OVERVIEW OF NATIVE HAWAIIAN HEALTH

Research shows that in present day there is a Native Hawaiian public health crisis when analyzing chronic disease indicators, specifically cardiovascular disease, obesity, diabetes, asthma, and cancer. We report these statistics in order to shed light on this issue and applicable contextualized determinants of health status rates.

NATIVE HAWAIIAN POPULATION

The Native Hawaiian population makes up approximately 22% (305,838) of the State of Hawai‘i total population (see Figure 2). This number has been slightly increasing over the past 10 years (DOH, 2008). In the Census 2000, 161,507 Native Hawaiians lived in the Continental U.S. (2001). Today, over 40% of the Native Hawaiian population resides off the Hawaiian Islands.

THE HISTORICAL AND CULTURAL LINKS TO NATIVE HAWAIIAN HEALTH OF THE PAST

To fully comprehend the state of the contemporary health status of Native Hawaiians, it is essential to explicate the foundations of traditional Hawaiian health practices that lead to a thriving society of physically adept people. Critical to the well-being and vigor of Native Hawaiians was a highly structured system of ancient medical art forms of preventive health, acute care, and holistic healing. From 1776 to 1893, a 90% depopulation of the Native Hawaiian community took place due to severe biological, psychological, and physical displacements Native Hawaiians faced within their own homes (Blaisdell, 1998) (see Figure 1). Thus, to contextualize the plight of Hawai‘i’s indigenous people, it is important to acknowledge the structure of ancient Hawaiian healing and the state of wellness prior to foreign contact.

NATIVE HAWAIIANS ENROLLED IN HEALTH CARE MAJORS

It is important to track the post-secondary enrollment rates of Native Hawaiians pursuing majors in applicable health care fields. These rates will directly link to current and future Native Hawaiian capacity to prevent and treat fellow Native Hawaiian infants, youth, adults, and seniors who suffer from physical and emotional diseases and disorders.

- There is but one School of Medicine in Hawai‘i—just 8% (39 students) of John A. Burns enrollment is of Native Hawaiian ethnicity (UH IRO, 2009).

### Table: Native Hawaiians Enrolled in Health Care Majors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>University of Hawai‘i at Mānoa (N)</th>
<th>Native Hawaiians Majored in College / School (N)</th>
<th>Native Hawaiians Majored in College / School (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Medicine</td>
<td>479</td>
<td>39</td>
<td>8</td>
</tr>
<tr>
<td>Psychology Department</td>
<td>294</td>
<td>25</td>
<td>8.5</td>
</tr>
<tr>
<td>School of Human Nutrition, Food &amp; Animal Sciences</td>
<td>185</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>School of Nursing &amp; Dental Hygiene</td>
<td>665</td>
<td>96</td>
<td>14</td>
</tr>
<tr>
<td>School of Social Work</td>
<td>301</td>
<td>63</td>
<td>21</td>
</tr>
</tbody>
</table>

Source: University of Hawai‘i, IRO, 2010.
MATERNAL AND CHILD HEALTH STATUS OF NATIVE HAWAIIANS

In an average year in Hawai‘i, 18,350 babies are born; being of Native Hawaiian race represents just over a quarter of all births. Native Hawaiian mothers have some of the greatest health inequities compared to other ethnicities and State of Hawai‘i rates in 16 measured indicators (PRAMS, 2010). 48% of deaths in Hawai‘i, originating from perinatal period, are accounted by the Native Hawaiian ethnic group (Office of Health Status Monitoring, 2009).

CHRONIC DISEASE STATUS OF NATIVE HAWAIIANS

Research and data indicate that Native Hawaiians suffer some of the worst health inequities in the State of Hawai‘i and rival disparate health conditions across the Continental U.S. Figure 5 compares chronic Native Hawaiian disease rates to those of the State of Hawai‘i and national prevalence statistics. These indicators call for a plan of action to seriously address the critical state of current Native Hawaiian health and chronic disease prevalence among our people.

Specifically, (Papa Ola Lōkahi, N.D.; WHIAAPI Fact Sheet, N.D.)

- Native Hawaiians are over 5 times as likely to experience diabetes between the ages of 19-35 (11% vs. 2%) compared to non-Hawaiians.

- Native Hawaiians have the highest rate of deaths due to cancer compared to any other ethnic group in Hawai‘i.

A FURTHER LOOK AT NATIVE HAWAIIAN OBESITY

- 75.5% of Native Hawaiians are at risk for being overweight or obese, compared to 57.2% in the State (HBRFSS, 2010).

- Healthy People 2010 objective was to lower Obesity prevalence to 15%.

- 23.3% of Native Hawaiian mothers are categorized with Preconception Obesity compared to 15.8% in the State of Hawai‘i (PRAMS, 2010).

- 19% of Native Hawaiian youth are Obese, according to their BMI levels, compared to 14.5% in the State of Hawai‘i and 12.0% in the U.S. (BHFSS, 2009; CDC, 2008).

