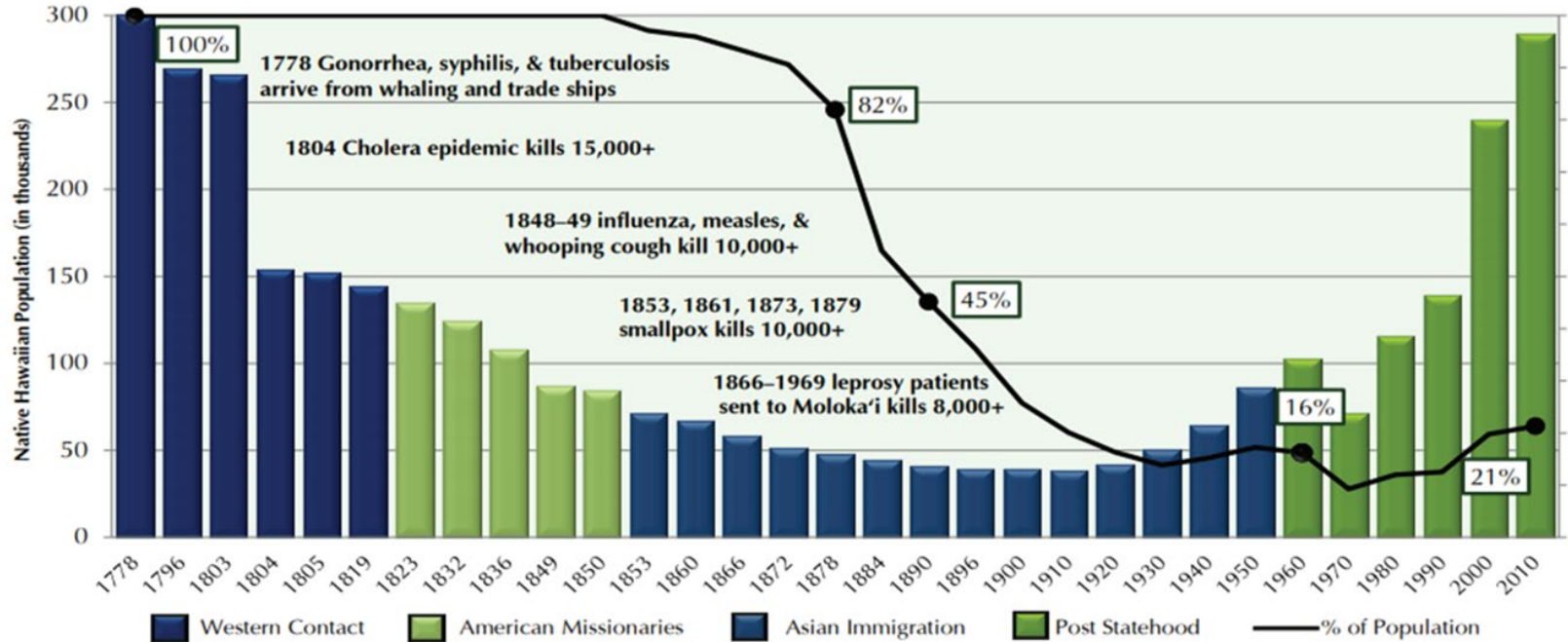
This office funds a national network of services & resource centers serving elders Indigenous to the lands now occupied by the US.

300+ Title VI sites
6 Resource Centers



What is the need?

