

Ka Lōkahi Wāhine: a culturally based training for health professionals

Abstract: Native Hawaiian women in Hawai'i suffer the highest breast cancer incidence and death rates among women from Hawai'i's five major ethnic groups. Native Hawaiian women have the third highest breast cancer mortality rate in the nation, following African American and Native American/Alaska Native women. While overall cancer mortality rates in other U.S. populations have improved, epidemiological research shows mortality rates among Native Hawaiians has dramatically increased since 1976. Several barriers prevent Native Hawaiian entry into health care. Frequently cited barriers are: a history of oppression; high prevalence of behavioral risk factors; ineffective screening, prevention and treatment efforts; poor utilization of existing services; poor financial and geographical access to care; an absence of culturally appropriate programs, and few Native Hawaiian health professionals. To address poor health service utilization and to sensitize the health care system in Hawai'i, the Native Hawaiian Breast Cancer Sub-Committee (NHBCSC) of the American Cancer Society Hawai'i Pacific, developed and implemented a culturally based training for health professionals. The training is designed to meet continuing medical and professional education requirements. Professional in-service training began in 2001, with over 300 of Hawai'i's health care professionals participating, to date (March 2004). This training provides a model for other cultural and ethnic groups. **Key Words:** training, Native Hawaiian, cultural competency, continuing medical education

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rates for Native Hawaiians have risen dramatically since 1976 (85.69 per 100,000 in 1976-1980; 193.1 per 100,000 in 1995-2000)^{4,5}.

Introduction

Higher rates of cancer incidence and mortality among U.S. ethnic and racial minorities are widely reported in the literature^{1,2,3}. A study of the Surveillance, Epidemiology, and End Results (SEER) data demonstrated an improvement in cancer survival rates among all U.S. ethnic minority females between 1985 and 1991. However, a higher relative risk of cancer death persisted for African American, Native American/Alaska Native, and Native Hawaiian patients³.

Native Hawaiian women suffer the highest breast cancer incidence and mortality rates compared with women from Hawai'i's five major ethnic groups, including Caucasian, Japanese, Native Hawaiian, Filipino, and Chinese populations. And, Native Hawaiian women have the third highest breast cancer mortality rate in the nation^{4,5}. Despite recent improvements in overall cancer mortality rates in other U.S. populations, epidemiological research show that mortality

Native Hawaiians are Hawai'i's indigenous population. Descended from ancient Pacific maritime people, Native Hawaiians have populated Hawai'i since about 300 A.D.⁶. Hawai'i was a highly organized society prior to the arrival of its first Western visitor, Captain James Cook, in 1778; and by 1810, became unified as an independent kingdom under King Kamehameha the First. Estimates set the Native Hawaiian population at nearly one million at the time of Cook's arrival⁷. According to the 2000 U.S. Census, Hawai'i's indigenous population totaled only 239,655 in Hawai'i, with an estimated 4,000 to 5,000 who were of full-blooded Hawaiian ancestry⁸. The combined full-blooded and part-Hawaiians comprise only nineteen percent (19.25%) of Hawai'i's total population of 1,244,898⁸. Native Hawaiians have higher mortality rates from cancer, diabetes, heart disease, and other chronic conditions, as well as the shortest life expectancy among Hawai'i's five major ethnic groups⁹. In direct contrast to the Native Hawaiian reality, Hawai'i is marketed as the "Health State" based on total population health data, confirming that Hawai'i's population has the longest life span and best health status compared to the total U.S. population¹⁰. The practice of aggregating the health data of Hawai'i's populations, that is, including the health status of its healthier Asian populations, masks the poor health status of Native Hawaiians.

Native Hawaiians confront a number of barriers that result in a delayed entry into the health care system⁴. A history of oppression; higher prevalence of behavioral risk factors (tobacco use, poor diet, and lack of exercise, etc.); ineffective prevention and control efforts; and poor access to cancer prevention, early detection, and treatment services are several possible reasons for the increased cancer risk and mortality of Hawai'i's Native Hawaiians¹⁰. The lack of

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culturally appropriate outreach, education, and health care facilities, as well as the ongoing issue of poor access to and utilization of health care are major barriers for Native Hawaiians residing in Hawai'i. Another key barrier to care is that Native Hawaiians are underrepresented in the health care professions; consequently, Native Hawaiians routinely receive health care from non-Hawaiians. Specifically, Native Hawaiians comprise 19% of the state's total population; yet, only 5.5% of practicing physicians¹¹ and 7% of practicing nurses¹² are of Native Hawaiian ancestry. This results in health care that may not be sensitive to the culturally based needs of Native Hawaiian patients.

Reducing the health disparities that affect Native Hawaiians is contingent upon developing strategies that address health-seeking issues and concerns of Native Hawaiians. Identifying culturally appropriate techniques for outreach and education, sensitizing health care settings and providers, as well as improving geographical and financial access to health care are essential to improve health services for Native Hawaiians.

