

Factors associated with health-seeking behaviors of Native Hawaiian men

Abstract: Native Hawaiian men have higher mortality rates and lower life expectancies than Caucasian men in the United States and in Hawai'i. As an initial step in developing targeted cancer awareness interventions for Native Hawaiian men, the Native Hawaiian Cancer Committee (NHCC) of the American Cancer Society Hawai'i Pacific, Inc. conducted focus groups of Native Hawaiian men living in four geographical areas in Hawai'i in 2002-2003. The purpose was to explore attitudes and practices related to health-seeking behaviors among Native Hawaiian men. In all, 54 urban- and rural-dwelling men participated. Many common issues related to access to care, perceptions, attitudes, as well as cultural values were identified. These findings provide opportunities to motivate Hawaiian men to navigate the current healthcare system and facilitate access to healthcare. Integrating cultural strengths and preferences into health-seeking approaches can readily affect behaviors, and with time, improve the health status of Native Hawaiian men.

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Introduction

In general, American men have a shorter life expectancy and higher morbidity and mortality rates than U.S. women, creating a national public health disparity. A comparison of health status indicators between U.S. men and U.S. women revealed that in 1999, men suffered higher mortality rates from 14 of 15 leading causes of death¹. Researchers focusing on the health of U.S. males have identified a number of determinants of poor health. Factors that may be associated with being male include physically demanding and dangerous work conditions, beliefs about masculinity (males must be strong, dominant, and self-reliant), and high rates of risky behavior (smoking, speeding, and substance abuse). Other determinants of poor health include low socioeconomic status (low educational attainment, racial discrimination, underemployment, low accumulated wealth, unfulfilled expectations); marginality (through stigmatization, incarceration, homelessness, unemployment, etc.); poor health service use (lower preventive health care visits, lower adherence to medical regimens), and the cumulative effects of adversity over lifetime¹.

A comprehensive study of the health status of young Native American men by Dr. Jennie Joe, conducted in 2001, suggested that the premature death and negative health indicators of young Native Americans are the long-term consequences of colonization². Native Americans' first contacts with Europeans brought waves of contagious

diseases that rapidly depopulated both North and South America^{2,3}. The shift to negative health behaviors, unhealthy lifestyles, and increasing morbidity and mortality due to chronic diseases among Native Americans occurred in mid-1900s. For young Native Americans, Joe also noted a recent rise in mortality from unintentional injuries due to high-risk occupations, participation in risky sports and automobile crashes associated with alcohol consumption².

Native Hawaiians experienced a similar history of contact, depopulation, and colonization. Similar to Native American men, Native Hawaiian men exhibit poor health status indicators, including the shortest life expectancy, the highest all-cause mortality rate, and the highest prevalence of many chronic diseases and lifestyle behaviors that contribute to the leading causes of death among Hawai'i's five major ethnic groups^{4,6}. Native Hawaiians' vulnerability to chronic diseases has been known for decades. In 1969, a higher cardiovascular mortality risk was revealed when Native Hawaiian males served as the control group for the Honolulu Heart Study, a longitudinal study of Hawai'i's Japanese men⁷. Two decades later, in 1987, a report from the Office of Technology Assessment of the U.S. Congress clearly delineated disproportionately higher chronic disease incidence and death rates for Native Hawaiian men and women compared to the total U.S. population⁸. The Native Hawaiian cancer burden is high, and epidemiological research in 1998 demonstrated that cancer incidence and mortality rates are increasing in this native population^{9,10}. Currently, Native Hawaiian males have the highest mortality rate for lung, bronchus and all cancer sites combined, among males from Hawai'i's five major ethnic groups¹⁰.

Research on health-seeking behaviors among Native Hawaiians has identified a number of factors that delay routine and preventive health care and are postulated to increase disease risk and mortality^{1,9,11}. Barriers to health care frequently cited by Native Hawaiians are: a modern history of oppression; high prevalence of behavioral risk factors; ineffective screening, poor utilization of existing services; poor financial and geographical access to care, an absence of culturally appropriate programs, and a limited number of

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Native Hawaiian health professionals^{9, 11}. Unfortunately, despite early identification of Native Hawaiian vulnerability to chronic illness, the absence of attention to, and interventions for the health challenges of Native Hawaiians continues.

