

**NATIVE HAWAIIAN HOMESTEAD RESIDENTS' PERCEPTIONS OF CULTURAL
SAFETY IN COMMUNITY-BASED HEALTH RESEARCH**

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I was not born and raised in Hawai‘i, nor am I a kanaka maoli (Native Hawaiian) but, with my heart, I speak for Native Hawaiians and other indigenous peoples. I represent an indigenous group, called “Tamang” from Nepal. The Tamangs, like Native Hawaiians, have rich collectivist traditions and have experienced social marginalization and health disparities. I am blessed to have had the opportunity conduct this study in Native Hawaiian Homestead communities. This work strengthened my non-Western and wholistic perspective and understanding of the importance of our cultures. I have also cultivated knowledge and appreciation of Native Hawaiian culture, language, and history. I hope that this modest work will serve as a first step toward more visibility for the construct of cultural safety in the Hawaiian context, and that it will also add value to cultural revitalization and the sovereignty movement.

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ABSTRACT

Background

Native Hawaiian communities have consistently expressed distrust and raised concerns about their participation in research programs that disregard the cultural norms. Thus, they are reluctant to participate in conventional research.

Objectives

The purpose of this study was to describe Native Hawaiian Homestead residents' perceptions of "cultural safety" and assess perceptions that may affect this group's participation in research.

Methods

Qualitative data were collected from three purposively selected Hawaiian Homestead communities, Wai'anae, Papakolea, and Waimanalo (N = 27 adults). Three community co-facilitators were recruited and trained in qualitative research methods. Five focus groups and five key informant interviews were conducted. All participants completed a social-demographic survey. Data were audio-recorded, transcribed, and coded. Data analysis involved a content analysis and co-analysis with the community co-facilitators.

Results

Six major themes emerged, including that upstream factors influence perceptions of cultural safety, that attention to the ethical values of Hawaiian culture and Homestead communities promotes cultural safety, that culturally safe research reflects "culture" as multi-

dimensional, that community empowerment is intricately linked to cultural safety, that cultural safety is relationally-based, and that safety is wholistic with systemic and community factors influencing personal perceptions.

Conclusions

Native Hawaiian Homestead residents were skeptical about conventionally conducted research that disrespected their indigenous culture and that ignored public engagement. Therefore, cultural safety is a relevant concept for promoting the active engagement of residents in research that honors the cultural preferences. The cultural safety framework also facilitates the dignity, justice, and wellbeing of Hawaiian Homestead residents.

Implications

Ethically designed and culturally safe research provides the right evidence and direction for appropriate and locally-fit solutions. Social welfare and health research interventions will be effectively implemented in Native Hawaiian communities if they are culturally safe. Cultural safety training will be useful for building the capacity of policy-makers, researchers, and professionals. Researchers will pay attention to cultural safety aspects, be respectful and sensitive to the culture. Agencies such as universities, hospitals, and schools will develop culturally safe policies and design unique programs that meet the need of indigenous peoples, including Native Hawaiians. They can recognize their responsibilities of readdressing the “unsafe” policies and practices by redistributing the power and resources.

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ABBREVIATION

AHRQ	Agency for Health Care Research and Quality
APIAHF	Asian Pacific Islanders American Health Forum
ASU	Arizona State University
BMI	Body Mass Index
BP	Blood Pressure
BYU	Brigham Youth University
CAB	Community Advisory Board
CBPR	Community Based Participatory Research
CBS	Central Bureau of Statistics
CDC	Centers for Disease Control and Prevention
CITI	Collaborative Institutional Training Initiative
COFA	Compact of Free Association
CRDG	Curriculum Research and Development Group
CSWE	Council on Social Work Education
DPP-LI	Diabetes Prevention Program Life Intervention
DHHL	Department of Hawaiian Home Lands
DOH	Department of Health
ECE	Early Childhood Education
FAS	Freely Associated States
FEDS	Family Education Diabetes Series
FGD	Focus Group Discussions
FPIC	Free, Prior, and Informed Consent
FSM	Federated States of Micronesia
GED	General Educational Development
GMO	Genetically Modified Organisms
IFAD	International Fund for Agricultural Development
ILO	International Labor Organization
IPR	Intellectual property rights
IRB	Institutional Review Board
IFAD	International Fund for Agricultural Development

