Na Kupuna in Hawai'i: a review of social and health status, service use and the importance of value-based interventions

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I pa'a i kona kupuna 'a'ole kakou e puka.
Had our ancestors died in bearing our grandparent, we would not have come forth.[1]

This proverb by Mary Kawena Pukui reminds family members to respect older adults because the existence of the family originates with its elders. Respect, *'ihi*, (or to respect, *ho'ihi*), underscores the traditional Hawai'ian value towards elders. The respect that *kanaka maoli* (indigenous Hawai'ian) elders refer to today reflects a caring for everyone. In a recent focus group of elder *kanaka maoli* women, one woman stated: "We want [members in our families] to respect everyone. It doesn't matter [to whom], show respect. And that is where love comes from...Love and respect".[2] In keeping with this value, we present the following information within a framework of respect for *na kupuna* (Hawai'ian elders).

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Introduction

The literature on Hawai'ian health, especially related to older Hawai'ians, is limited. For example, the first major report on *na kupuna* by Alu Like, Inc., a Hawai'ian social service agency with headquarters on O'ahu, was published in 1990, but its circulation has been limited. In nationally disseminated journals, the first summative journal article on Hawai'ian health appeared in 1993.[3] It does not focus on older Hawai'ians. Thus, this article attempts to fill a gap in the literature by presenting a summary of findings relevant to understanding *na kupuna* in Hawai'i. Specifically, the first section of this article summarizes data on older Hawai'ian's socio-demographics, health status, and service utilization patterns. The next section presents information on Hawai'ian cultural values. We examine the concept of cultural responsiveness in service delivery and suggest how health professionals can draw from the strengths of the culture, tapping specifically on the importance of spirituality, to enhance the development and delivery of services to *na kupuna*. Finally, we highlight some implications and prescriptions for practice, policy, and research.

Before presenting the data, three methodological issues need to be discussed. First, the terms *kanaka maoli* (indigenous people) and Hawai'ians will be used interchangeably throughout this article. Except in a few specified cases, reference to Hawai'ians includes full- and part-blooded persons who can trace their ancestry in Hawai'i to a time before western contact occurred in 1778. Second, while Hawai'ians are found in many parts of the United States and the Pacific, we will focus on Hawai'ians residing in their native homeland, Hawai'i. Third, while every effort has been made to provide accurate data on *kanaka maoli* elders, this article, like others written about Hawai'ians, is limited by problems with data collection and coding. For example, what is the definition of an "older adult"? Various reports about older adults have differing definitions, with some including only people who are 65 years of age and older, while others include those 60 and older and still others include those 55 and older.[4,5] Ethnicity is coded differently in different reports, as well. For example, in the U.S. Census, individuals self-report their ethnicity, while in the Hawai'i Health Survey (a random sample survey of citizens in the state), ethnicity of an individual is based on the ethnic combination of each of his/her four grandparents. As a result, 30 percent fewer Hawai'ians were enumerated by the U.S. Census than by the Hawai'i Health Survey in 1990. Because the coding of ethnicity on Hawai'ian vital records more closely matches that of the Hawai'i Health Survey than the U.S. Census, the state Department of Health recom-

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Table 1. Kanaka Maoli population census, by age and island

	Age in Years				
Island	**0 - 18**	**19 - 34**	**35 - 64**	**65**	**Total**
Hawai'i	15,622	8,075	8,732	1,189	**33,618**
O'ahu	52,970	34,819	36,276	8,268	**132,333**
Maui	9,216	6,070	5,510	1,081	**21,877**
Moloka'i	1,832	708	998	245	**3,783**
Lana'i	163	193	145	72	**573**
Kaua'i	6,370	3,118	2,966	442	**12,896**
Total	**86,173**	**52,983**	**54,627**	**11,297**	**205,080**

Source: Office of Hawaiian Affairs, 1994 (Drawn from State of Hawai'i, Department of Health)

mends use of the former in calculations of mortality and life expectancy. It is important to note, however, that lower estimates of mortality rates and higher estimates of life expectancy result when statisticians use the population distribution estimated by the Hawai`i Health Survey instead of that of the U.S. Census.[5]

Socio-demographic and health characteristics and service use: a profile of risk and distress

Demographics

Kanaka maoli constitute approximately 19 percent of the state's population of slightly over one million (1,108,229).[6] Of the approximately 205,000 *kanaka maoli* residing in Hawai'i, about 11,000 are aged 65 and older.[6] The majority of Hawai'ians, including *na kupuna*, reside on O'ahu, the most heavily populated island in the state.

