

Kahuna Lā'au Lapa'au © 2011 Brook Kapūkūniahi Parker

Nā Limahana o Lonopūhā

Native Hawaiian Health Consortium June 2011 Compendium

ON THE COVER

KAHUNA LĀ'AU LAPA'AU. A high chief injured in battle has been taken by his son and a close confidant to a Kahuna Lā'au Lapa'au or (Medical Doctor). The title "Kahuna" refers to someone who is a master in a particular craft or vocation. They are veterans of many years of training and are experts held in high regard for their knowledge, wisdom and proficiency. A Kahuna Lā'au Lapa'au's knowledge encompassed three disciplines, botany, pharmacology and medicine.

As a botanist they needed to identify and recognize plants knowing their characteristics. In preparing the plants they needed to know their proper maturity and season to harvest. They functioned as a pharmacist in mixing them in proper proportion. In prescribing and administering them, they served as physicians.

The Kahuna portrayed here offers a prayer to Lono, patron spirit of healing. He is accompanied by an "haumāna" or apprentice. The apprentice might be the son of the Kahuna Lā'au Lapa'au or an ali'i child who has shown unusual talent for learning the skills of the practitioner. The student was expected to be a fast learner for instructions were almost never given more than once or twice. The boy would never question the healing instructions and was expected to learn all the healing skills over a number of years.

The apprentice is assisting in preparing

an infusion of herbs to facilitate the healing process. These remedies were gathered from the mountain forest to the ocean (sea salt and different species of seaweed.) Some of the remedies pictured are kukui leaves (candlenut tree, *Aleurites moluccana*), used as a purgative or laxative corms of 'ōlena (tumeric *Curcuma longa*), used in healing nasal passage abnormalities. The 'ōlena was also used in a purification ceremony.

At the close of a prayer to Lono the Kahuna stirred small pieces of 'ōlena into a bowl containing salt water. After dipping a ti leaf into the mixture the Kahuna would proceed to sprinkle the liquid onto the patient and the walls, floor and ceiling of the room. Also shown are the 'awapuhi (*Zingiber zerumbet*) or ginger plant used as a remedy for cub and sores; a sprig of pōpolo (glossy nightshade, *Solanum omericum*) whose juice of the leaves and black berries were used for wounds, skin disorders and digestive problems. Also pictured is a bowl containing noni (indian mulberry, *Morinda citrifolia*), very important in the healing process. For deep cuts the Kahuna Lā'au Lapa'au would squeeze the juice of a slightly ripe noni onto the wound. The juice from the noni fruit would tend to pull the flesh together. This was a very painful treatment but the wound would heal quickly. If conscious, the wounded high chief would drink a mixture of 'awa prepared by the Kahuna to deaden the intense pain.

The History of Lonopūhā and his Relationship to the Consortium

WE SET THE FOUNDATION of our consortium by beginning with an account into the genealogy and successive depth that root the ancient Hawaiian health system and traditional Hawaiian healing professions. This cultural basis builds a path and process in understanding the significance placed on relationships, its dependent nature that built a collaborative system focused on preventive and acute care in the history of all Native Hawaiians.

Relationships between healing professions are pillars to the overall system of traditional Hawaiian healthcare. This value was forged through time amongst two particular gods, Kamakaokūkoa'e and his younger brother Kamakanui'āha'ilono, who symbolize the customary balance to illness and healing (Chun, 1986). Kamakanui'āha'ilono later meets his student and protégée Lonopūhā and begins to train him in the disciplines of healing. This passing of knowledge, skill and practice transfers from Kamakanui'āha'ilono to Lonopūhā who receives his education in healing from this school of learning. Lonopūhā develops so strongly from his teachings that his ingenuity and proficiency in assessing, diagnosing and restoring health becomes famed throughout the land where more schools were formulated to share these methods of practice. His method becomes the base for all healing practices that rely on addressing both physiological and metaphysical approaches to

follow; integrating to anchor the system where proper treatment equated to a revitalized individual, land division, and nation.

A major historical landmark occurred in 1804 when King Kamehameha I reestablished the ancient order of Lonopūhā, the art of healing. It was during this time when trained practitioners were once again utilized for their skills to address the state of Native Hawaiian health during this period of native contact with foreign disease (Bushnell, 1993). The revival of the Lonopūhā kahunas was the king's best practice to contend with the flurry of new illnesses infecting Native Hawaiians. Their restoration was recommended due to the kahunas' highly developed skills of assessment and diagnostics to make definitive treatment plans for the ailing. Specifically, research indicates that descendants of Lonopūhā were engaged in a pedagogy that reestablished balanced wellness within the individual, family, and larger community.