IPR	Intellectual property right
IWGIA	Indigenous Work Group for Indigenous Affairs
KS	Kamehameha Schools
NASW	National Association of Social Workers
NHHCS	Native Hawaiian Health Care System
NHPI	Native Hawaiian and Pacific Islanders
NIH	National Institutes of Health
NZ	New Zealand
OHA	Office of Hawaiian Affairs
PCA	Papakolea Community Association
PCDC	Papakolea Community Development Corporation
PI	Principal Investigator
PILI	Partnership for Improving Lifestyle Interventions
PTSD	Post Traumatic Stress Disorder
SDOH	Social Determinants of Health
SCHHA	The Sovereign Councils of Hawaiian Homesteads Assembly
SEER	Strength-Enhancing Evaluation Research
TB	Tuberculosis
UN	United Nations
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPII	United Nations Permanent Forum on Indigenous Issues
U.S.	United States
USAPI	U.S. affiliated Pacific Island Nations
WCCHC	Waianae Coast Comprehensive Health Center
WHHA	Waimanalo Hawaiian Homestead Association
WHO	World Health Organization

CHAPTER 1. INTRODUCTION

The social determinants of health profoundly affect the wellbeing of indigenous peoples around the world. The impacts of colonization, cultural genocide, systemic discrimination on native peoples, cultural misunderstanding, and negative communications between Western trained researchers and indigenous participants each play a part in shaping such determinants. These factors have hindered participation in health research projects by indigenous people, as negative experiences may cause indigenous people to feel “culturally unsafe”. This chapter provides background on the current inquiry concerning the relevance of cultural safety in engaging the participation of socio-economically disadvantaged yet culturally rich communities in research projects aimed at addressing persistent health disparities (Minkler & Wallerstein, 2008). This study focuses on the health of Native Hawaiians, the indigenous people of the Hawaiian Islands. Critical issues related to indigenous people’s participation in health research are highlighted to set the context for understanding the potential relevance of cultural safety in health disparities research with and for the indigenous people of Hawai‘i.

The concept of cultural safety was developed by Dr. Irihapeti Ramsden in Aotearoa (New Zealand) to provide quality care within the Maori culture’s values and norms (Papps & Ramsden, 1996; Goldsmith, 2005; Richardson, 2004; Crampton et al., 2003). Similarly, it was developed in response to excessive or culturally insensitive research that lead to a kind of “cultural heart-sickness” for many Maoris with respect to most pakeha (New Zealander of European descent) research findings and methodologies (Culpitt, 1995). The concept has been extended to nursing and medicine across New Zealand, Australia and Canada, but has not yet been widely examined in the U.S. (Anderson, Perry, & Blue et al., 2003). Culturally unsafe indicators include: i) low utilization of available services, ii) denial of suggestions that there is a

problem, iii) non-compliance with referrals or prescribed interventions, iv) reticence in interactions with practitioners, v) anger, vi) low perceptions of self-worth, and vii) complaints about the lack of cultural appropriateness of tools and interventions (National Aboriginal Health Organization, 2008). Researchers have documented similar difficulties experienced by Native Hawaiians and, thus, current modes of Western healthcare intervention and research may not be as appropriate or effective with Native Hawaiians (Mokuau, 2011; Kaholokula, 2010; Ka'opua 2008; Oneha, 2001). Health research involving indigenous people, whether initiated by a community itself or by research institutions, needs to be organized, designed and carried out in manners that take account of cultural differences, that are based on mutual respect, and that are beneficial and acceptable to both parties (WHO, 2003).

This chapter summarizes the problem of health disparities among Native Hawaiians, their negative experiences in health research, and this group's unique strengths residing in their indigenous traditions and practices. To date, cultural safety has not been systematically explored in the context of community-based health research with Native Hawaiians. Therefore, attention to cultural safety with and for Native Hawaiians is needed. This study is a first step in assessing the relevance of cultural safety in community-based health research with Native Hawaiian Homestead residents.