Closing the health status gaps between U.S. men and women and between U.S. minorities and Caucasians are logical public health goals. However, addressing the overarching health disparities issues related to socioeconomic status, discrimination, educational attainment, joblessness, underemployment, poor coping behaviors, and other concerns would require enormous policy change across social, educational, employment, economic and health arenas in the nation. Nevertheless, steps can be taken at the community level to reduce and eliminate barriers to healthcare and to encourage routine preventive care among men. This study attempted to engage Native Hawaiian men in identifying some of the modifiable factors affecting the health seeking behaviors of Native Hawaiian men. Using these data to create health-related interventions may help produce the desired change within population groups and eventually help narrow health disparities.

Methods

In 2002, the Native Hawaiian Cancer Committee (NHCC) of the American Cancer Society Hawai'i Pacific, Inc. initiated a preliminary probe into the health seeking behaviors, perceptions, knowledge, attitudes, and practices of Native Hawaiian men. The aim of the project was to identify modifiable barriers and to use men's ideas to develop effective cancer-related programs for Hawaiian men. From October 2002 through August 2003, four focus groups of Native Hawaiian men were conducted, including three urban and rural groups on the island of O'ahu and one group on the island of Hawai'i. Participants were recruited through Native Hawaiian organizations in selected geographical areas to assure representation from a variety of socio-economical strata, as well as urban, rural and neighbor-island communities. A total of 54 Native Hawaiian men, ages 22 to 75, participated. The focus group interviews were held at community locations not involved in the delivery of health care services.

Eight open-ended focus group questions were developed by the NHCC. Six Native Hawaiian men were enlisted and trained in conducting focus groups by a staff member of *'Imi Hale*, the Native Hawaiian Cancer Network. The focus groups were all-male sessions. Responses to the eight questions were recorded on

audiotape and newsprint, which were transcribed, coded, and summarized by the author (who did not attend the groups). A male physician, acting as a medical consultant, attended each focus group session to provide immediate response to questions and address inaccurate or potentially harmful participant misconceptions.

Results

The preliminary analyses of responses by the Native Hawaiian males participating in the four focus groups have yielded insights into their perceptions, preferences, values, attitudes, knowledge, and practices in regards to healthcare. There was consensus across the groups on issues that create barriers, as well as factors that assist men in accessing health services. Preliminary results of the study are reported here.

1. *Healthy Hawaiian Man.* The first question asked participants was to describe a "healthy Hawaiian man". The 103 responses fell into three major categories: 1) physical attributes, 2) healthy conditions and practices, and 3) cultural and life values. Interestingly, descriptions of physical attributes, such as: "tall", with "incredible physiques", and "being physically and functionally fit", were used least. The second category, comprising one-third of the responses included comments like: good eating and diet practices, free of emotional stress, and positive use of medical care. Two-thirds of all responses fell into the category of cultural and life values with comments valuing: self-sufficiency, family orientation, respect for Hawaiian culture, and being educable. The only negative response was, "a healthy Hawaiian male exists in the past; too much has been destroyed."

| Table 1. Descriptions of a healthy Hawaiian male | | |
|---|------------|----------------|
| Responses | (n) | Percent |
| Physical Attributes | 6 | 5.8 |
| Health conditions and practices | 32 | 31.1 |
| Positive health conditions (6) | | |
| Good eating/diet practices (7) | | |
| Free of stress/emotional (10) | | |
| Free of alcohol/drug abuse (4) | | |
| Positive use of medical care (2) | | |
| Long lifespan (2) | | |
| No financial problems (1) | | |
| Cultural and Life Values | 64 | 62.1 |
| Self sufficiency (3) | | |
| Positive living (27) | | |
| Family (10) | | |
| Hawaiian culture (15) | | |
| Religious (5) | | |
| Educable (4) | | |
| Negative | 1 | 1 (1.0) |
| TOTAL | 103 | 100 |