In the early 19th century, Native Hawaiian leaders were adept to use the strength of the past to blend with the hope of a healthier future while addressing the needs of the present as diseases spread. Today, we look to these cultural strengths and the resilience of our ancestors to rebuild Native Hawaiian health in the 21st century while addressing chronic disease.

Overview of the federal inception of E Ola Mau and its Native Hawaiian health recommendations

IN FY1984 the U.S. Senate Appropriations Committee included a directive in the Supplemental Appropriations Bill for the U.S. Department of Health and Human Services (HHS) to conduct a comprehensive health needs study of Native Hawaiians. The contract called for a comprehensive review of existing health data on Native Hawaiians. The entire project was to be completed within a six-month time period. In order to accomplish the study within this short time-frame, the Hawaiian Health Research Consortium decided to organize the project around five task forces. Each task force was responsible for health data within its assigned area (E Ola Mau, 1985, p. i-ii).

The five task forces included:

- 1) Mental Health Task Force
- 2) Medical Task Force
- 3) Nutrition/Dental Task Force
- 4) Historical/Cultural Task Force, and
- 5) Strategic Health Plan Task Force.

In December 1985, the incorporated E Ola Mau Task Force produced seven reports to include an Executive Summary, Preliminary Plan and Medical Appendices.

The Native Hawaiian Health Consortium seeks to redress many of the recommendations from this cornerstone project that have gone under or unimplemented. One of the most significant outcomes of the study are the programmatic and research recommendations that laid the ground work for all Native Hawaiian health programs and research that have since followed. We look to these recommendations and the work of our predecessors as we move forward in unison to continue to improve the health outcomes of Native Hawaiians.

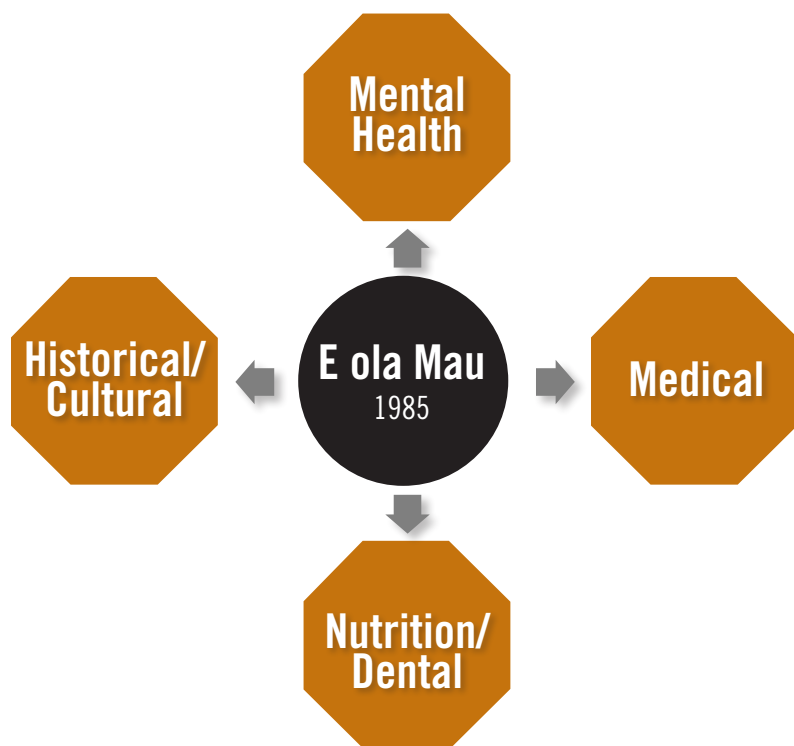
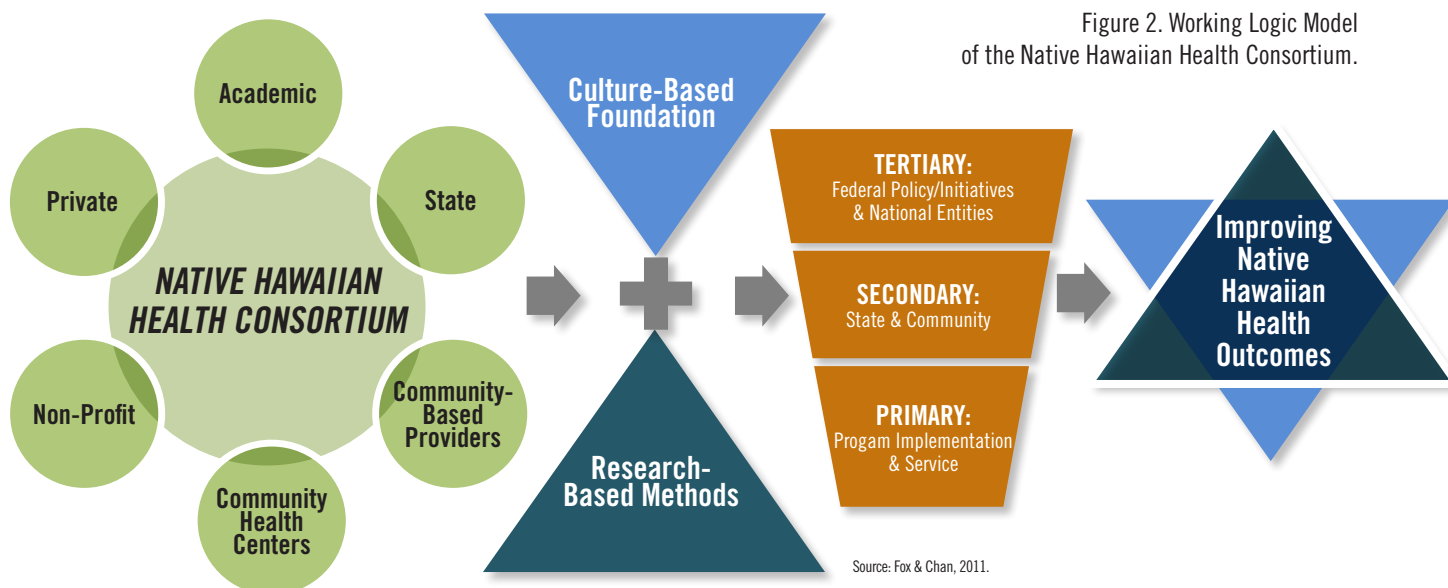