Background

Across the world, indigenous peoples today experience chronic ill health (Woodman & Grig, 2007). The health disparities among indigenous people in the U.S. are pervasive, pressing, and deserving of research attention. Native Hawaiians have the highest rates of chronic diseases such as diabetes, and heart diseases compared to other racial groups in Hawai'i; the overall mortality and morbidity rates far exceed those of most other U.S. ethnic groups (ibid, 2011a).

They are a culturally rich but medically underserved population who have lower social status and lower life expectancy (U.S. Department of Health and Human Services, 2011b).

Many indigenous scholars have described that Native Hawaiian communities have consistently expressed distrust and raised concerns about their participation in research that disregards cultural norms. Thus, they are reluctant to participate in conventional research (Fong, Braun & Tsark, 2003; Mokuau et al. 2008; Kaholokula, 2010; Ka'opua et al., 2011). Western positivist research has been ill-received by these communities, and the current situation thus provides a rationale for using a Community-Based Participatory Research (CBPR) approach in health research.

Culture and Health

Culture is an important part of people's lives, the ways they live, and their shared experiences (Merriam, 2009; Helman, 2007; Moore & Butow, 2004). The concept of culture has been challenged over recent years in academic circles (Kruske, Kildea & Barclay, 2006). There is no universally agreed definition, though most definitions of culture essentially refer to values, beliefs, and ideas shared among groups of people that structure the behavior patterns of a specific group. Together, culture is comprised of blended patterns of human behaviors that include thoughts, communications, actions, customs, and institutions of racial, ethnic, religious or social groups (CDC, 2012; Moore & Butow, 2004). Culture also includes worldviews, ways of knowing, and ways of communicating. Culture is the set of attitudes, languages, symbols, rituals, and customs of a group of people. The way we define ourselves culturally (by ethnicity, religious belief, politics, sexual orientation, disability, age and more) affects what we will do for our health. Culture should be regarded as a set of distinctive spiritual, material, intellectual and emotional features of a society or a social group that encompasses, in addition to art and

literature, lifestyles, ways of living together, value systems, traditions and beliefs (UNESCO, 2001).

Culture is not static; therefore, health beliefs and actions should be examined within the context of culture, history, and politics (Airhihenbuwa, 1995). Culture cannot be understood, explored, or examined without consideration of the politics and history that influence them (Kruske, Kildea & Barclay, 2006). Moreover, culture is learned and shared across generations. It influences many aspects of human lives and family structure, as well as most relations and day-to-day behaviors including attitudes towards illness, diseases, death and healthcare services (Moore & Butow, 2004, Helman, 2007). Culture shapes our health as much as our genes do. Culture influences health and healing practices, since different cultural groups have a variety of belief systems regarding health and healing in comparison to the Western biomedical model of medicine (Vaughn, Jacquez & Baker, 2009). Culture and ethnicity influence how people participate in a health system, their access to health information and their lifestyle choices. Each culture creates its own responses to health and disease.

Health is a collective experience, which are not always quantifiable (Airhihenbuwa, 1995). In order to understand the health of an indigenous group, one has to follow the cultural codes and understand the meanings of certain actions or behaviors. A unique cultural belief may have impacts on perceptions of health, healing, and care practices. Not surprisingly, many indigenous people often use traditional healings and practices in their community before seeking professional care or in tandem with professional care. Therefore, researchers must employ culturally sensitive methods to examine varied health behaviors (Airhihenbuwa, 1995). Culturally based solutions can either complement or substitute for Western treatment and interventions (Mokuau, 2011). Strategies to improve population health must address the entire

range of factors that determine health. Therefore, eliminating the cultural, racial, and linguistic barriers is of fundamental importance to reduce social disparities. It is also counterproductive to target individuals for health promotion efforts without considering the effects of those individuals' culture, language, and the environment (Airhihenbuwa, 1995).