Figure 1. Native Hawaiian Population Trends in Hawai'i: 1778–2010



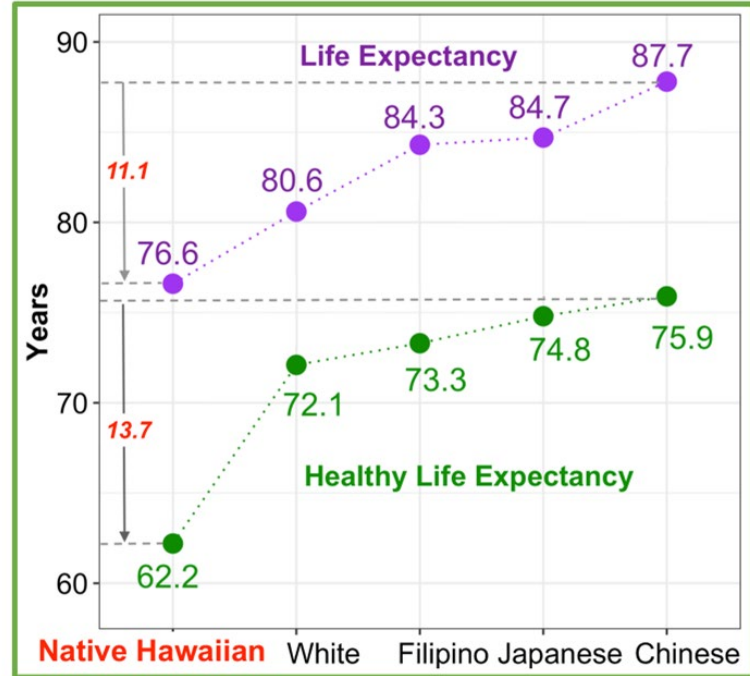
Sources. Schmitt, 1968, 1970, 1977. Hope & Hope, 2003. U.S. Census Bureau, 2010. KALA, 2014.

Office of Hawaiian Affairs, Research Division, Demography. (2015). [Native Hawaiian Health Fact Sheet 2015. Volume I: Chronic Diseases](#). Honolulu, HI.

Life Expectancy Disparities

- Life expectancy for kānaka maoli is 11 years shorter than their Chinese counterparts
- Kānaka become disabled on avg 13.7 yrs sooner than their Chinese counterparts
- Disproportionately higher rates of chronic diseases (heart disease, cancer and diabetes) across the lifespan

2010 Life Expectancy and Healthy Life Expectancy in Hawai'i by Ethnicity



Hā Kūpuna: The National Resource Center for Native Hawaiian Elders

- Founded in 2006
- UH Mānoa Thompson School of Social Work and Public Health
- One of three NRCs for Native Elders
- Early work focused on creating baseline data that didn't previously exist about Native Hawaiian elders



Hā Kūpuna: The National Resource Center

- **Hā:** A strong expulsion of breath; to exhale; to breathe; breathe upon; breath; life
- **Kūpuna:** Grandparent, ancestor, relative or close friend of grandparent's generation, plural of kupuna
- **Hā Kūpuna:** name of a ritualized passing on of one's specialized mana to a specific person through breathing in/on to them (Pukui, 1979)
- **Mission:** To improve health and increase life expectancy of our treasured kūpuna