Figure 1. E Ola Mau Task Forces.

NATIVE HAWAIIAN HEALTH CONSORTIUM: Unique Dynamics of Change



NĀ LIMAHANA O LONOPŪHĀ, 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 in 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, community health centers and community-based providers with direct and indirect services throughout Native Hawaiian communities. This collaborative network is established to exemplify a multi-level approach to improving Native Hawaiian health outcomes in the 21st century, specifically as those outcomes relate to chronic diseases.

Creating a Native Hawaiian health network of partners is our chosen strategy to generate sustainable solutions to development challenges and addressing gaps by combining the distinct interests and resources of different organizations. The combined sectors of consortium health include:

NON-PROFIT- another key strand are tax exempt 501(c)(3) organizations dedicated to community outreach services, program development, and independent research. **I Ola Lāhui** serves Native Hawaiians and other medically underserved groups predominantly in rural Native Hawaiian communities. **Papa Ola Lōkahi** (including ‘Imi Hale, **Native Hawaiian Cancer Network**) adds to our dynamic by advocating for, initiating, and maintaining culturally appropriate health strategies through physical, mental, and spiritual health avenues.

STATE- The **Office of Hawaiian Affairs (OHA)** is committed to addressing chronic disease rates among Native Hawaiians via evidence-based Research, political Advocacy, and financial Transitional Assistance. Additionally, the consortium looks forward to improve partnerships with the **Hawai‘i State Department of Health** and its divisions to make the best use of local resources in positively impacting chronic disease prevalence and incidence rates among Native Hawaiian adult males and females, children and adolescents.

COMMUNITY-BASED PROVIDERS- our network is unique in its ability to incorporate community-based providers from multi-faceted health backgrounds whose foci is caring for special populations and improving health on a daily basis. Direct services include prevention, wellness maintenance, treatment, and referral across health modalities to include traditional healing, substance abuse, prenatal care, and behavioral health, among others.

ACADEMIC- one major strand of our network comprises academic institutions, including the University of Hawai‘i at Mānoa John A. Burns School of Medicine, **Department of Native Hawaiian Health**, within the State of Hawai‘i’s only medical school. Within the same university system, we include the **Myron B. Thompson School of Social Work**, one of the premier schools of social work in the Pacific-Asia region. Further, we incorporate **Chaminade University**, a private institution serving high proportions of Native Hawaiian undergraduate and graduate degree-seeking students. These scholarly organizations support formal education, preminent scientists and health providers, and professional research capacity.