Hawai'ians are a relatively young population, with those over the age of 65 constituting only 6 percent of all Hawai'ians, while those 18 years and younger comprise over 40 percent of the Hawai'ian population. This is in contrast to other major ethnic groups in Hawai'i, 10 - 20 percent of which are aged 18 years and younger.[6] While 6% is a small proportion, it represents a significant increase over 1984 U.S. Census statistics, which found that only 3.5 percent of Hawai'ians were 65 and older.[6] The gender distribution among Hawai'ians is about equal male and female, except above the age of 65, when women out-number men.[3] This is similar to the national norm whereby females outnumber males in the later years.[7]

Socio-economic status

Several recent reports and studies indicate that the *kanaka maoli* population as a whole is at high risk for multiple socio-economic problems. In reviewing data on *kanaka maoli*, Blaisdell (1993) concluded that they have the worst social indicators of any ethnic group in Hawai'i. For example, Hawai'ians have high rates of teen-age pregnancies, unmarried mothers, criminal incarcerations, and a low mean level of educational achievement compared with Caucasians, Chinese, Japanese, and Filipinos in Hawai'i.

These indicators of social distress and risk among *kanaka maoli* also have meaning for those over the age of 65. Perhaps one of the most limiting conditions is that of low income. The aforementioned study focusing on Native Hawai'ian Elderly, published by Alu Like (1990), highlighted the low economic status of *na kupuna* as a major barrier to their well-being. For example, data from this study found that, compared to non-Hawai'ian elders, twice as many Hawai'ian elders (ages 55-74) reside in households with a combined income of less than $10,000 per year.[4] Inadequate housing, poor dietary intake, and hesitation to seek health and social services can all be reflective of poor economic status. In turn, low income contributes to and exacerbates a number of conditions that can lead to risk and distress.

Health status

Hawai'ians have the highest mortality rates among the major ethnic groups in Hawai'i. For example, a recent study by Look and Braun (1995) utilized mortality as a benchmark and found dramatically and significantly higher death rates attributable to all causes of death, heart disease, and cancer among *kanaka maoli* than in the general population. Especially relevant was their distinction by blood quantum, which showed that, within the Hawai'ian population, full-Hawai'ians experienced significantly higher rates of mortality than part-Hawai'ians. Looking by age group, mortality rates for Hawai'ians are higher than for all other ethnicities in the 45-54 and 55-64 age groups; they are similar to death rates for Caucasians but still significantly higher than for Japanese,

Chinese, and Filipinos in the 65-74 age group.[8] Because mortality rates are so high, life expectancy for Hawai'ians is considerably shorter than for other ethnic groups in Hawai'i. Specifically, based on the Hawai'i Health Survey data, the 1990 life expectancy was 74.27 years for Hawai'ians, compared to 82.93 years for Chinese, 82.06 years for Japanese, 78.94 years for Filipinos, and 75.53 years for Caucasians.[5]

The study of *na kupuna* by Alu Like (1990), presents additional data relevant to Hawai'ian health—information on functional limitation and chronic conditions. Functional limitation refer to the curtailment of activities performed in the course of daily life. These limitations are typically assessed by examining the degree of difficulty experienced in performing personal care (Activities of Daily Living or ADL), and home management (Instrumental Activities of Daily Living or IADL) activities. Personal care activities include bathing, dressing, eating, using the toilet, and so on; home management activities include shopping, housekeeping, financial management, and so on.[4] In general, data show that twice as many Hawai'ians over age 60 have at least one ADL or IADL impairment compared to non-Hawai'ian elders. Interestingly, differences in ADLs and IADLs start emerging in the 55-59 year age category. The rate of severe limitations in the 60-74 year age group is dramatically higher among Hawai'ians than among other ethnic groups.[4]