Table 2. Reasons to go and reasons to postpone going to the doctor

| Reasons to go to the doctor | (n) | Percent |
|---|-----------|------------|
| Routine/preventive services | 15 | 32.0 |
| Access issues | 11 | 23.4 |
| Sickness | 11 | 23.4 |
| Specialty/accident | 7 | 14.9 |
| Drugs/emotional health | 3 | 6.3 |
| TOTAL | 47 | 100 |
| Reasons to postpone going to the doctor | (n) | Percent |
| Attitudinal responses | 22 | 42.3 |
| Attitudes (16) | | |
| Shame, embarrassment (3) | | |
| Fear (3) | | |
| Access issues | 20 | 38.5 |
| Resources/insurance (11) | | |
| Health institution (4) | | |
| Personal interaction (5) | | |
| Cultural healing | 10 | 19.2 |
| TOTAL | 52 | 100 |

In summary, the healthy Hawaiian male was described as someone who has a healthy life style; is emotionally happy; informed; is hardworking; respectful of women; a pillar of the home; has a connection to the 'āina (land) and *kūpuna* (elders); and serves his community without expecting something in return.

2. Why Do Hawaiian Men go to the Doctor? Why not?

Question two asked for reasons Hawaiian men go to the doctor and reasons that they would postpone going to the doctor. The men gave 47 responses to why they would go to the doctor. In descending order of frequency, the response categories were: routine/preventive health services; sickness; specialty and accident services; and drug rehabilitation and emotional health services. The specialty care included services for injuries, x-rays, blood pressure and dental services. The last category, access issues, included responses about going if there's an appointment; going to use medical benefits; or to find answers. Thus, responses reflect an expected pattern of healthcare use, with routine preventive health and illness being most frequent. However, some access responses suggest that Hawaiian men may hesitate to contact the doctor's office and health clinics themselves.

Fifty-two reasons were given for postponing a visit to the doctor. These were categorized into three areas. The 22 attitudinal responses included: will wait it (illness) out; a waste of time at a young age; and a lack of trust (in the care). Feelings of fear, shame and embarrassment made up nearly a third of all attitudinal responses resulting in postponing doctor visits. Access and insurance issues cited were: cost of care; no health insurance; and, don't follow through with Quest. And neighbor-island responses noted the lack of transportation, distance to care and inconvenience. Responses in the health institution category included: care not being offered, a lack of reminders, and the medical bureaucracy acted as a deterrent to care. Five men related negative personal interactions with physicians and/or office staff that resulted in opinions that bad

experiences=quacks, "the bad ones just give you medicines", and "more bad experiences occur when the doctors change a lot." Responses related to "cultural healing" noted: the need for both traditional and Western care and finding a balance (between them), a lack of traditional healing services; and the stigma associated with Hawaiian practices.

Table 3. Annual checkups

| How do you feel about regular annual checkups? | (n) | Percent |
|--|-----------|------------|
| Routine/preventive visits: | 18 | 55.2 |
| Required/preventive (6) | | |
| Feel better after (12) | | |
| Access Issues | 10 | 34.4 |
| Cost/finances/insurance (4) | | |
| Institutional issues (5) | | |
| Personal interactions (1) | | |
| Hawaiian Culture/Healing | 1 | 3.4 |
| TOTAL | 29 | 100 |
| Why wouldn't you go for annual routine visits? | (n) | Percent |
| Attitudinal Issues | 20 | 50 |
| Don't want to know (10) | | |
| Embarrassment, shame, fear (7) | | |
| No time (3) | | |
| Access Issues | 17 | 42.5 |
| Negative personal interaction (8) | | |
| Institutional and access issues (7) | | |
| Cost/finances/insurance (2) | | |
| Hawaiian culture/healing | 3 | 7.5 |
| TOTAL | 40 | 100 |

Table 4. Who in family has kuleana/responsibility for health care?