Statement of Problem

Many health research projects conducted with indigenous people in the past have been inappropriate and exploitive (Denzin, Lincoln & Smith, 2008; Cochran, Marshall, Gracia-Downing, Kendall, Cook, McCubbin & Marsella, 2008; Smith, 1999). Some of them have even been disempowering to indigenous communities (Smith, 1999). The colonial regimes have frequently mistreated, disrespected, and exploited indigenous peoples. Therefore, many indigenous communities are highly critical and distrustful of conventional research methods. Thus, there are resulting levels of distrust of Western trained conventional (traditional) researchers. Indigenous community members often identify issues such as the misappropriation of culturally and spiritually sensitive information as contributing to such mistrust. Indigenous communities most impacted by health inequalities are not often even included in research. Therefore, culturally responsive and participatory research is more likely to be relevant in and with indigenous communities. This begins with a research topic that is of importance to the community with the aim of combining knowledge and action for social change to improve community health (Minkler, Wallerstein & Wilson, 2008). Thus, critical consciousness and meaningful participation are both crucial for conducting research with a culturally unique population.

Indigenous communities face cultural and linguistic barriers while taking part in the research interventions. Understanding culture is crucial to work with indigenous communities.

Language, both verbal and non-verbal, is a crucial tool of persuasive communication, and cultural factors can promote or hinder the success of health research (Airhihenbuwa, 1995). Indigenous people have unique cultural beliefs and different perceptions that impact their health behavior, care practices and health outcomes (Airhihenbuwa & Liburd, 2006). Culturally adopted programs promote participation and can be implemented effectively among Native Hawaiians and Pacific people (Mau, Kaholokula, West & Leake et al., 2010; Ka'opua et al., 2011; Sinclair et al., 2013). Likewise, health research is also supposed to be respectful of and responsive to cultural and linguistic needs (U.S. Department of Health and Human Services, 2010). Therefore, eliminating cultural and linguistic barriers to quality healthcare is fundamentally important.

Some community-based health interventions have successfully engaged indigenous communities. However, there are limitations to and challenges for CBPR, particularly in terms of indigenous peoples' participation. The CBPR principles are inclusive of recognition of identity and local relevance while being respectful to culture, understanding of language and knowing how people understand and prefer things to happen (Israel, Schulz, Parker, Becker, Allen & Guzman, 2003). However, CBPR does not specifically include attention to cultural safety and its contributions to people's active and meaningful engagement.

CBPR is used with increasing frequency in various disciplines of social science that are at the nexus of public health. Several agencies are also promoting social justice through CBPR, service learning or community-academic partnerships in the U.S. CBPR is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings (Israel et al., 2003). Thus, researchers need to continue seeking methods to better reflect on the 'culture and context' of the communities with whom

they work (Christensen, 2012). Eliminating such limitations of CBPR and promoting “cultural safety” in health research may increase people’s engagement and maybe likely to have a greater impact on reducing health disparities.

Cultural safety can be an appropriate concept and tool for empowering indigenous communities because it focuses on protecting the integrity of customs and protocols, and protecting rights. Cultural safety not only recognizes the historic power dynamics that come into play when Western mainstream institutions (for example professional schools, healthcare systems, academic and research institutions) interface with indigenous cultures. Crampton et al., (2003) describe that mainstream health researchers should ideally embrace the endeavor of deep cultural understanding and practice in ways that integrate indigenous cultural preferences. Cultural safety refers to “an environment which is safe for people” (Williams, 1999), whether these interventions are practiced or implemented by non-indigenous or indigenous researchers.

Historic trauma and cultural wounding are identified as critical contextual considerations when addressing Native Hawaiian and Pacific Islander (NHPI) disparities (Cook, Withy, & Tarallo-Jensen, 2003; Fong, et al., 2003; Kaholokula, 2007; Ka’opua et al., 2010). Native Hawaiian’s use of health services and participation in health research are impacted by the historic trauma and cultural denigration. Historic trauma is an inter-generational phenomenon characterized by a group’s sustained exposure to cultural genocide, systemic discrimination, and marginalization. Wounding occurs when the culture of an individual or community is denigrated for poor health outcomes. Historic trauma and cultural wounding maybe addressed, at least in part, through attention to cultural safety.