Dr. Kekuni Blaisdell named our center Hā Kūpuna

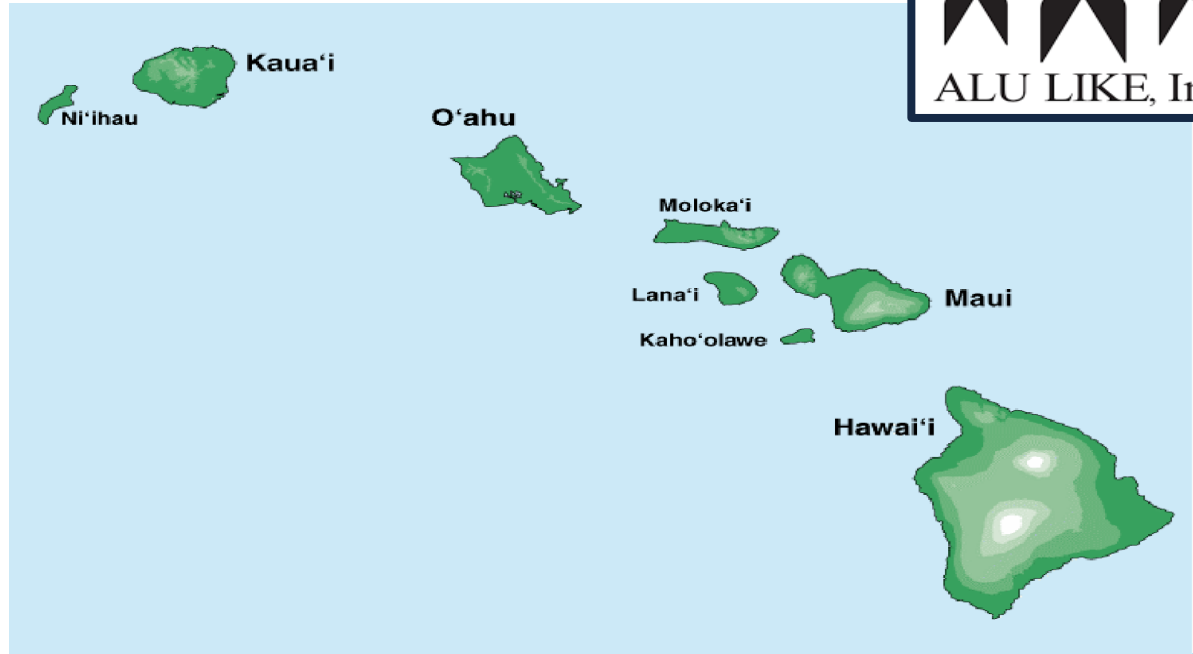




**Healthcare experiences of
Native Hawaiian Elders
and Advice to Providers**

Kumu Kahi Title VI Program ALU LIKE, Inc.

- 14 sites on 5 islands
- Meals, education on resources, cultural activities, caregiver services, and socialization



Project Details

- Purpose
 - Gather stories of the strength and the resilience of Native Hawaiian kūpuna
 - Explore kūpuna healthcare experiences and identify strategies to improve care
- Partnership with Alu Like
 - Eligibility
 - Age: 60 +
 - Native Hawaiian



Project Details

- Logistics
 - 3 Zoom Interviews (45 minutes - 2.5 hours)
 - Talk Story
 - Life Experiences - intergenerational lessons
 - Healthcare
- Makana (gift)
 - Pa‘akai, māmaki tea and dried bananas and a personalized thank you card
 - Digital and hard copies of Life Story, Recordings + Transcripts



Interview schedule



Year 1

- Completed 11 Interviews
 - 4 Moloka'i
 - 4 Kaua'i
 - 3 Hilo
- Healthcare Findings
 - APHA Presentation
 - Frontiers in Public Health Manuscript

Year 2

- Completed 9 Interviews
 - 2 Hilo
 - 3 Kona
 - 4 Maui
- Strength & Resilience Findings
 - APHA Presentation

Year 3

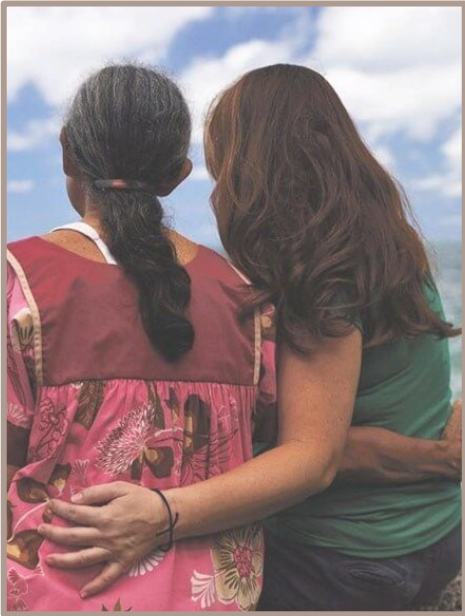
- Completed 10 interviews
 - 1 on Maui
 - 9 on O'ahu
- Advice to Providers
 - HPGS Conference

Who we interviewed: Participant Demographics



- 25 women and 3 men, 2 māhū and transgender mtf
- Average age = 74.68 (60-88)
- 15 out of 30 living on Hawaiian Homestead lands
- 70% (n=21) attended college
- All have health insurance
- Average ratings on 1=poor to 4=excellent scale
 - 3.41 Access to primary care
 - 3.21 Access to specialty care
 - 2.91 Access to mental health services (8 non-responses)
 - 2.76 Self-rated health

Healthcare Experiences



- Early Life Experiences with Healthcare
- Positive Healthcare Experiences
- Negative Healthcare Experiences
- Caregiving and Long-Term Care
- Advice for Providers

Early Life Experiences with Healthcare

Many participants did not see a Western provider growing up unless it was for immunizations or serious illnesses and injuries

"When you got burns, it wasn't run to the hospital... my tūtū man [grandfather] would go outside or my father would go outside, get aloe for the burns... put it on the burns. . . I remember one time I was in church... my son had a really high fever and they went and got ti leaf. One of the kupunas got ti leaf and put it on him to bring the fever down. So, it wasn't... run to the hospital, run to the doctor, it was always natural stuff."

