

Editor's Corner

KE OLA O NA LAHUI KANAKA MA HAWAI'I

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This special issue marks the second time CJHP has focused on health and health promotion in Hawai'i. We are particularly pleased to offer another venue highlighting Hawaii's health because there appears to be a lack of awareness among the broader community about the unique health challenges facing Hawaii's residents. Whether this lack is grounded in geographical, cultural, or professional isolation – or a unique combination thereof - it affects how Hawai'i is viewed among domestic and international communities. This relative silence about the salient health issues in Hawai'i and activities among health promotion professionals in Hawai'i perpetuates this isolation, frustrates health professional efforts, and inhibits investment in the Hawaii's health promotion infrastructure. As a previous resident of Hawai'i now living on the mainland and teaching multicultural health, I am continually dismayed that a semester does not go by without my students expressing amazement that Native Hawaiians experience poor health outcomes, that there are serious environmental challenges facing Hawai'i, that access to health care is thwarted by a tourist-based economy and geographical isolation, and that the unique cultural, religious, and economic history of Hawai'i has contributed to these problems. Most people on the "mainland" view Hawai'i as a vacation destination and feel that things couldn't possibly be too bad with all those palm trees, pineapples, and perfect beaches. Well folks, there are serious challenges to Ke Ola O Na Lahui Kanaka Ma Hawai'i. Fortunately, there are hard-working health promotion professionals dedicated to investigating and ameliorating these hardships. This second CJHP special issue on health in Hawai'i presents a small portion of these activities with the hope that by

contributing to awareness, commitment to change will continue to grow.

This issue furthers the educational focus on the affects of European and American colonialization of Native Hawaiians (Kanakanaka Maoli) and its impact on current health and health care behavior in Liu's *E 'ao lu'au a kualima: Writing and Rewriting the Body and the Nation*. While Hawai'i is well-known for enjoying greatest longevity in the nation (U.S. Census Bureau, 2005), disaggregating these data show that Native Hawaiians are among the least healthy U.S. citizens. Native Hawaiians are over-represented in morbidity and mortality in Hawaii with disproportional rates of infant mortality, breast cancer, obesity, type II diabetes, asthma, hypertension, accidents, suicide and new cases of HIV (Bureau of Primary Care, 2005; Hawai'i State Department of Health, 2004). Expanding the discussion from the first CJHP special issue on the sociopolitical efforts of the Hawaiian cultural renaissance and sovereignty movements, this second issue includes an article by Shehata, Anthony, and Maskarinec (*Navigating Change: A Voyage to Connect Science and Culture with Health*) highlighting the links between Hawaiian health and a greater understanding of science and culture through the journeys of the Hokule'a (the traditional double-hulled outrigger canoe launched originally in 1973 by the Pacific Voyaging Society). Furthermore, as member of the Polynesian Triangle, Hawai'i is home to many other Polynesian communities that face similar ethnic and historical experiences confounded by loss of assets and support due to immigration. In their article *Micronesian Migrants in Hawaii: Health Issues and Culturally Appropriate, Community-Based Solution*, Pobutsky, Buenconsejo-Lum, Chow,

Palafox, and Maskarinec describe the challenges faced by recent immigrants from Micronesian island nations from both an historical perspective and current efforts to implement culturally competent health promotion programs. Specifically, Reddy, Shehata, Smith, and Maskarinec present a pilot study of a community-based project on type 1 diabetes among Marshallese emigrants in their article, Characteristics of Marshallese with Type 2 Diabetes on Oahu: A Pilot Study to Implement a Community-based Diabetic Health Improvement Project.

The almost bi-polar nature of topics in this issue is interesting and telling. Transitioning quickly from cultural disruption of Polynesians and its impact on past and current indigenous health, the remaining articles in the issue are about chronic illness – typically the burden of post-industrial communities – and about current efforts to address these problems. This broad spectrum of topics exemplifies the uniqueness of Hawaii's history and current experiences.

Two articles in this issue contribute to our understanding of correlates of behaviors related to the prevention chronic illness among Hawai'i residents. Choy and Maddock discuss the prevalence of and correlations between self-imposed smoking bans in homes and personal cars and exposure to environmental tobacco smoke in Correlates of Smoke-Free Policies in Homes and Cars Among Hawaii Residents. Correlates of low-fat milk among Hawaii's multiethnic population are the subject of Maglione, Barnett, and Maddock's journal inclusion. This article presents sociodemographic and attitudinal factors associated with low-fat milk consumption. Profoundly, both of these studies found that health beliefs and attitudes were more strongly related to prevention behaviors than demographic factors, suggesting promise for health education and promotion efforts to affect chronic disease in Hawai'i.

Such efforts are underway and three unique programs are highlighted in this special issue. All three present the impact of reducing access barriers to health promotion activities. In

Modifying the Recess Before Lunch Program: A Pilot Study in Kaneohe Elementary School, Tanaka, Richards, Takeuchi, Otani, and Maddock explain a model program designed to investigate the impact of moving recess to before lunch (RBL) on food-waste, disciplinary problems and access to playground equipment (ostensibly related to increasing activity levels). Their pilot investigation found significant enough results in all areas to warrant the recommendation of moving to a RBL model in other Hawai'i public elementary schools. Overcoming barriers to physical activity is also the subject of Matsuoka, Nett, Stromberg, and Maddock's submission, Improving Access to Physical Activity: Revitalizing the Old Kona Airport Walking/Jogging Path. This article describes a collaborative efforts supported by the Healthy Hawai'i Initiative (Hawai'i State Department of Health) and community organizations and private businesses to conduct community-wide campaigns to promote the path and physical activity on Hawaii's Big Island. The revitalized walking and jogging path at the Old Kona Airport was well-received and well-used by local residents, improving both physical health and community pride. Duncombe, Komorosky, Kim, and Turner's article Free Inside: A Program to Help Inmates Cope with Life in Prison at Maui Community Correctional Center presents an investigation of the impact of providing meditation, yoga, and chi gung opportunities in one correctional facility in Hawaii. Significant post-program effects were found in decreased depression, increased hope, and physical-mental well-being. The study's results suggest the importance of investigating the impact of mental health promotion program for incarcerated individuals after release.

The discussion of access to health promotion opportunities would not be complete without some dialogue of health care provision in Hawai'i. In this issue, we take a unique perspective in presenting the composition, trends, and challenges of the health care workforce in Hawai'i. Inada, Withy, Andaya, and Hixon highlight "current and future physician needs for medical and non-medical professionals working to provide Hawaii's rural communities with adequate health care" in their

article, Health Workforce Assessment of Hawaii Physicians: Analysis of data from the DHHS Health Resources and Services Area Resource File, 2001. A distinct challenge faced by Hawaii's rural and ethnically diverse population is the encouraging a diverse health promotion workforce. As Withy, Bishaw and Link describe in their article on Health Careers Recruitment

Activities in the Islands, only 4% of the physicians in Hawaii are native Hawaiian while this indigenous population comprises over 20% of the general population. Their article presents recruitment activities designed to encourage minority youth to pursue careers in health in this most multiethnic state.

References

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