Therefore, cultural safety can be of significance to Native Hawaiian Homestead residents. Understanding culture and promoting cultural safety might be crucial concepts for researchers,

especially for outsiders. There is a need to explore further evidence as to whether Native Hawaiians are involved in culturally safe health and social welfare research. McCubbin (2006) describes that cultural safety is inclusive of the 'ohana that plays a key role in determining cultural safety. It affects how information is communicated to a healthcare provider. Thus, the purpose of this study is to gain a better understanding of cultural safety in terms of Native Hawaiian health research specifically in relation to CBPR. This study is aimed at examining whether processes that respect and take into account indigenous people's culture (cultural safety) empowers and engages them in research. The study explores the experiences and perceptions of Native Hawaiian Homestead residents about their culturally safe participation as it applies to health research. This also identifies the cultural barriers and limitations of implementing CBPR that can be eliminated by plaiting cultural preferences and traditional wisdom of the communities. This descriptive, exploratory study will investigate what cultural safety is like to Native Hawaiian Homestead residents.

Purpose

The purpose of this study is to explore the relevance of cultural safety as a construct for guiding the engagement and participation of Native Hawaiian Homestead residents in community-based research on improving health and wellbeing. Specific aims are to conduct focus groups and key informant interviews that: (a) describe Native Hawaiians Homestead residents' perceptions of health research, including benefits and harms experienced through study participation and (b) identify values, practices, and approaches that facilitate cultural safety in the community-based health research endeavor.

Research Questions

- What values and practices encourage Native Hawaiian Homestead residents' participation in

community-based research aimed at improving Native Hawaiian health and wellbeing?

- What are the lived experiences of Native Hawaiian Homestead residents who have participated in community-based participatory health research?
- What Hawaiian cultural values and practices influence participation in community-based health research?
- In the lived experiences of Native Hawaiian Homestead residents, what strategies promote cultural safety?

Summary

Health disparities among indigenous people living in the U.S. are pervasive and pressing, and thus health of indigenous people is an issue deserving of research attention. Native Hawaiians are burdened by numerous health disparities, which are caused by other socio-economic disparities. In comparison to other ethnic and racial groups living in Hawai‘i, Native Hawaiians have the highest rates of diabetes, cardiovascular diseases, and other chronic conditions. Further, the overall mortality and morbidity rates for Native Hawaiians exceed those of most other ethnic groups in the U.S. Cultural safety seeks to honor indigenous identity and affirm a context wherein indigenous perspectives. Cultural safety is an emerging concept, which can be a useful while working among Native Hawaiians. Dr. Ramsden, a Maori health educator of Aotearoa conceived of cultural safety, but it has relevance for Native Hawaiians and other indigenous groups who may have experienced a lack of safety in Western health services and conventional research. In order to explore the relevance of cultural safety in terms of engagement and participation of Native Hawaiians, qualitative methods of inquiry are proposed to elicit what might be essential to include in developing culturally safe strategies for Native Hawaiian Homestead communities.

CHAPTER 2. LITERATURE REVIEW

This chapter includes a review of the scholarly literature on indigenous health, community engagement, and health disparities with relation to Native Hawaiians. The chapter presents the indigenous worldview and a wholistic perspective of health and wellbeing while providing a brief summary of the Native Hawaiian culture and their chronic health disparities. It then assesses the current trends in using CBPR for health and social research involving indigenous populations. One trend identified is the current shift to indigenous modes of inquiry in applied social science, including studies on social welfare and public health. Employing participatory approaches in health research interventions has been pivotal to the successful reduction of chronic health disparities among indigenous populations. By knowing the context, relevance and rationale for such studies, we can better understand how Native Hawaiian Homestead residents perceive, experience, and respond to CBPR as well as the implications for cultural safety and engagement in such forms of health research. This chapter also describes the conceptual frameworks that have been used in designing and conducting this study.

Indigenous Peoples and their Worldviews

The terms “Indigenous” and “Native” are used interchangeably to refer to people who are the original inhabitants of a specific geographical area. According to Convention 169 of the International Labor Organization (ILO) concerning indigenous and tribal peoples in independent countries, indigenous peoples are the heirs of original peoples. They “descend from populations that inhabited a geographical region at the time of the conquest or colonization or during the establishment of current state borders and that, whatever their legal status, preserve all their social, economic, cultural and political institutions, or part of them” (International Labor Organization, 2014).