PRIVATE- the next major strand is supported by private, self-sustaining organizations to include nonexempt charitable trusts. The **Hawaii Medical Service Association (HMSA)** is Hawai‘i’s largest private health insurance entity with a commitment to addressing Native Hawaiian health through their foundation. The **Queen’s Health Systems/Queen’s Medical Center** serves as both Hawai‘i’s largest private hospital and the leading medical referral center in the Pacific Basin entrusted to perpetuate quality health care services to improve Native Hawaiian well-being as instituted by the Hawaiian monarchy in 1859.

COMMUNITY HEALTH CENTERS- balancing our consortium are community health centers such as the **Kōkua Kalihi Valley Comprehensive Family Services**, **Wai‘anae Coast Comprehensive Health Center** and **Waimānalo Health Center** who provide comprehensive primary medical care services at affordable costs via commitment to transforming the way our communities reach health care programs and providers. Recent initiatives to expand health centers, including a review of the process used to identify new grantees, an assessment of remaining gaps in capacity, an exploration of continuing challenges, and a discussion of unresolved policy questions are key components to us reaching the needs of these communities and future disparate projections.

FEDERAL- as a cooperative, we seek support and collaborative partnerships to continue our work with major federal health agencies under the **U.S. Department of Health and Human Services (HHS)**, to include the **Centers for Disease Control and Prevention (CDC)**, **Health Resources and Services Administration (HRSA)**, **National Institutes of Health (NIH)**, and the **Office of Minority Health (OMH)** and other divisions as applicable to maximize improved health opportunities and benefits for Native Hawaiians.

NĀ LIMA HANA O LONOPŪHĀ: Our Cornerstones to Support Rebuilding Native Hawaiian Health

Cultural Foundation: Practices, Values, Customs, and Beliefs

In congruence with the E Ola Mau recommendations and evidence-based cultural resiliency studies, we build this cooperative acknowledging and drawing from our cultural practices, values, customs, and beliefs as the indigenous people of Hawai'i. Through this foundation we assemble with the ability to integrate our unique cultural heritage with conventional Western medicine, practice and research to provide Native Hawaiians optimal health opportunities.

TRADITIONAL HEALTH AND HEALING

Part of our cultural foundation looks to the historical and cultural context of health among Native Hawaiians, specifically the energy in our traditional healing practices, such as hāhā (assessment and diagnosis), ho'oponopono (conflict resolution), lomilomi (physical therapy), 'ai kūpele (therapeutic nutrition), and lā'au lapa'au (herbal medicine). These multi-disciplinary arts address the physical, emotional, and spiritual well-being in the healthy balance of our people.

Integrated Services

A problem analysis on the health conditions and needs of Native Hawaiians reveal a need for better access to wellness support and social services for Native Hawaiians. A great need for superior integrative and supportive educational guidelines and improved economic policies for Native Hawaiians is evident across the health spectrum. Our consortium will specifically utilize our knowledge and expertise in the integration of substance use, prenatal care, mental and behavioral health influences to impact chronic disease based on these model methods.

Multi-tiered Approaches: Prevention, Management, and Treatment creating systemic change

Social health determinants, or risk factors, that consist of individual behaviors, family or peer influences, community and environmental factors, and government or systemic policies and norms are uncovered through our partnerships. Consequences of risk factors can be plotted across a similar spectrum, ranging from impacts on individual lives, families, groups, and the community as a whole. This kind of problem analysis draws upon historical/ cultural research, quantitative data, and intimate knowledge of the target population and community. Mapping the range of systemic barriers in this manner aide in highlighting patterns as well as possible points of intervention to address either the causes or impacts of our direction.

Progressive Directions: Working together to focus on Native Hawaiian chronic disease - Obesity

Obesity was selected as a target indicator for the consortium as obesity further exacerbates or contributes to other related chronic diseases. Being obese puts you at a higher risk for health problems such as heart disease, stroke, high blood pressure, diabetes and more. We acknowledge the obesity prevalence rates within our Native Hawaiian community and will relate obesity research and services to addressing other chronic diseases: cardiovascular disease, cancer, asthma, and diabetes as we move forward.

