

Literature Review

Native Hawaiian: Culture and Care Needs

1. Association Between Acculturation Modes and Type II Diabetes Among Native Hawaiians:

(ABSTRACT) To examine the association between acculturation modes (integrated, assimilated, traditional, and marginalized) and type II diabetes prevalence in Native Hawaiians. Cross-sectional data were analyzed from 495 Native Hawaiians, including acculturation modes, diabetes status, triglycerides, fasting insulin, BMI, age, and education level. Acculturation modes were assessed using an eight-item cultural affiliation questionnaire. Native Hawaiians in a traditional mode of acculturation were more likely to have type II diabetes (27.9%) than those in integrated (15.4%), assimilated (12.5%), or marginalized (10.5%) modes. The higher prevalence of type II diabetes among Native Hawaiians in a traditional mode of acculturation could not be attributed to any of the sociodemographic or biological factors included in this study. We discuss the role of psychosocial factors as possible mediators in the relationship between acculturation modes and type II diabetes.

Kaholokula, J.K., Nacapoy, A. H., Grandinetti, A., Chang, H.K., Association Between Type II Diabetes among Native Hawaiians. 2008.

<http://care.diabetesjournals.org/content/31/4/698.full>

2. Does Acculturation Influence Psychosocial Adaptation and Well-Being in Native Hawaiians?

(ABSTRACT) Native Hawaiians have suffered higher disease rates and achieved lower educational and economic levels than other ethnic groups living in Hawaii. This study tests the hypothesis that cultural affiliation protects against psychosocial pathology in Hawaiians. Subjects included 172 Hawaiians of varying blood quantum and 92 non-Hawaiians. The Na Mea Hawaii, a rationally derived, empirically validated measure of Hawaiian acculturation was administered to all subjects in addition to psychological tests which included 19 visual analogue scales that measure both state and trait variables. The Na Mea Hawaii proved excellent at differentiating Hawaiians from non-Hawaiians ($p = .0001$), and it correlated well with blood quantum ($r = 0.31$, $p = .0001$). Low acculturation scores among Hawaiians did not correlate with any measure of discontent or psychosocial pathology irrespective of blood quantum. We conclude that Na Mea Hawaii is a valid measure of Hawaiian acculturation, and that adaptation of the Hawaiians in our sample has been unaffected by level of acculturation.

Strektzer, J., Rezentes, W.C., Arakaki, M. Does Acculturation Influence Psychosocial Adaptation and Well-Being in Native Hawaiians? 1996. International Journal of Social Psychiatry.

<http://isp.sagepub.com/cgi/content/abstract/42/1/28>

3. Prevalence of Obesity in a Native Hawaiian Population:

(ABSTRACT) Obesity is associated with an increased risk for mortality and morbidity from high blood pressure, heart disease, diabetes, cancer, and digestive diseases. The results of a recent study showed that obesity is more common among Native Hawaiians than in other groups in Hawaii; 18 percent of the people living in Hawaii were reported to be overweight (20 percent or more over their ideal body weight), while 42 percent of Native Hawaiians were overweight. The results of a study performed between 1982 and 1987 showed that Native Hawaiians have the highest mortality of any ethnic group living in the US. Native Hawaiians have death rates from heart disease, diabetes, and cancer that are 44 percent greater, 22 percent greater, and 39 percent greater, respectively, than the entire US population. To identify risk factors that may be associated with these high death rates, the dietary habits, body weight, and body fat distribution of 257 Native Hawaiians living in Molokai were evaluated. Sixty-six percent of all of the men were overweight, and 79 percent of those between the ages of 25 and 34 were overweight. Sixty-three percent of the women were overweight, and women between the ages of 45 and 54 were the heaviest. Forty-seven percent of the men and 34 percent of the women were severely overweight. The overall rate of obesity in this population was 45 percent. Both the men and women in this study had large amounts of abdominal fat, which has been shown to increase the risk of mortality from heart disease. The traditional Hawaiian diet, which included fresh fruits, vegetables, and fish, has changed to include more processed

and fast-service foods, canned meats and fatty snack foods. It is concluded that the Native Hawaiians of Molokai have one of the highest rates of obesity in the nation, along with an associated shortened life span.

Emmett .A. N., Prevalence of Obesity in a Native Hawaiian Population. 1991.

<http://www.faqs.org/abstracts/Health/Prevalence-of-obesity-in-a-native-Hawaiian-population-Body-fat-and-obesity-in-Japanese-Americans.html#ixzz0SWUx9NW4>

4. The effects of Culturally Consonant Group Counseling on Self-Esteem and Internal Locus of Control

(ABSTRACT) Reports on results of a study designed to assess the impact of a culturally consonant group format among Native Hawaiian adolescents. This study investigates the efficacy of a 10-session group counseling format using a Native Hawaiian healing method and culturally indigenous form of communication designed to enhance the participants' self-esteem and internal locus of control orientation.