An estimated 370 million indigenous peoples live in over 70 countries worldwide (World Health Organization, WHO (2011a). They comprise more than 5,000 different groups and speak some 4,000 languages (International Fund for Agricultural Development, 2011). They represent a rich diversity of cultures, religions, traditions, languages and histories and maintain cultural and social identities, and social, economic, cultural and political institutions that are different from the mainstream or dominant society or culture (WHO, 2011a). Importantly, in comparison to their non-indigenous counterparts, indigenous peoples tend to be disproportionately burdened by chronic health problems. In most countries, indigenous peoples are the single group that is most marginalized, less healthy, less educated and likely to face discrimination and be denied full access to human rights (WHO, 2011a; Indigenous Work Group on Indigenous Affairs, 2006). Although indigenous peoples account for an estimated 5% of the world's population, 15% of them are living in poverty (International Fund for Agricultural Development, 2011).

Historically, indigenous peoples around the world have been marginalized, stripped of their cultures, dignity and collective rights of landholdings and natural resources. Similarly, they have even been unethically treated in health and social research (Denzin, Lincoln & Smith, 2008). They often have much in common with other marginalized segments of society, in that they lack adequate political representation and participation, lack access to social services, and face exclusion from decision-making processes on matters affecting them directly or indirectly (United Nations, 2008). The United Nations Declaration on the Rights of Indigenous Peoples (2007) has noted that, "Indigenous peoples have suffered from historic injustices as a result of the colonization and dispossession of their lands, territories and resources. Colonization and dispossession have in turn prevented them from exercising their right to development in accordance with their own needs and interests".

Article 31:1 of the aforementioned Declaration states that the indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and cultural expressions, as well as the manifestations of their sciences (UN Declaration on the Rights of Indigenous Peoples, 2007, p. 11). Rights over land and the ability to maintain traditions and “cultural-continuity” on that land are crucial for good health (Woodman & Grig, 2007). Despite colonization, many indigenous groups retain, at least in part, their traditional language, lifestyle, and spiritual beliefs (Hurst & Nader, 2006). There are significant differences in the circumstances of indigenous peoples in various parts of the world, manifested by varying degrees of dispossession, different health experiences and diverse political relationships.

Indigenous peoples have different worldviews from those of Westerners. There are some major fundamental commonalities among them in their experiences and worldviews (Durie, 2004). Indigenous peoples, as collectivities, have distinct and unique cultures; systems and their current needs and aspirations for the future maybe different from those of the mainstream population (Dahl & Rose, 2010). Indigenous worldviews are wholistic, integrating the past, present and future through the layering of knowledge and lived experiences. Simpson (2000) outlines seven principles of indigenous worldviews, which can be considered as resilience factors. They include: i) knowledge is wholistic, cyclic and dependent upon relationship and connections to living and non-living beings and entities, ii) there are many truths, dependent upon individual experiences, iii) everything is alive, iv) all things are equal, v) land is sacred, vi) the relationship between people & spiritual world is important, and vii) Human beings are the least important in the world. For example, like in many indigenous cultures, Native Hawaiians believe that they are the children of Papa, or mother earth, and Wakea or father sky, who created the sacred lands of Hawai‘i Nei. From these lands came the kalo (taro), and from the kalo, the

Hawaiian people (Trask, 1999). So, the caring of land “malama ‘aina”, practice of the reciprocal relationships with the land is emphasized.

Indigenous worldviews emphasize the collective affiliation, cooperation and the interdependence of individuals, and strong role of groups and families, where most decisions are made collectively; while Western culture is considered individualistic, competitive, direct, assertive and self-assured (McLaughlin & Braun, 1998; Lynch and Hanson, 2004; Ranzijn, McConnochie, Day & Nolan, 2006; Browne, Mokuau & Braun, 2009). Most indigenous worldviews thus contrast with Western values and practices. For example, Western culture is based on individualistic nature that often results in cultural inappropriateness in the case of indigenous cultures (Airhihenbuwa, 1995).