Native Hawaiian Breast Cancer Sub-Committee (NHBCSC) - American Cancer Society

On January 16, 1996, the American Cancer Society (ACS) Hawai'i Pacific Inc. formed the Native Hawaiian Breast Cancer Sub-Committee (NHBCSC), as part of its Breast Cancer Early Detection Core Committee, to focus on reducing the barriers to cancer care for Hawai'i's native population. The NHBCSC is made up of volunteers from health organizations and the lay community who want to increase breast cancer awareness through the development of educational tools and methods for professional trainings that foster awareness of cultural differences. The goals of the NHBCSC are:

1. to improve cancer awareness and access to health care services for Native Hawaiians,
2. to reduce the high rates of cancer and cancer-related deaths within the Native Hawaiian population by conducting research on their health care concerns and health-seeking behaviors related to cancer care, and
3. to develop programs to educate Native Hawaiians about cancer risks.

Culturally based projects

The NHBCSC conducted three focus groups with a total of twenty Native Hawaiian women and key informants to identify health care seeking behaviors, perceived barriers, health care concerns and potential solutions for improving health services. Barriers to care, such as insensitive and inappropriate communication, a lack of privacy, and poor clinic environment were cited. The concerns and potential solutions elicited from the groups were organized into short, medium and long-term projects for the NHBCSC. The

projects developed and accomplished are:

1. Medical Chart Reminders, printed on small "Post-it" note pads, that encourage the physician to say, "Your mammogram is due, please see the nurse for an appointment."
2. Four Public Service Announcements featuring Native Hawaiian women cancer survivors focused on increasing awareness of annual mammograms and early detection.
3. A training video and manual for educating physicians, nurses, and ancillary health care workers about Native Hawaiian cultural and experiential health-seeking behaviors and practices.

Of the three projects undertaken by the NHBCSC, only the third project, the training for health professionals, is elaborated upon in this paper. The training tools developed include a video, an accompanying manual, a teaching curriculum and promotional posters featuring the artwork of a prominent Honolulu artist. The aims of the professional training are to positively influence attitudes, communication styles, the clinic environment, and to foster cultural awareness and understanding among medical professionals who provide health care to Native Hawaiian women.

"Caring for Native Hawaiian Women: Understanding Cultural Values in the Treatment of Breast Health" is the title of a 20-minute professional training video that integrates and explains aspects of Native Hawaiian spirituality, perceptions, customs, traditions, and values. The training manual, entitled *Ka Lōkahi Wāhine* (healthy women), includes four sections: interpersonal communications, creating a healing environment, guidelines for simplifying communication, and a glossary of Hawaiian words and phrases. The manual discusses the following: how to improve communication by knowing Hawaiian cultural values, such as respect for women and especially for *kūpuna* (elders), and through culturally appropriate practices, such as "talk story"; how to create a healing environment by using, for example, soft natural colors, live plants and gentle Hawaiian music; and how to incorporate and understand expressions of respect in the Hawaiian language such as addressing a *kupuna* as "tūtū," instead of the too-familiar "auntie."

After the tools for the health professional training were developed, the means to deliver the program followed. The National Cancer Institute's Cancer Information Service of Hawai'i (CIS), a member of the ACS NHBCSC, developed a training curriculum for the professional training that was interactive (incorporating the manual and video) and designed to be completed within an hour timeframe. The hour-long professional training is also designed to offer continuing education credits to physicians and other health professionals who participate in the training.

To assure consistent and effective delivery, a *cadre* of Native Hawaiian women volunteers were trained to conduct the *Ka Lōkahi Wāhine* program for the health care profes-

Table 1. Select examples of ways to create accommodating clinic areas for Native Hawaiian women

Physical accommodations	Include furniture designed to accommodate all sizes of individuals Provide armless chairs for large individuals
Aesthetic accommodations	Allow for open and airy spaces Use a warm color scheme for walls and furniture Play soothing background music Use soothing light fixtures Include live greenery and tropical plants Display Hawaiian artwork
Activity accommodations	Create a sense of 'ohana (extended family) by acknowledging the presence of additional family members Provide activities such as books and videos for children Display up-to-date brochures and magazines

Note: These examples were identified by participants at the completion of the Ka Lōkahi Wāhine training.

sionals. The CIS designed the train-the-trainer curriculum that was conducted on January 2001. Native Hawaiian women, from the Hawai'i State Department of Health, the Hawai'i Primary Care Association, and 'Imi Hale (Native Hawaiian Cancer Network project funded by NCI) formed the training core. The core trainers subsequently conducted a train-the-trainer session for seventeen select Native Hawaiian women volunteers in June 2001 to prepare them to assist with the statewide *Ka Lōkahi Wāhine* training. The train-the-trainer curriculum identifies effective ways to communicate with health professionals, organizes the tasks of presenting the training, and addresses issues concerning Native Hawaiian women and breast health.

In the spring of 2002, the NHBCSC also trained the statewide staff of the American Cancer Society on providing logistical support for the Native Hawaiian women volunteer trainers.