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Chronic conditions, the cause of many of the limitations in ADLs and IADLs, are more prevalent in the elderly Hawai'ian population than in the general elderly population. The most common chronic conditions for all older adults in the United States include arthritis, hypertensive disease, hearing impairments, and heart conditions.[7] Somewhat similarly, the most common chronic conditions among older adults in Hawai'i are hypertension without heart involvement, arthritis/rheumatism, hearing impairment, heart condition, and diabetes.[9] Screening results indicate that Hawai'ians have significantly higher rates of hypertension than non-Hawai'ians, particularly among those who are over 60 years old. Functional limitations due to heart conditions for Hawai'ians 55 years of age and over are higher than for non-Hawai'ians in that age category. Arthritis and hearing impairments occur with similar frequencies among Hawai'ians and non-Hawai'ians, although the attribution to activity limitations is somewhat higher for Hawai'ians.[4]

Additional information on health status is presented by Blaisdell (1993). Although not specific to the aged, he notes that Hawai'ians have the highest incidence of diabetes, stroke, and AIDS of the major ethnic groups in the state. In terms of health behaviors, Hawai'ians have high rates of cigarette smoking, alcohol drinking, obesity, and non-use of auto seatbelts.

Utilization of services

In line with background characteristics of Hawai'ians, and the evidence of a population "at risk," it is reasonable to project a strong utilization of services. Information from different sources reveals mixed findings. Utilization patterns can be organized around those characteristics previously highlighted—social and health characteristics, with special attention to functional limitations and chronic conditions.

Socio-economic Conditions. The impoverished status of Hawai'ians, in general, and the elderly, in particular, presumes a receipt of public assistance. Approximately 15 percent of Hawai'ian homes received public assistance, in comparison to 7 percent of total households. Among the aged, Supplemental Security Income (SSI), a federally funded public assistance program for those 65 years of age and over, is the most often used public assistance program (State of Hawai'i, Office of Hawai'ian Affairs, 1994). Looking at SSI recipients by ethnicity, however, it appears that Hawai'ians constitute the third largest group, comprising only 9 percent, compared to Filipinos (39 percent) and Caucasians (12 percent).[6] Public housing use for residents age 55-74 tends to be higher among Hawai'ians than among non-Hawai'ians.

Functional Limitations. In Hawai'i, there exists a broad array of services designed to support and assist those elderly who have functional limitations. The Alu Like (1990) Report notes mixed service utilization among older Hawai'ians compared to other ethnic groups. Among the services with higher utilization patterns among Hawai'ians, compared to non-Hawai'ians, were:

- **chore/homemaker services** which include help with housekeeping, shopping, meal preparations, errands, escort, yard work;
- **home-delivered meals** for those who are homebound by reason of illness, disability or lack of transportation;
- **case management services** which assists multiple-problem seniors with the coordination of their care; and
- **care homes** or the placement in someone else's home for those adults needing minimal assistance in ADLs, but not requiring the full level of care provided by a nursing home.

On the other hand, services that tended to be utilized at comparable or lower levels relative to other ethnicities were:

- **in-home supportive services**, such as **personal care** for

ADLs (feeding, grooming, dressing, bathing, toileting, personal hygiene), and **respite**;

- **day care/day health services** which provide a setting during the day for those living at home who have social and minimum health needs.

Chronic Conditions. Visits to health professionals to manage chronic diseases are an indicator of utilization. Some reports suggest that rates of physician use are comparable for *kanaka maoli* and non-Hawai'ians,[4] while other sources indicate, empirically and anecdotally, that there is underutilization.[11,12,13] In the area of disease screening, rates for diabetes, hypertension, and cancer screening programs have been lower for Hawai'ians than non-Hawai'ians.[4]

Culturally responsive services

Emphasizing cultural strengths and value-based interventions

This mixed picture of service utilization, despite the high distress profile, is one for concern. It is well recognized that service utilization can be promoted via policies that make services easily available, affordable, and accessible to constituents. Another method to enhance utilization is to develop structures and services which may be more culturally-responsive to the population in need of assistance.[3,4,13,14,15]

Culturally-responsive services are those that "reflect a mastery of knowledge, skills and a compassionate responsiveness to the values, traditions, and lifestyle experiences",[16] of an ethnic group. Specifically, this refers to an awareness of one's own self and world view, a knowledge of populations being served, and a knowledge and ability to translate practice technology into cultural relevance.