The effects of Culturally Consonant Group Counseling on Self-Esteem and Internal Locus of Control. 1998.

http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=EJ569872&_ERICExtSearch_SearchType_0=no&accno=EJ569872

5. Delivering Culturally Sensitive Health Messages:

(ABSTRACT) The efficacy of programs to reduce health disparities depends on their ability to deliver messages in a culturally sensitive manner. This article describes the process of designing a series of brochures for grandparents raising grandchildren. National source material on topics important to grandparents (self-care, service use, addiction, and grandchildren's difficult behaviors) was put into draft brochures and pilot tested in two focus groups drawn from Native Hawaiian Asian and Pacific Islander populations. Elements of surface and deep levels directed the form and content of the final brochures. On a surface level, these brochures reflect local culture through pictures and language. On a deep level, which integrates cultural beliefs and practices, they reflect the importance of indirect communication and harmonious relationships. The final brochures have been received favorably in the community. The process of adapting educational material with attention to surface and deep levels can serve as a guide for other health promotion materials.

Yancura, L.A. Delivering Culturally Sensitive Health Messages. 2009.

http://www.ncbi.nlm.nih.gov/pubmed/19129435?ordinalpos=6&itool=EntrezSystem2.Pentrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

6. Diabetes training of community health workers serving native Hawaiians and Pacific people:

(ABSTRACT) Training of community health workers serving Native Hawaiian and Pacific People about diabetes prevention, control, and management was identified as a priority in a needs assessment of health agencies in Hawaii. Principles from Community-Based Participatory Research provided a framework to develop and implement a 4-hour training curriculum. The curriculum developers incorporated teaching strategies shown to be effective with this population and included culturally relevant material. Nineteen health organizations participated in the training that reached 111 community health workers over a 3-year period. RESULTS: Based on comparison of pre- and post-diabetes knowledge test results, the training participants showed significant gain in diabetes knowledge. A culturally tailored diabetes education gives community health workers the relevant knowledge and tools to participate in the delivery of diabetes education to a minority group experiencing disparate health outcomes. A community-based method facilitated development of seminar content and delivery strategies.

Look, M.A., Baumhofer, N.K., Osorio, J., Furubayashim J.K., Kimata, C. Diabetes training of community health workers serving native Hawaiians and Pacific people. 2008.

http://www.ncbi.nlm.nih.gov/pubmed/18832288?ordinalpos=9&itool=EntrezSystem2.Pentrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DefaultReportPanel.Pubmed_RVDocSum

7. Making diabetes self-management education culturally relevant for Filipino Americans in Hawaii:

(ABSTRACT) The purpose of this study was to identify the cultural values, traditions, and perceptions of diabetes risk and self-care among Filipino Americans in Hawaii with type II diabetes that facilitate or impede engagement in diabetes self-management behaviors and education classes. METHODS: This qualitative study used 2 rounds of semi-structured focus groups and interviews. Participants included 15 patients with type II diabetes recruited from a large health-maintenance organization in Hawaii and 7 health care and cultural experts recruited from the community. The taped and transcribed focus groups and interviews were coded thematically. Participants evaluated example materials for diabetes self-management education (DSME) with Filipino Americans. Several aspects of Filipino American culture were identified as central to understanding the challenges of engaging in self-management behaviors and DSME: (1) undertaking self-management while prioritizing the family and maintaining social relationships, (2) modifying diet while upholding valued symbolic and social meanings of food, (3) participating in storytelling in the face of stigma associated with diabetes, and (4) reconciling spiritual and biomedical interpretations of disease causality and its management. Respondents also emphasized the role of several qualitative aspects of perceived risk (e.g., dread, control) in moderating their behaviors. Participants suggested ways to make DSME culturally relevant. Awareness of cultural values and qualitative aspects of perceived risk that influence Filipino Americans' engagement in diabetes self-care behaviors and classes may help to improve teaching methods, materials, and recruitment strategies.

Finucane, M.L., McMullen, C.K. Making diabetes self-management education culturally relevant for Filipino Americans in Hawaii. 2008.

[http://www.ncbi.nlm.nih.gov/pubmed/18832289?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=4&log\\$=relatedreviews&ogdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/18832289?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_DiscoveryPanel.Pubmed_Discovery_RA&linkpos=4&log$=relatedreviews&ogdbfrom=pubmed)