- In 2006, 39.4% of Native Hawaiians were Obese, in 2007, 43.2%. This is a 10% increase in Native Hawaiian Obesity in 3 years (2009, 49.3%) (BHFSS, 2006; HBFSS, 2007).

- Comparatively, 36.8% of Non-Hispanic Blacks and 30.7% of Hispanics were nationally classified as Obese in 2010 (BHFSS, 2010).

- The two U.S. regions with the highest rates of Obesity prevalence were the South (28.4%) and the Midwest (28.2%). The State of Hawai‘i has higher rates of Obesity (30.2%) than either of these two regions (BHFSS, 2010; MedNews, 2011).

OTHER VALUABLE NATIVE HAWAIIAN HEALTH INDICATORS:

- 5.8% of Native Hawaiians do not have any kind of health care coverage (HBFSS, 2010).

- 9.5% of Native Hawaiians have not had a routine checkup visit to a doctor in over 5 years, the highest of all ethnicities in the state (HBFSS, 2010).

- 17% of Native Hawaiians rate their general health status as “fair” or “poor”, the highest of all ethnicities in the state (HBFSS, 2010).


- 60% of Native Hawaiian youth in Grade 12 have a lifetime prevalence of any illicit drug use compared to 53% in the Nation and 47% for the State of Hawai‘i sample in the same grade (Pearson, 2004).

- 8.9% of Native Hawaiian adults reported lifetime methamphetamine use – higher compared to any other ethnic group in the state (Hawai‘i State Treatment Needs Assessment dataset, 2004).

- The highest adult prevalence rates of methamphetamine use in the state are found in Kaua‘i County (UH Center on the Family, 2007).
Nā Limahana o Lonopühā, the Native Hawaiian Health Consortium, is an integrated network of leading senior executives and health care providers committed to addressing the status of Native Hawaiian health throughout the State of Hawai‘i. This consortium proposes progressive models of culture and research-based methods of implementing prevention and treatment programs focused on systemic outcomes among the various levels of Native Hawaiian health and wellness. The consortium comprises private, non-profit, state, academic, health centers and community-based entities with direct and indirect services throughout Native Hawaiian communities. Such collaboration is critical to a multi-level approach to addressing health care in the 21st century among indigenous peoples.

**RECOMMENDATION**

We recommend a federal liaison for Native Hawaiian/Pacific Islander health initiatives within a federal health agency.

The Office of Hawaiians Affairs (OHA) was established to help provide the opportunity for a better life and future for all Native Hawaiians. In 2010, OHA was reorganized with a specific role focused on research and results to guide its efforts and actions. This new era of OHA has a particularly strategic strand focused on improving Native Hawaiian health for its beneficiaries. Part of this health effort has determined a strong need for leadership capacity to address Native Hawaiian health issues between and within the social layers of influence. Through institutional partnership, the Native Hawaiian Health Consortium was formed to increase organizational coordination, collaboration, and comprehensiveness to seek support from federal agencies on Native Hawaiian health issues for the common health interests of these partners and their networks.

On the Cover

Wearing a lei of shredded ti leaves, a kahuna lapa‘au prepares an infusion of herbs, some to be ground up in the stone mortar near his knee. Many remedies were gathered from the sea to the mountain forests, and some were cultivated. Smoke curls up behind him from a small fire over which noni leaves are being charred for use in a preparation.

He holds a sprig of pópolo, perhaps the most important of all medicinal plants. The juice of the leaves and the black, sweet berries was used in treatments for skin disorders, wounds, and digestive problems. In the bowl at lower right are fruit and leaves of noni, perhaps the second most important plant in healing. Leaves of akoki, in the basket at right, were used as a laxative or a purge. A small bowl (lower center) holds red salt (pa‘akai ‘alaea) evaporated from seawater steeped in red ochreous earth. On the platter, right to left, are yellow-blossomed ‘ilima, the seaweed limu Aia, and the corms of ‘ölena (tumeric). Behind the platter are stalks of Kō (Polynesian sugar cane). At lower left is the ginger ‘awa+waihi. At left, a broken bone is being set. It is said that specialists in bone setting went through a lengthy apprenticeship from which they graduated only after breaking and successfully setting a bone in a member of their family. At right, a physician manipulates the body of a patient with varying pressures calculated to help him make his diagnosis.

Physicians observed rituals expressing respect toward Lono, patron spirit of healing, and strived to emulate their ancestral ‘aumakua, conducting their lives in a manner that would make them worthy of receiving mana.

For further research and information related to Native Hawaiian Health, please contact:

Kamana‘opoono M. Crabbe, PhD - Research Director
Mark Eshima, MA - Lead Researcher
Kealoha Fox, MA - Research Analyst
Keola Kawai‘ula’iliihān Chan - Research Analyst

Demography Section
Research Division
808.594.1769

For research and data citations, contact demography@oha.org

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