Culturally-responsive services are based on the idea that inherent in each culture are strengths that promote and preserve that culture. A "strengths" perspective is different from the more traditional perspective of the helping professions, which emphasizes assessing and treating client problems/deficits. When we adopt the traditional perspective that clients have problems, we seek to provide solutions for clients. The shift, in the 1990s, is away from the exertion of power of knowledge to collaborating with the power within the individual,[17] or in Hawai'ian worldview, the power of the collective. The premise of a strengths perspective is fully congruent with Hawai'ian cultural beliefs.

There are three assumptions underlying a strengths perspective: (1) that people have an inherent power that may be characterized as a life force, life energy, spirituality; (2) that knowledge of this power validates one's own experience and honors the experience of others, and is thus, transformational; and, finally, (3) that when people's positive capacities are supported, they are more likely to act on their own strengths.[18]

Examples of culturally-responsive services and programs for *na kupuna* in the Hawai'ian community are increasing. Two such programs, currently implemented through Alu Like, are *Ke Ola Pono No Na Kupuna* (Good Health by Healthy Living) and *Ho'ola Hou* (Health Renewal for *Kupuna* through Self-Care). *Ke Ola Pono No Na Kupuna* was developed in response to low attendance by Hawai'ian elders at traditional senior meal sites operated under Hawai'i's federally-funded meal site program under the Older Americans Act (OAA) of 1965. Alu Like sought and secured additional funds through OAA to develop and implement a program specifically for *na kupuna*, based on traditional cultural values and dietary preferences. Now, attendance is quite high, attesting to the value of offering culturally-responsive nutritional and social services to this population. The *Ho'ola Hou* self-care project, funded by the Queen Emma Foundation, has worked with Alu Like to offer workshops through the *Ke Ola Pono No Na Kupuna* meal sites. The purpose of the *Ho'ola Hou* program is to "encourage and empower *na kupuna* to take a more active role in managing their own health and to learn ways to manage existing chronic conditions through self-care," with a strong focus on spirituality and traditional healing approaches.[19]

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Another example of a culturally-responsive program is the Hawai'ian Diet. For three weeks, individuals come together for daily meals of traditional Hawai'ian foods and to learn about Hawai'ian history and values. Reports of studies of this program suggest that most participants lose weight, several lower their serum cholesterol levels, some diabetics are able to reduce their need for insulin, and all appreciate the increased knowledge of Hawai'ian traditions.[11] The Hawai'i Department of Health (DOH) also sponsors a culturally-relevant nutrition education program, called Hele Mai 'Ai, in which traditional teaching and learning strategies are employed.[20] DOH staff is currently developing "*Kupuna* Modules" for use in *Ke Ola Pono No Na Kupuna* and other meal sites.

A profile of strengths for Kanaka Maoli

With the success of these and other programs, there is increasing attention in the Hawai'ian community to develop more culturally-responsive services and programs for *na kupuna* that can respond better to their needs and interests. We suggest that a reason for this may be because the source of the greatest strength among Hawai'ians today is their conviction in cultural values and traditions. Despite a history of colonization and oppression, *kanaka maoli* culture in the 1990s endures.

A rich abundance of interlocking cultural values permeate and characterize Hawai'ian culture. Some of the more universal values are *aloha*, humility (*ha'aha'a*), harmony (*lokahi*), and generosity (*lokomaika'i*)[21]. The essence of traditional Hawai'ian values and beliefs is spirituality (*ho'omana*) and/or religion. While spirituality may be highlighted as a separate cultural value, it also appears to be the value from which all other values emerge.

While *kanaka maoli* elders are a diverse group, with variations in values and beliefs, numerous sources support the importance of spirituality/religion for this population,[22,23]

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Spirituality reflects the human experience of discovering meaning, purpose and morality. In contrast to religion, which is defined as a formal institution for spiritual beliefs and practices, spirituality can be expressed outside a religious context. Spirituality and religion have long been thought to become more important as people age, especially as they deal with increased losses in their lives, and as they approach death.[26] One way, then, to reconceptualize our practice with Hawai'ian elders is to understand and consider the place of spirituality and religion in their lives. Spirituality, as part of a more holistic picture of life, contributes to health and wellbeing. To elaborate on this belief, the following section explores the conceptions of spirituality for *kanaka maoli* in traditional times and their presence in the lives of elders today.