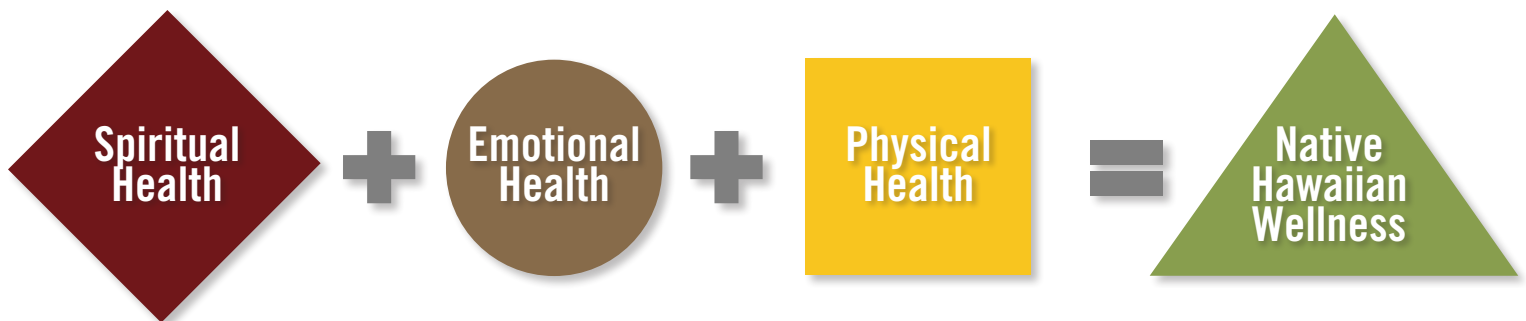


Figure 3. Multi-Level Native Hawaiian Wellness.

Ako 'e ka hale a pa'a, a i ke komo ana mai o ka ho'oilō, 'a'ole kulu i ka ua Hilinehu.

*Thatch the house beforehand so when winter comes it will not leak in the shower of Hilinehu.
Do not procrastinate; make preparations for the future now*

(Pukui, 1983, #100).

NATIVE HAWAIIAN HEALTH CONSORTIUM: Operative Methods of Collaborative Effect

WE OUTLINE the following manners in how the consortium will work together to address the three hierarchical layers (primary, secondary, tertiary) of systemic change for Native Hawaiian health: research, direct service programs, community outreach, education and training, prevention programs and services, and policy recommendations.

RESEARCH

We move to increase the capacity of reliable Native Hawaiian health data and research through organizational and community partnership. We seek to better describe, understand, and address the growing health concerns of our Native Hawaiian elders, men, women, children, and infants. This will be addressed by improved data collecting, tracking, reporting, and projections by disaggregated race/ethnicity by committed consortium partners.

>> This should include computer-based data systems and models to link network partners and monitor/track efficacy in accordance with race/ethnicity reporting standards under OMB Directive No. 15.

>> Including support of GIS mapping technology of chronic disease incidence and prevalence and documentation for underserved Native Hawaiians.

We commit our network to report and publish findings related to identified strengths, evidence-based programs, and best-practice models for sharing, communication, and transparency of partnering in the use of resources for the benefit of the Native Hawaiian community at-large.

>> This will include tracking and reporting clinical outcomes and the specific impact to reduce chronic disease disparities.

DIRECT SERVICE PROGRAMS

We desire to work with HHS to improve coordination of obesity prevention efforts of the Hawai'i State Department of Health targeting Native Hawaiian population through an inter-sectoral approach.

COMMUNITY OUTREACH

We commit to medically underserved communities in the Hawai'i: specifically, Kalihi, Waimānalo and Wai'anae on the island of O'ahu, who demographically comprise large concentrations of Native Hawaiians.

HEALTH MANAGEMENT EDUCATION AND TRAINING

We promote increased access to nutritionally healthy foods and prevent childhood obesity starting with youth and targeting families.

We promote increased access to physical exercise starting with weight management and decreased BMI.

PREVENTION PROGRAMS AND SERVICES

We aspire to build capacity within communities, both rural and urban, to conduct prevention programs and provide services.

HEALTH POLICY RECOMMENDATIONS

We seek focused advocacy efforts on policy and environmental change to enhance prevention and control of chronic disease and associated risk factors specific to Native Hawaiians within the federal, state, and community levels.



Figure 4. Methods of Effect.

E 'imi i ke ola mawaho.

Seek life outside.