Early Life Experiences with Healthcare

All of the participants and their families successfully maintained their health and treated illnesses/injuries with Hawaiian health practices (ex. lā'au lapa'au, pule, ho'oponopono, lomilomi, & 'ai pono)

"I remember one time, I got cut on my hand. And, you know, back then, insurance, you know, we didn't have insurance, I'm sure. And, you know, they fix it themselves. And the cut I wen get from the sickle, I was cutting grass. It was like it needed suturing, but all my mom them did was put the honohono because it gets sap, yeah? ... and it stopped the bleeding... So there's a lot of plant things ... as we grew up that my parents used, yeah? Yeah, so it was learning and -- but like I said, they [don't] need it now because if they get hurt, first thing they go E.R., you know (laughs), they go to the doctor. But back then you -- we had to do it."

Positive Healthcare Experiences



Majority of the kūpuna currently use both Western medicine and Hawaiian wellness practices.

"You got to take [Western] medicine that you swallow and then it works inside out. And that's what they say, "It needs to be healed... from the inside out." That's why [Hawaiians] drink a lot of different kinds of tea, it works from the inside out."

Negative Healthcare Experiences

The participants attributed their negative experiences with providers to poor communication

"...be understanding to us, just give us a chance and let us say things -- but sometime they just cut us short, you know? Let us finish our sentence, even if it take long. Sometimes, we get hard time talk. We share, but once you cut, 'oki us, all pau. We no like say nothing, we pa'a ka waha [shut our mouth]."

Caregiving and Long-Term Care

Participants talked about providing care to loved ones, the importance of documenting their own care preferences and the desire to age in place

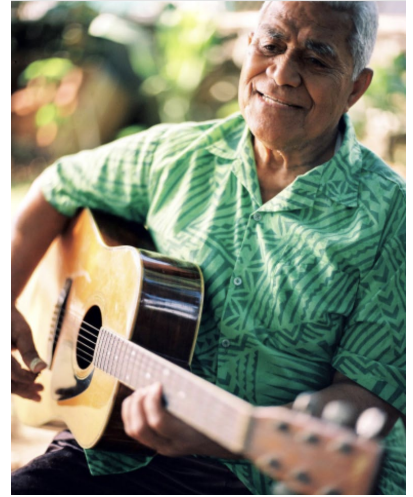
“Hospice would come and help us... and give us a chance to rest... I thought hospice nurses was one of a kind... I would have a hard time because they get so close to you. They treat the patient like that’s their mom... their grandma.”

Advice to Providers

Take the time to talk-story and get to know the kūpuna as people and community members.

“I would rather have a doctor who can see me eye to eye and we can talk. “Oh, how are you?” or “What can I do for you today?” Or, you know, “Pehea kou ‘ohana?” [How’s your family?] That’s how you relate and get closer...”

“It’s not just about the medicine, it’s just not about why am I sick... Gee, I stay with [the doctor] half an hour to an hour, we just wala‘au and we kūkākūkā [talk story]. That sometimes is good, it’s healthy!”



Advice to Providers

Learn about and acknowledge Hawaiians' experiences with colonization; respectfully approach the traditional health practices of your patients.

“You learn and treat the whole person, not just a symptom. And you got to understand where the genesis of that symptom comes from and treat that instead of just giving a drug to numb... you got to treat the root of it. And they don't ... teach that much in medical schools.”

“I think I would like to see Hawaiian medicine, along with regular American medicine. I think that would really help in introducing Hawaiian medicine. Because it works! It's just getting it and doing it... and taking it. But it works. I've seen it work.”

Advice to Providers

Communicate directly, clearly, and patiently.

“If you’re gonna tell me something, tell me straight. I said, “Doc, just tell me the true facts. She was straightforward and I liked that.”

“What made it positive is that the communication was clear on both sides. And if I didn't quite understand, they would show me pictures or diagrams. And ... they would tell me what they're going to do through the whole process, what's gonna happen after I'm done, and then from there, the follow up with more literature or whatever needs to be done.”

Advice to Providers

Love what you do and show your passion in your work.



“Be patient, be respectful, have a sense of humor, don't show disdain, do your best, or else don't go into that kind of work unless you can be supportive and respectful of the patient. Don't go into it if you're just doing it for the money. Because it's more than that.”