Traditional Views of Spirituality. Spirituality was an integral part of the life of Hawai'ians in traditional times. Its importance is evident in the *Kumulipo*, a creation chant that chronicles the beginning of the world. Mary Kawena Pukui states:

> For the gods were ever present, guarding, guiding, warning, blessing, punishing. Supernatural spirits inhabited, and even assumed, the form of plant and animal, rock and stream.... Some of these spirits were distant and powerful *akua*, the impersonal gods. Some were *'aumakua*, family ancestors become gods. Some were *kupua*, demi-gods and god-like spirits.[5]

The centrality of a spiritual world for Hawai'ians required constant communication or communion. Pukui noted that "Hawai'ians spoke to their gods constantly.... There were prayers to calm the winds. Prayers for wind when a canoe was becalmed. Prayers to the gods to control what man could not. Prayers for help in both the emergencies and the routines of everyday life"[25]

The emphasis on spirituality is interwoven with an emphasis on relationships, for spirituality imbued all relationships. It existed in the relationship with gods and influenced the relationship with the *'aina* (nature), for the spiritual world was part of nature. It guided relationships within the family and the communities, for all people were believed, according to the *Kumulipo*, to be genealogically related. It also influenced one's relationship to oneself as an individual is defined by his/her ancestors and connections with the spiritual realm. Spirituality was never seen as a separate part of living—it was living.

Contemporary Views of Spirituality. How much of what existed in traditional times is evident today? Perhaps this is an impossible question to answer fully, but there is anecdotal evidence and emerging research that Hawai'ian elderly in contemporary times continue to subscribe to traditional cultural values and traditions. Over a decade ago, the Office of Hawai'ian Affairs conducted a survey among Hawai'ians and discovered that over half (51%) of the seniors believed that culture was integral to their lives, and that it needed to be preserved.[4]

In an oral history study at Lunalilo Home, women who agreed to be interviewed disclosed a high affinity with a spiritual realm.[27,28] One woman noted that when people experienced stress or trouble, they would pray and call out the stress. The "calling out" was a plea for guidance from the spiritual world. She stated: "[People] cope with this and that through prayer. Sometimes... [when there is a] sense of some kind of feeling that something is going on...meaning heavy burden... they'd say, ***kahea kou kaumaha*** (call out your burden)" (1992, p.24). In interviews with Hawai'ian elders at a senior center, conducted by Browne and Braun (1994),

ideas of spirituality also emerge. For example, an elderly Hawai'ian woman spoke of her ancestral gods, i.e., her *'aumakua*. She stated: "We have the owl and the shark in my family... they want you to believe in that because they know, if there's any kind of problem, the owl will be right there ... they appear from nowhere".[2]

The perpetuation of concepts and ideas of Hawai'ian spirituality are credited to these *kupuna*. A recent examination of the conceptualization of spirituality among Hawai'ians highlighted the central role of *kupuna* in informal instruction on spirituality as it shapes cultural identity.[24] Hawai'ian participants in focus groups disclosed that *kupuna* were instrumental in the instruction on genealogy and traditions that reflect relationships and holism.

Implications for practice, policy, and research

Taken together, we have a picture of an indigenous population with relatively poor health and economic status compared to the general population of Hawai'i but with a number of strengths that can be drawn upon in the delivery of services and in policy and research directions.

Practice

The broadest implications for practice require that health professionals take a holistic view of the individuals and groups with whom they work. In addition to assuring that services are available and accessible, emphasis should be on the acceptability or cultural responsiveness of services to a population. First, it is important to develop an understanding of the health, social, and economic risk factors confronting a population, and to recognize how these risk factors impact the specific individuals and families in need of help. Second, having a sense of the cultural traditions of a population, and the extent to which specific clients subscribe to these traditions can also contribute to more responsive practice. In particular, a question practitioners can ask themselves is, "How do cultural traditions and current beliefs shape clients' perceptions of the situation?" Third, identifying the strengths of a population and the clients we encounter, and then utilizing these strengths in efforts to improve health and social well being may facilitate solutions to issues and problems. Practitioners are encouraged to view spirituality and religion as cultural strengths within many Hawai'ians and to consider their role in increasing the cultural responsiveness of services.

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In keeping with our framework of respect for *na kupuna*, we recommend that practitioners: (1) maintain an openness to the viewpoint that spirituality and religion may be critical guiding factors for many Hawai'ian elders; (2) acquire a familiarity and understanding of traditional Hawai'ian world view and its basis in spirituality; (3) recognize the specific values and traditions a client may hold; and (4) develop a practice approach that builds on strengths and, may eventually, create a new way of knowing and responding to *kanaka maoli* clients.