| Responses | (n) | Percent |
|-----------------------------|-----------|------------|
| Family member | 30 | 88.2 |
| Entire family (6) | | |
| Siblings/hiapo (oldest) (5) | | |
| Kupuna (elder) (2) | | |
| Parents (15) | | |
| Self (2) | | |
| Clergy | 1 | 8.8 |
| TOTAL | 34 | 100 |

3. *Why would you go for an annual physical?* Question 3 asked about going for annual physical check ups. The 29 responses were grouped into three categories. Six responses reflected the participant’s knowledge that annual check-ups are important for prevention and health maintenance, and are required by employers and schools. Twelve men acknowledged preventive visits were reassuring with comments like: “you feel better when you go...relief”, “pressure leaves after the check up”, and “its important for older guys especially”. Access issues were raised again with 10 men noting that they were more likely to go for preventive visits when: 1) the care was covered by insurance or was free, 2) if they had an appointment or received a reminder, 3) to donate blood, and 4) if they had positive experiences with the provider. One participant noted that, “a lot of things depend on the doctor”.

Question 3 also asked why men would not go for an annual checkup. Forty responses were elicited. Under the “attitudinal issues” category, 10 comments related to men’s reluctance to find out if something is wrong and discomfort with some procedures. Embarrassment, shame, and fear were mentioned 7 times, and conflicting priorities were mentioned 3 times. The access category included references to negative past personal interactions, such as bad experiences, long waiting periods, being rushed through, not knowing the physician, and having to be treated by a female physician. Difficulties encountered in accessing the institution paying for the services, and barriers to locations in rural areas were mentioned 10 times. The Hawaiian culture healing responses noted using “prevention to keep healthy for ‘ohana (family)”, and “going to kupuna (elder) instead, as it is more pono (correct) with ‘ohana’.

4. *Whose kuleana is the family’s health?* Question 4 asked the men to identify who had the kuleana (responsibility) for the family’s health. There were 34 total responses. Thirty responses named family members as sharing the kuleana (responsibility) for health care visits, with parents being cited most often, followed by: the entire family, siblings/hiapo (oldest child), grand-

parents, and the individuals themselves. One man suggested enlisting the church pastor’s help. And, several health issues that create barriers for families were noted, such as, medical liability and being charged for services.

5. *How do you feel about your doctor or clinic?* Question 5 sought to identify feelings or perceptions about the health care services provided by personal physicians and clinics. A total of 36 responses were generated to all parts of the question.

Of a total of 10 responses about getting an appointment to see the doctor, half said it was hard and nearly half said it was easy. Difficulty finding parking was also reported.

Eight men commented on how they felt at the doctor’s office, with only 2 saying they were made to feel comfortable and 6 saying they felt rushed, ignored or discriminated against because of their insurance coverage.

When asked what they thought of their doctor, 4 men described their doctor with positive words, however 2 men said the care was too commercialized and treatment was factory-like. When asked if they could understand their doctor’s explanations during the appointment, half said yes and half commented that physicians need to listen more, to have a sense of humor, or to be more honest. In response to a question about the cost of care, a member of a health maintenance organization (HMO) said, “No worries.” Five other men indicated huge issues with cost, “the price is high”, “outrageous”, and “treatment decisions were based on financial rather than health considerations”. Another man commented on the unique situation of Native Hawai-

Table 5. How do you feel about your own Doctor or Clinic?

| Responses | (n) | Percent |
|---|-----------|------------|
| What’s Easy/Hard re: appointments? | 10 | 28.0 |
| Easier, pleased, simple (4) | | |
| Hard, depends, use urgent care (5) | | |
| Parking problems (1) | | |
| How do they make you feel? | 8 | 22.2 |
| Comfortable (2) | | |
| Need time, insensitive (4) | | |
| Depends on coverage (2) | | |
| What do you think of your doctor? | 6 | 16.6 |
| Awesome, enjoy, efficient (4) | | |
| Commercialized, factory-like (2) | | |
| Understand MD’s explanations? | 6 | 16.6 |
| Good (3) | | |
| Needs honesty, humor, listen (3) | | |
| Issues w/Cost and Insurance? | 6 | 16.6 |
| Kaiser = no worries (1) | | |
| Costly, outrageous, etc (5) | | |
| TOTAL | 36 | 100 |