“Put your heart in it. Whatever, you do, do it from your heart. And don't judge who they are, where they come from, this can be a homeless person, can be a rich person. They're still a human being... the main thing for me is to really aloha, take care with your heart.”

Case Study 1

Dr. Kalei, a primary care physician in Honolulu, has a diverse patient population, including many Native Hawaiian elders. He prides himself on providing culturally sensitive care while also managing the time constraints inherent in a busy medical practice.

Kalani, a 75-year-old Native Hawaiian man, visits Dr. Kalei's clinic for the first time since his PCP of 30 years retired. He is there for a routine check-up and is accompanied by his family, including his wife, son, and granddaughter. He is proud of his strong ties to his culture and community, and he values the presence and support of his 'ohana in his healthcare journey.

Dr. Kalei notices the large group in attendance with Kalani. Additionally, he recalls that Native Hawaiian elders like Kalani often enjoy talking story and engaging in conversation as a way to build rapport with their healthcare providers. Dr. Kalei appreciates the inclusion of family and the importance of talking story, but is also mindful of the limited time available for each patient encounter.

Dr. Kalei needs to find a balance between respecting Kalani's cultural preferences for including his family in his care while also maintaining professional boundaries and managing their time efficiently. He understands the value of getting to know his patients beyond their medical conditions but worries about appearing rude or dismissive if he needs to cut the conversation short due to time constraints.

What should Dr. Kalei keep in mind during Kalani's first visit with him? What should he keep in mind for future visits?

Case Study 1 Key Points

- Dr. Kalei should take extra time to establish rapport with Kalani, as this is their first appointment together
 - Plan to spend more than the allotted 15 minutes for onboarding appointment
- Dr. Kalei should acknowledge the long relationship with Kalani's previous PCP and recognize that he may have some anxiety about seeing a new provider
 - If possible and appropriate, Dr. Kalei can disclose any knowledge of or relationship with the previous provider
- Dr. Kalei should take thorough notes, not only about health conditions, but also about key family relationships and cultural considerations related to health, which can be referenced in future visits to save time and to show personalized interest
- Dr. Kalei can use talk story as an opportunity to to learn about Kalani's background and make social connections. It can be used to conduct medical/social service assessment (ask about living situation, hobbies, social network, etc.). **Talk story is a skill that needs to be practiced!**

Case Study 2

Malia, 70-year-old Native Hawaiian elder woman presents to a community health clinic with symptoms of persistent fatigue, unexplained weight loss, and abdominal pain. Dr. Makoa, an oncologist, faces the challenging task of delivering a stage 4 cancer diagnosis to Malia. Dr. Makoa must navigate this conversation with sensitivity, while communicating directly in plain language.

Dr. Makoa should be mindful of the potential health literacy barriers that may impact their conversation. She understands that Malia may not be familiar with medical terminology and may feel intimidated or overwhelmed by complex medical information, particularly when receiving emotional news.

Dr. Makoa must find a balance between providing Malia with clear and accurate information about her diagnosis while also ensuring that the delivery of the news is done with empathy, sensitivity, and cultural awareness. She understands that Malia may have spiritual beliefs and cultural practices that influence her understanding of illness and treatment options.

What should Dr. Makoa keep in mind during Malia's visit?

Case Study 2 Key Points

- Dr. Makoa should welcome Malia and her family members into her office with warmth and compassion
- Dr. Makoa should speak slowly and clearly, and provide Malia with the opportunity to process the information at her own pace
- Using plain language and avoiding medical jargon, Dr. Makoa should tell Malia that the results of her tests have revealed that she has stage 4 cancer
- Dr. Makoa should make time for Malia to ask any questions or express any concerns she may have about the diagnosis
- Dr. Makoa should offer to connect Malia with resources beyond medical treatment, including financial, lodging, and emotional and spiritual support services and traditional healing practices

Discussion Questions

- What else would you like to know or understand about providing care to Native Hawaiian elders?
- What are ways that you can implement the “Advice to Providers” in your services?

Thank You

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HĀ KŪPUNA

National Resource Center for Native Hawaiian Elders



UNIVERSITY of HAWAII' I at MĀNOA*

THOMPSON SCHOOL

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