Policy

There are a number of policy issues that impact all older adults, but have special relevance for *na kupuna*. A key issue among policy makers is the need for accurate and relevant data sources that can describe *na kupuna* today, project their future needs, and support greater analysis of their intra-group variations. However, as previously discussed, data on *na kupuna* are limited. What is available informs us that diversity exists among Hawai'ian older adults, for not all are economically at-risk or have poor health. Still, the profile presented in this article does suggest that many *na kupuna* are in need of financial assistance, health services, and other resources.

Gerontology policy makers have taken a critical look at older adults' economic security and long-term care issues (the need for sustained care when frailty occurs). As with the need for accurate data, these issues also have special importance for *na kupuna*. For example, we know that Hawai'ians are more economically at-risk than other ethnicities in Hawai'i. Growing old will not ease this burden, because income payments decrease and poverty rates increase with age (Hooyman & Kiyak, 1996). As the nation's Social Security income maintenance program is a wage-based contributory pension plan, those on the lower rungs of the economic ladder will continue to be financially at-risk in their later years. This is especially true for minority older women and those over the age of 85 years. Because of this, policy makers must continue to advocate on behalf of the aged poor with attention to preserving and improving the nation's safety net of services—Supplemental Security Income (SSI), Medicaid, housing, and food stamps, as well as entitlement programs such as Social Security and Medicare. At the same time, policy makers must advocate for strategies that acknowledge that the best way to prevent poverty in later life is to address its causes in the earlier years.

In terms of long term care, we know that the number of Hawai'ian elderly is slowly increasing. While advanced age is not synonymous with increased frailty, the chances of

needing assistance with ADLs and IADs escalate with age. Policy makers are debating the extent to which more sensitive health and social policies will be developed and financed recognizing that all families, including Hawai'ian families, will face long term care needs as longevity increases and as able-bodied adults (especially women) join the workforce to help meet family living expenses. We believe that a workable system of long-term care services and financing is essential, and that it must be accessible and affordable to all residents in need. Policy makers are also urged to support the targeting of prevention services and interventions specific to groups, like Hawai'ians, who are at greatest risk. At the same time, not all *na kupuna* adhere to the traditional western health care paradigm. As we have illustrated, services that are culturally responsive have higher utilization rates, and policies must support services that appeal to *kanaka maoli.*

Research

This paper calls for practitioners and policy makers to expand their awareness about *kanaka maoli,* especially those in the older age groups, *na kupuna.* In order to do so, however, researchers need to step up their study of this population. First, more information is needed on cultural values and beliefs, in both traditional and current practices, and how they impact health behavior and service utilization. These data can help practitioners assess and assist *na kupuna* and can guide policy makers in the support of appropriate strategies to improve physical, social, and psychological well-being. This recommendation is in line with those from other studies and reviews of *kanaka maoli.*[3,28,29] Of special interest would be the evaluation of programs that incorporate attention to spirituality, such as the *Ho'ola Hou* project. While these programs appear more attractive to *na kupuna* than mainstream programs, research is needed to test their effectiveness. Ultimately, they should result in improved health status and well-being for *kanaka maoli*

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Closing remarks

Na kupuna are valuable resources of Hawai'ian culture deserving of *'ihi* and honor. Yet, their profile of high risk and distress in regards to social and health status suggests that society has not demonstrated sufficient caring (*malama*) for this group. In addition, emerging evidence shows that many *na kupuna* do not fully utilize services to assist in the resolution of social and health problems. Thus, there is a great need to design and deliver services to *na kupuna* which are more culturally responsive and, which in effect, may increase utilization. Inherent in a perspective on cultural responsiveness is the idea that each culture has strengths, which often originate in its traditions and values. Practitioners, policy-makers and researchers who consider value-based interventions for *na kupuna*, such as those which attend to spirituality, promote cultural empowerment. This promotion of empowerment would truly underscore the *'ihi* and honoring of Hawai'ian elders.

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Pū'ali kalo i ka wai'ole.

Taro, for lack of water, grows misshapen.

For lack of care, one may become ill. *'Ōlelo No'eau #2705*