Table 6. Preferred form and channels of communication for health info

| Responses | (n) | Percent |
|---------------------------|-----------|------------|
| Newspaper and newsletters | 12 | 13.3 |
| TV and Radio | 18 | 20 |
| Phone w/automated message | 1 | 1.1 |
| Phone w/competent person | 18 | 20 |
| Doctor's office | 13 | 14.4 |
| Posters/brochure | 12 | 13.3 |
| Others | 16 | 17.9 |
| Internet/websites (4) | | |
| Kupuna (3) | | |
| Health info centers (9) | | |
| TOTAL | 90 | 100 |

Table 7. What areas of health do you need help with?

| Responses | (n) | Percent |
|------------------------------|-----------|------------|
| Sexual/private areas: | 8 | 42 |
| Substance issues: | 3 | 16 |
| Mental health/stress issues: | 3 | 16 |
| Chronic health issues: | 1 | 5 |
| Desired solution: | 4 | 21 |
| Telephone w/M.D. (4) | | |
| TOTAL | 19 | 100 |

ians who have lost their nation, their language, and many legal challenges.

6. *How do you like to get health info?* The men were asked for preferred channels/modes for receiving health information. A total of 90 responses were elicited and the top 2 cited were: 1) via television and radio, and 2) through a telephone conversation with a competent person. Receiving information in the doctor's office, through newspapers and newsletters, and through posters and brochures were about equally preferred. The least acceptable option for receiving health information was via an automated telephoned message. Other sources of health information suggested by the participants were health information centers, the Internet, and *kūpuna* (elders).

Participants were asked to identify health-related areas that they needed help with but were afraid, embarrassed, or ashamed to discuss. Nineteen responses were generated to this question, and 8 of them related to reproductive organs and sexually transmitted disease. Substance abuse and mental health services were cited by 3 men. Least named was chronic health information. Partici-

pants offered suggestions to improve health services for sensitive issues, such as "want to just call a doctor," "want a 24-hour doctor phone line," "want (to make) anonymous calls," and "want a toll-free line." Not surprisingly, responses reflected difficulties requesting help with personal and sensitive health concerns. However, the preference for making indirect and anonymous contacts may be reflective of a history of poor interpersonal contacts with healthcare personnel and lack of trust experienced at the point of service delivery.

What additional health information would you like? Finally, we solicited comments and concerns about health and healthcare services that were not covered by other questions. Fifteen responses resulted. One third of the comments were supportive of participating in regular health services, like, "no shame, advice can help you," "improved medical technology - 'a'ole pilikia (no problem)," "don't want a mis-diagnosis, so (I) cooperated with the medical staff," and "less shame (embarrassing) if you don't know the person so, prefer anonymity." Responses related to unmet service needs were: "the cost of health care (employer) plan," "dental care is needed, including restorative care," "gap group (18 to 26 years old) with no access to health care," and "assist companies and organizations to provide health care." Other important access issues were: "lack of Hawaiians in health professions," "(lack of) specialty services to rural areas," and "transportation (needed on neighbor islands) - for client (going) to doctor and back." Responses related to alternative medicine as a choice were, "traditional medicine is not reimbursable," "alternatives to Western medicine," "control resources to herbs, etc." and "empha-

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Table 8. Any comments about health and health care?

