

Kānehō‘ālani

TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN MEN



KĀNE, NATIVE HAWAIIAN MEN, are an integral part of the systems and structures that contribute to the well-being of all Hawai‘i. In traditional Hawaiian society, *kāne* played a vital role in the breadth and depth of Hawaiian culture. The flourishing of the culture, for hundreds of years, is a testament to the ways Hawaiian society kept Hawaiians healthy, and in turn healthy Hawaiians were able to *mālama* [care for] their families, gods, avocations, and the

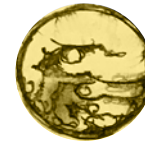
‘āina [land].

Beginning in the late 1700s, fundamental shifts in culture, politics, economics, religion, and demographics devalued elements of Native Hawaiian identity, inhibiting the ability of Native Hawaiians to practice their culture. All these changes transformed Native Hawaiian culture from one that supported the well-being of *kāne* on a daily basis, to one that must be actively revitalized.

In 2014, the State of Hawai‘i’s male population was 716,878. 148,295 (20.7%) of whom were Native Hawaiian *kāne*. Contemporary *kāne* face challenges to their well-being due, not only to physical conditions, but also the larger and interconnected social, economic, and cultural factors in their communities’ known as the social determinants of health [SDH].

Kānehō‘ālanī

TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN MEN



Education



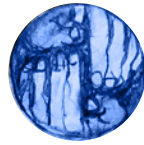
Physical Health



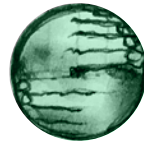
‘Ohana



Culture & ‘Aina



Criminal Justice



Economic Stability

Contemporary *kāne* are just one part of a longer continuum—a *mo‘okū‘auhau* [genealogy]—of well-being and evolving determinants. We offer a glimpse into some of the current SDH that influence *kāne* life, highlighting significant examples of both dire realities and inspiring resiliency. We also ask you to envision what health could look like for our next-generation *kāne*, who have benefited from research, programs, social justice, and cultural connectedness—and are restored to a place of prominence in the *‘ohana*, elevating the entire community.

Note: Attribution of and more detail about the figures included here can be found in the Office Hawaiian Affairs Report: Kānehō‘ālanī—Transforming the Health of Native Hawaiian Men (2017), available at oha.org.

KEIKI

For *keiki kāne* (boys), wellness is largely influenced by their environment, starting with prenatal care and extending into family life. Economic well-being of families can affect their overall health. Also, educational factors, such as access to multiple learning methods and practices, can make long-term differences in a child’s life.



MĀKUA

As *kāne* enter adulthood, educational achievement plays a significant role in economic prospects, as well as in well-being related to civic engagement, future income, nutrition, medical care, and health insurance. They must also balance the demands of career and family with their own well-being. Behaviors solidify into habits during this time; habits can develop into chronic conditions.



KŪPUNA

Leaders of the *‘ohana*, as well as keepers of knowledge and traditions, *kūpuna kāne* [elderly males] play a cherished role in a community’s health. Even if they are in good health, *kūpuna kāne* often have “quality of life” concerns, and may be managing chronic health conditions and social vulnerabilities.



NEXT GENERATION KĀNE

In the 2014 Census, there were 48,229 *keiki kāne*. For these future fathers, husbands, and economic drivers, agency is the number and quality of choices they can make to provide positive influences in their own lives. *Kāne* who have agency can make a powerful difference in the health of their *‘ohana* and communities, continuing a *mo‘okū‘auhau* [genealogy] of societal and personal well-being.



26.1% of DOE male students are Native Hawaiian

- 6.1% of NH male students are enrolled in a Native Hawaiian Focused Charter Schools
- NH male students testing as proficient:
 - 27.5% in reading [vs. 47.2% non-NH]
 - 26.3% in math [vs. 43.9% non-NH]
 - 34.2% in science [vs. 52.9% non-NH]



4.06 members is the average size of Native Hawaiian families; much larger than the State average

- 8.6% of *kūpuna* live with their *mo‘opuna*
- 19.1% of Native Hawaiian households included extended relatives
- Native Hawaiian boys are more likely to be part of single-parent families than non-NH boys



Native Hawaiian *keiki* are over-represented

- As victims of abuse and neglect
- In juvenile arrests



Average earnings were 89.4% that of the total male population

- Over-representation in moving materials, law enforcement, firefighters, construction and extraction and transportation occupations



Behavioral risk factors:

- 21.6% are current smokers
- 32.6% engage in binge drinking and 13.5% in heavy alcohol consumption
- 10.5% drove under the influence



15.0% of *kāne* 25+ have a bachelor’s degree or higher [vs. 30.0% total State males]



37.0% of the incarcerated men are NH



54.8% of NH renters pay and 35.3% of NH homeowners unaffordable housing costs

- NH households may save money on housing costs; may also experience lack of green space, long commute times
- 30.5% of homeless program clients are NH



***Kāne* life expectancy: 71.5 years**

- NH age 65 and older: 7.3% of all NHs in Hawai‘i
- 30.6% of *kūpuna kāne* receive necessary core preventive health services



A *kūpuna* is part of 23.7% of NH households



Economic concerns: low retirement rates, fixed incomes



Quality of life concerns: increased dietary complications, multiple medications, desire to “age in place,” need for mobility and accessibility

INTERGENERATIONAL HEALTH OUTCOMES



- Obesity: 45.7% of *kāne*
- Hypertension: 33.6% of *kāne*
- Diabetes: 10.6% of *kāne*
- Cancer: *Kāne* contract cancer at the second highest rate, but die from it with the highest mortality rate
- *Kāne* are less likely to participate in cancer prevention and treatment trials

Suggested Citation: Office of Hawaiian Affairs. [2017]. *Kānehō‘ālanī – Transforming the Health of Native Hawaiian Men*. [Summary] Honolulu, HI: Office of Hawaiian Affairs.



Artwork by Solomon Enos

Recommendations

Advocacy from non-profit, private, schools, government, and other institutions to build upon *kāne* connections to their culture, including support of:

- K-12 culture-based educational opportunities.
- Culture-based *kāne* groups to provide peer-to-peer support, for all ages.

Expand **research, assessment, and evaluation** to:

- Ensure all State data is collected using methods which allow for disaggregation by Native Hawaiian status and gender, including data on Hawai'i inmates held on the continental United States, homelessness, and child abuse and neglect.
- Develop, collect data, and evaluate expanded indicators of health and well-being as reflected in connections to 'āina [land], traditional practices, culture, and 'ohana.
- Support a statewide study to collect data on all indicators of health and well-being, including cultural practices and values.

Support **programs** to:

- Provide funding and resources for holistic programs which address multiple social, economic, behavioral, and cultural factors impacting *kāne* health.
- Expand 'ohana-based programming for prevention and interventions, specifically to address multigenerational disparities.
- Engage *kāne* in preventive health screenings.

Employ **policies and strategic planning** that:

- Incorporate basic public health research methodologies and indigenous ways of knowing into State policy planning.
- Provide specific and stronger incorporation of the Hawai'i State Planning Act [HRS §226-20], which seeks to address the health disparities and SDH of Native Hawaiians, other Pacific islanders, and Filipinos,
- Create a public-private partnership to outline a "master plan" for the well-being of *kāne*, to focus on reducing *kāne* inequities through policies, programs, and practice for the State of Hawai'i.
- Utilize urban and suburban design for decentralized economic opportunities, pedestrian safety, and easy access to healthy food, groceries, and health care.



Empowering Hawaiians, Strengthening Hawai'i
www.oha.org