Native Hawaiian
Fact Sheet

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Cultural History & Beliefs

Native Hawaiian lives and culture have been deeply changed by the colonization of their nation. Many have migrated to the mainland or died as a result of diseases that were introduced to their population by European colonists and Anglo explorers. Family, community and religion remain priorities. Traditional, holistic, preventive and family (Ohana) oriented healing practices — without physician intervention— is endorsed. Native Hawaiian lifestyles are traditionally based on communal farming and fishing, but much of that has been replaced by urbanization and the socioeconomic problems it brings.

State of HIV/AIDS

The U.S. Centers for Disease Control and Prevention estimates that today more than 1 million Americans are infected with HIV. Sixty-three percent are minorities, with and over half a million having died from AIDS. Approximately 300,000 persons (30%) do not know that they are positive. Native Hawaiians represent the largest Pacific Islander group in the U.S. According to the 2000 Census, 141,000 persons were designated as Native Hawaiian. Over 261,000 were designated as Native Hawaiian with at least one other race. Unfortunately, data specific to Native Hawaiians has not been collected across the country. In the state of Hawaii, there were 296 cases of AIDS reported in 2002. Approximately, 88% were male and 12% were female.

Today, AIDS is the leading cause of death among minorities between the ages of 25 and 44. In recent years, new medications have helped people living with HIV/AIDS to live longer and significantly reduce the number of deaths resulting from AIDS. The number of new infections has remained constant in the last decade at approximately 40,000 each year; nearly 70% occur among minorities. Prevention is still the best means of stopping the spread of the disease.

Patient Barriers to Care

Declines in overall AIDS mortality in the United States may be generating perceptions that it is under control. However, among minorities of all age groups, HIV/AIDS rates are still a major public health concern. Additionally, providing appropriate interventions and therapeutic measures have been hindered by numerous barriers to care, both real and perceived. This is compounded by the relationship that HIV has to ethnicity. Researchers have also found an association between education/literacy to HIV treatment adherence. Those subjects with lower education and/or literacy levels were more likely than participants with higher literacy levels to miss medication schedules because they were confused about dosage amounts. Many of the other specific barriers are:

- Economic hardship;
- Citizenship status;
- Distrust of Western medicine;
- Language;
- Privacy and honor;
- Availability of health services in their communities;
- Transportation to health services;
- Cultural avoidance of discussing issues related to sexual behavior, alcohol or drug use; and
- Stigmatization associated with disease.

Health insurance coverage for Native Hawaiians is lowest among all residents of Hawaii with the exception of those having Japanese ancestry, who have the highest rate of insurance coverage.

Provider Challenges to Delivering Care

The sensitivity of health care professionals extends beyond minimally meeting cultural or language needs. They must create environments where learning can occur, which is instrumental to improving the health of both individuals and communities. Health care professionals must learn more about the cultural context, knowledge, beliefs, and attitudes of the communities they serve. Health care professionals who work with community members and groups in identifying needs are assured of having culturally relevant processes in place. Similarly, communities need to learn how their collaboration with health care professionals will improve access to and the quality of care. Health care professionals who will be effective in providing culturally sensitive care for Native Hawaiian patients with HIV/AIDS will have: (a) a good knowledge and understanding of their own world views, (b) an understanding of the culture of the particular groups and subgroups they are working with, (c) the knowledge of sociopolitical influences, (d) a respect for Native Hawaiian spirituality and its role in their health decision making, and (e) the distinct intervention techniques and strategies needed when addressing behaviors associated with HIV transmission.

It is imperative that the provider avoid stereotyping the Native Hawaiian patient at all costs and base diagnosis and treatment approach on a thorough assessment of the patient's medical needs and his or her background.

NMAETC Recommendations for Clinical Delivery

- Create an environment that is inviting and friendly.
- Display artwork and artifacts in your office that reflect the culture you serve.
- Use easy to understand language when discussing health concepts.
- Use the population's Native language when possible.
- Exhibit a spirit of "caring" and not one of "aloofness".
- Recognize that many groups describe "western health care" as impersonal, confusing and intimidating, leaving them feeling vulnerable and uninformed.
- Be open to patients bringing family members to the appointments, which may be a normal part of the decision making process within their culture.
- Make child care available.
- Provide translation services for patients as needed.
- Structure programs to meet all patients' mental, physical, and social service needs.
- Schedule appointments in times and locations that are suitable for people who work.
- Enhance coordination and support Native Hawaiians health services with private organizations, including Native Hawaiian trusts and government agencies and facilities.

Data Sources: Native Hawaiian

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1. CDC, Proportion of Reported AIDS Cases and Population, by Race/Ethnicity, 2003– 50 States and D.C.
2. Update on Kanaka Maoli (Indigenous Hawaiian) Health, Kekuni Blaisdell, MD, Honolulu, HI, Motion Magazine, November 16, 1997.
3. Pua'ala'okalani Alu, Ph.D. Comparing Native Hawaiians' Health to the Nation.
4. Closing the Gap, June/July 2000,

Office of Minority Health

BESAFE, NMAETC Cultural Competency Model 2004