| Responses | (n) | Percent |
|---|-----------|------------|
| Comments | 5 | 33.3 |
| No shame, advice can help (1) | | |
| Improved med. technology, no problems (1) | | |
| Don't want misdiagnosis, so cooperate (1) | | |
| Work environment, deterrent to care (1) | | |
| Shame, prefers anonymity (1) | | |
| Important Access Issues | 6 | 40 |
| Cost of company policy >\$500/mon. (1) | | |
| Dental care needed w/restorative care (1) | | |
| Gap group (18-26) coverage needed (1) | | |
| Help Company/Orgs provide care (1) | | |
| Lack of Hawaiians in health professions (1) | | |
| Service in rural areas/transportation (1) | | |
| Alternative Medicine a Choice | 4 | 26.7 |
| Traditional medicine reimbursable (2) | | |
| Alternatives to Western medicine (1) | | |
| Emphasize prevention (1) | | |
| TOTAL | 15 | 100 |

size prevention with health and exercise.” The responses to this question identify some important strengths and weaknesses currently perceived by Native Hawaiian men of the health services.

Discussion

There were commonality and agreement in responses to the 8 focus group questions among the four focus groups of Native Hawaiian men. Similar descriptive responses were generated across groups. Major issues raised that create barriers to healthcare for Native Hawaiian men included: financial and geographical issues, past experiences of negative personal interactions with health personnel, attitudinal issues, conflicting priorities, use of cultural and alternative healing, lack of Native Hawaiian health professionals, and lack of information on services from health institutions and clinics. The only variation observed among the participants was that younger participants tended to use physical attributes to describe a healthy Hawaiian male, while the older participants referred to associations between the body, mind, and spirit, and spoke of cultural and health values learned in their youth.

Attitudinal responses comprised nearly half of responses to questions that probed for reasons men postpone or decline to see a doctor. The most troubling responses cited—fear, shame, embarrassment, and distrust—accounted for about a third of the attitudinal responses to factors that interfered with doctor visits. The predominance of the expression of fear of the doctor is troubling. Expressions of shame is somewhat less of a concern because, in a cultural context, Hawaiians frequently use *hilahila* (shame) to express embarrassment or bashfulness, and the term is not associated with terrible disgrace or fear. However, when this term is used to describe reactions to health services, it needs to be addressed.

Overall, these responses suggest that men postpone healthcare services for a number of reasons, some of which can be addressed through programs. For example, data suggest that sending reminders about appointments and about the need to schedule screening exams might help more men get check-ups and preventive care. Providing opportunities to “get to know” the physician and staff may help overcome barriers that have emerged following negative interactions between men and their healthcare providers. Improved telephone access to staff members who can answer questions or to physicians themselves, may increase positive interactions and help overcome feelings of fear and distrust. Efforts to reduce logistical and cost barriers also are needed. Finally, feelings that visiting the doctor is a “waste of time” or too time consuming can perhaps be countered by messages that reinforce the importance of caring for oneself in order to better care for others in the *‘ohana* (family).

All focus group responses provide information that can assist in clarifying, improving and targeting health care information to Hawaiian men, as well as aid in developing health education campaigns and initiatives to motivate Native Hawaiian men into action. The NHCC is committed to applying the information from the focus groups to develop initiatives in preventive health and cancer education for Native Hawaiian men, as well as to improve access to existing cancer and general preventive health services. The committee is aware that the 2002-2003 focus groups with Native Hawaiian men represent an initial look into the perceptions, desires and attitudes of the group in regards to healthcare and anticipates continued efforts to develop a greater understanding of the needs of this population.

Conclusions

The lack of participation in routine, therapeutic and preventive health services can negatively influence overall health status of men, including Native Hawaiian men. Identifying and understanding the male experience, including their perceptions and attitudes about seeking healthcare, provide a foundation for developing initiatives aimed at reducing the barriers to care. Educational initiatives and approaches that use cultural strengths, values, and preferences in their design can enhance behavior change.

This study with Native Hawaiian male participants revealed numerous opportunities to motivate men in the process of accessing health care services and navigating the current healthcare system. Short-term changes in participation in health practices and services can be measured at the community level. The long-term benefit may be improvements in health status among Native Hawaiian men, and perhaps a narrowing of the disparities in health status among ethnic populations in Hawai‘i.

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As sleepy as a sand shark.

A person may be extremely quiet in manner and not say much, but when mad, he is like a sand shark which attacks and won't stop until very badly hurt.

Yapese proverb