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.

“No 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 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-

OHA statement on Health Director Loretta Fuddy

The Office of Hawaiian Affairs issued the following statement by Ka Pouhana, Chief Executive Officer Kamana‘opono Crabbe on the death of state Health Director Loretta Fuddy following a small-plane crash off Moloka‘i in December.

“I am deeply saddened by the loss of Health Director Loretta Fuddy. She was a progressive leader who was a strong advocate for improved services for children and people with disabilities. She was a champion for equity and Native Hawaiians who suffer many health disparities. Her legacy will be long and the foundation she leaves will help the people of Hawai‘i for many years to come.

“The Office of Hawaiian Affairs extends its deepest sympathy to her ‘ohana and the Department of Health.”

For an article on Fuddy’s contributions, please see the February issue of Ka Wai Ola.
REPORT

Continued from page 6

“Environment,” 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.”

“In the past, Native Hawaiian and Pacific Islander populations comprise just 0.4 percent of the total U.S. population, according to 2010 Census figures, and Native Hawaiians and Pacific Islanders were lumped in with Asians, he said. “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.”

“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.

“If we need to do the kind of research, the kind of conversation that’s going to change, we need to work two jobs to make ends meet.”

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 Wa‘anae Coast Comprehensive Health Center, among others, to address Hawaiian health issues.

Government data collection also 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 understand the kinds of 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 combating “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‘u‘ai 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.”

Health survey to focus on Hawaiians, Pacific Islanders

An “unprecedented” project aimed at collecting health data on Native Hawaiian and Pacific Islander populations is expected to begin in February.

Officials from the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention say the data will help their agencies craft reports on a wide range of health indicators for those populations.

The Native Hawaiian/Pacific Islander National Health Interview Survey aims to include a sample of about 4,000 households. Data collection is scheduled to begin in February with findings expected in the summer of 2015.

“This unprecedented survey … will shed important light on the health status of the Native Hawaiian and Pacific Islander population,” Dr. J. Nadine Gracia, HHS deputy assistant secretary for minority health, said in a news release.

Although Native Hawaiians and Pacific Islanders comprise just 0.4 percent of the total U.S. population, according to 2010 Census figures, available data indicate they experience significant health disparities compared to other groups. Officials say the lack of reliable health information makes it difficult to assess their health status and needs.

Dr. Jerris Hedges, dean of the University of Hawai‘i John A. Burns School of Medicine, described the project as a “huge step forward.”

“The last one, the Native Hawaiian and Pacific Islanders were lumped into the same statistical category with other Asian groups, when we know that in fact Native Hawaiians and Pacific Islanders have unique health disparities that need to be addressed,” Hedges said in a news release.