Consult a kahuna to see what is causing the delay in healing.
Said when a person lies sick, and recovery is slow.

(Pukui, 1983, #311).

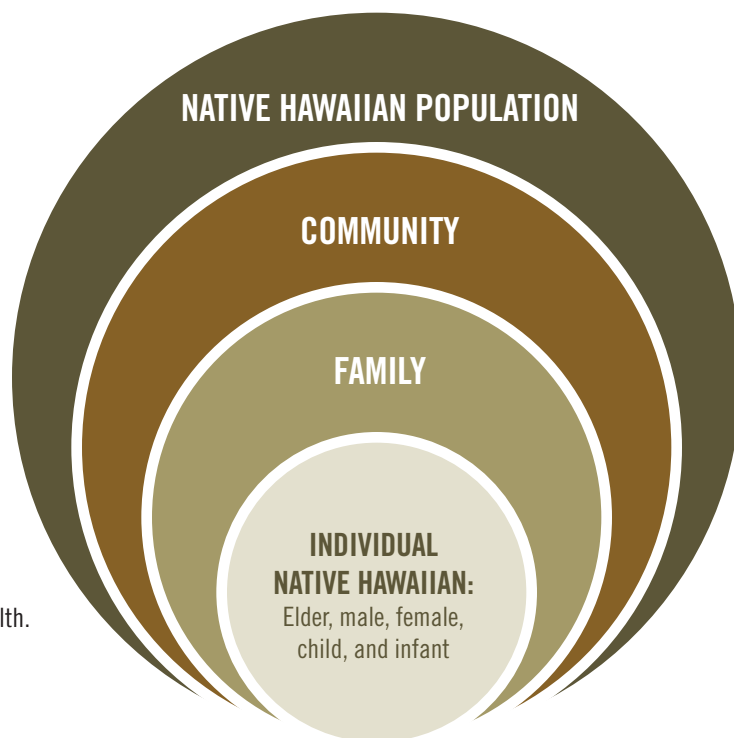
NĀ LIMAHANA O LONOPŪHĀ: Progressive Steps for Systemic Change

NEXT STEPS

- Continue building strategic partnerships at the community, state, and federal levels;
- Convene bi-monthly meetings of Nā Limahana o Lonopūhā Native Hawaiian Health Consortium to build intergroup collaboration and build capacity of support staff to assist executive leaders within each partner organization;
- Consortium approval to adopt John A. Burns School of Medicine, Department of Native Hawaiian Health initiative to eliminate health disparities among Native Hawaiians;
- Consortium approval to partner with the Pacific Islander Alliances (Sela Panapasa, University of Michigan);
- Consortium review of “Native Hawaiian and Other Pacific Islander Health Data Act of 2011” proposed in January 2011;
- Convene Native Hawaiian Health Summit.

OUR NEXT STEPS AND GOALS will be aligned to influence change through top-down and bottom-up design. We recognize the nested layers of impact in the processes of both decomposition and synthesis modeling to impact the status of Native Hawaiian health. In these ways, we will work to address individuals, families, communities, and overall Native Hawaiian wellbeing. Through these layers, we emphasize interconnectedness, active wellness, shared decision making, and higher levels of Native Hawaiian vitality for all. Our next steps and goals will work to maximize our actions and harness resources to create progressive turning points for our health in the 21st century.

Figure 5. Nested layers of impact on Native Hawaiian Health.



TARGETED GOALS OF CONSORTIUM

- Solidified MOA between organizations under Nā Limahana o Lonopūhā Native Hawaiian Health Consortium;
- Signed Declaration of Maui Ola between organizations under Nā Limahana o Lonopūhā Native Hawaiian Health Consortium;
- Collaborate with HHS Workgroup for federal consultation regarding the implementation targets of HHS Asian American, Native Hawaiian and Pacific Islander Plan;
- Increase outreach to Native Hawaiian/Pacific Islander populations in the SAMHSA's Minority Fellows Program (MFP), which provides stipends to doctoral level students to increase the number of culturally competent behavioral health professionals;
- Planning for federal liaison for Native Hawaiian/Pacific Islander health initiatives within a federal health agency;
- Begin data systems development planning with federal agencies for consistency and comparability across entities and geographics.

RECOMMENDATION

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

Nā Limahana o Lonopūhā Native Hawaiian Health Consortium

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No kahi ka pilikia, pau a pau. | When one is in trouble, all [give aid] | (Pukui, 1983, #2332).

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