Results

As of March 2004, more than 300 health care professionals, including physicians, nurses, health educators, home care therapists, and providers have received the *Ka Lōkahi Wāhine* training. The premier training of health professionals was conducted for 29 Kaiser Permanente staff from their Medical Care Program - Family Practice Department at its Moanalua Medical Center site in March 2001. From March 2001 through April 2003, volunteer trainers conducted the *Ka Lōkahi Wāhine* training at five medical centers and additional health professional organizations, including Straub Clinic and Hospital, 'Ahahui o nā Kauka (Association of Native Hawaiian Physicians), the University of Hawai'i School of Nursing, and St. Francis Home Care.

The training has achieved its goal of reaching Hawai'i's health professionals at their work-setting. Immediate feedback from training participants indicates that many of the Hawaiian cultural aspects of the training are applicable to other Asian and Pacific cultures who reside in Hawai'i. For

example, one participant commented, "Information regarding sensitivity and respect are cross-cultural. Japanese women, like me, prefer the same respect." Participants' responses to the training, as registered on the pre-and post-tests and session evaluation forms, were evaluated for the NHBCSC by a University of Hawai'i, School of Social Work doctoral candidate in the spring of 2003. Participants' post-test responses indicate an increase in knowledge or skills-based competencies

gained from the training. For example, participants were able to identify ways to create a healing and friendly environment within their existing waiting or examination rooms and/or offices (Table 1).

The evaluation, based on information from observation of trainings and data collected from the first 100 *Ka Lōkahi Wāhine* evaluation forms, showed that the curriculum content is meeting its desired outcomes¹³, specifically: 90% of the 100 attendees found the training sessions "good" or "very good;" 80% of attendees noted that the information was "clear;" and regarding what the participants found "most useful", the majority responded, "everything, cultural communication techniques, and cultural aspects of the content."

The evaluator made several recommendations to the NHBCSC, that included the following: 1) revision of the measuring tools; 2) measurement of application and retention of training with a sample of past participants; 3) increase the number of trainers for expansion of *Ka Lōkahi Wāhine* to neighbor islands, and 4) request travel budget and purchase equipment.

In early August 2003, the NHBCSC began implementation of the recommendations for program improvement with a review, update, and editing of the training curriculum by core trainers in a work session. A train-the-trainer refresher session, focused on building volunteer trainer skills, was conducted on August 25th using the revised training curriculum. Six trainers participated, including two new volunteer trainers. The purpose was to increase the number of trained volunteers for the expansion of the *Ka Lōkahi Wāhine* training to neighbor-island physicians and health care professionals. In September 2003, the *Ka Lōkahi Wāhine* training premiered on the island of Kaua'i. Forty-two physicians at the Wilcox Memorial Hospital in Līhu'e, five hospital professionals at the Kaua'i Veteran's Memorial Hospital in Waimea, and 52 nursing students and 5 instructors at the Kaua'i Community College were trained.

Discussion

The ACS Native Hawaiian Breast Cancer Sub-Committee has led the way in creating a culturally based health training model for health professionals. The training design is compatible with the continuing education training processes of professional organizations. This model demonstrates the appropriateness of developing educational tools, materials, and a training program that incorporates Native Hawaiian spirituality, perceptions, customs, traditions, and values into health professional trainings offered in health care settings. This professional training model could be used as a guide for training by other cultural and ethnic groups in Hawai'i, as well as for other Pacific and Asian communities.

Developing the training project with high involvement of community members as informants, project developers, and health professional trainers proved critical to the success of the *Ka Lōkahi Wāhine* program. Community informants identified frequently experienced concerns and problems and helped to focus the training on solutions. Using Native Hawaiian women as volunteer trainers provided the health professional trainees with women who could speak directly to the problems and best represent the Hawaiian culture.

Future evaluation and fine-tuning of the training will assure its continued applicability to the community. Specifically, measuring application and retention among training participants, observing any changes in clinic environments, and changing interpersonal communications using simplified medical/technical language and appropriate Hawaiian words/phrases will more fully determine the effectiveness of *Ka Lōkahi Wāhine*. The NHBCSC plans to meet with health professional groups that received training since 2001 for feedback and critical input.

Conclusion

Critical first steps in ascertaining determinants of health disparities are to investigate, understand, and champion the concerns of minority populations by seeking community input on access issues, concerns, and potential solutions. Developing an informed and sensitive professional health care workforce is of paramount importance in improving access to care and creating culturally appropriate health services, including breast health care, for ethnic and racial minority populations. The American Cancer Society Hawai'i Pacific Inc. has demonstrated its caring and willingness to reach out to Hawai'i's ethnic minority populations by identifying funding opportunities and supporting culturally based solutions to health disparities.

The NHBCSC is also keenly aware that Native Hawaiian men have the highest mortality rates for lung and bronchus and colorectal cancers among the five major ethnic

populations of Hawai'i⁵. Thus, the NHBCSC has broadened its focus and negotiated a name change to the Native Hawaiian Committee of ACS. The new committee began its outreach to the Native Hawaiian male population to address their health seeking practices, their perceptions, issues and priorities as well as barriers to health care.

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