Indigenous Health: A Wholistic Approach

Indigenous peoples’ concepts of good health often differ from those of mainstream society. Indigenous views of good health consider the whole person: physically, spiritually and socially. Thus, health extends beyond one’s physical condition; rather, it is seen as wholistic, encompassing all parts of oneself including physical, mental, emotional, and spiritual wellness (McIvor, Napoleon & Dickie, 2009). Health, illness, and cultural life form unique, interconnected relationships in the lives of indigenous people. Health and illness are socially produced and distributed, while poor health has long been associated with social conditions such as dispossession, exclusion and poverty (Saggers & Gray, 2007).

Thus, health is essentially a bio-psychosocial and spiritual phenomenon (Gehlert & Browne, 2006; McCubbin, 2006; Moniz, 2010, Mokuau, 2011). An individual’s health is determined not only by biomedical factors, but also by psychosocial, cultural, spiritual and environmental factors. It is likewise influenced by complex interactions between individual

characteristics, social and economic factors. Such circumstances and systems are in turn shaped by a wider set of forces like economics, social policies and politics (WHO, 2011b). Both health and illness have non-medical and non-behavioral precursors, which are economic and social conditions that influence the health of individuals, communities and jurisdictions as a whole (Raphael, 2004).

The best way to achieve health equity is by addressing the social determinants of health (SDOH) that are defined as those circumstances in which people are born; those in which they grow up, live, work and age; and the systems available when dealing with illness (WHO, 2011b). SDOH is increasingly popular concept, introduced in 1970s, include life-enhancing resources, such as food supply, housing, economic and social relationships, transportation, education and healthcare, whose distribution across populations effectively determine average length and quality of life (Schulz, Krieger & Galena, 2002; Ramirez, Baker & Metzler, 2008). An approach that considers SDOH therefore expands upon the traditional approach to disease prevention focusing on an individualized and biomedical understanding of health. Since the former approach sees the mainsprings of health as being how a society organizes and distributes economic and social resources, it directs attention to economic and social policies as a means of improving public health (Raphael, 2004).

Understanding and dealing with the SDOH is necessary not only to improve health but also because such improvements will indicate that society has moved in a direction of meeting human needs (Marmot, 2005). Therefore, in order to understand the root causes of health disparities, we need to examine the social environments in which chronic conditions persist. Likewise, historical trauma exists among most indigenous populations due to colonization, domination, slavery, racism and oppression, each of which impacts the SDOH and health

outcomes of indigenous peoples (Sotero, 2006). Historical trauma can be defined as cumulative emotional and psychological wounding, including the lifespan and across generations, which emanates from massive group trauma experiences (Braveheart, 2003; Braveheart, Chase, Elkins & Altschul, 2011). Many indigenous peoples have experienced cultural historical trauma, which are the psychological, physical, social and cultural aftermath of the colonialism (Blaisdell, 1989; Sotero, 2006; McCubbin & Marsella, 2009). Understanding how historical trauma influences the current health status of indigenous populations will provide insights and new directions for eliminating health disparities (Sotero, 2006), and this can further explain how and why certain populations have a higher burden of disease than others. According to Sotero (2006) historic trauma maybe experienced by one generation and re-experienced by subsequent generations through ongoing social marginalization.

The health status of indigenous peoples varies significantly from that of non-indigenous population groups in countries all over the world (WHO, 2011b). They tend to struggle with poorer health and wellbeing than their non-indigenous counterparts (Mendenhall, Berge, Harper, Green Crow, Little Walker, White Eagle, & Brown Owl, 2010). Most of them suffer from disparities across a range of health indicators, including high prevalence of diabetes, obesity, smoking, violence, and substance abuse compared to other non-indigenous groups (CDC, 2004; Hurst & Nader, 2006). For example, aboriginals and Torres Strait Islanders in Australia have a diabetes rate six times that of the general populace. Likewise, mental health problems and suicide among indigenous populations are generally higher. The suicide rates for Inuit youth in Canada are 11 times the national average, and indigenous infant mortality rates in Panama are more than triple that of the non-indigenous population (WHO, 2011b).

Moreover, an individual's health is influenced by personal and inter-personal, social and

ecological factors. Bronfenbrenner (1979)'s theory of ecological perspective assumes that human behavior interacts with multiple ecological levels of influence. First is the individual level, including personal characteristics that are responsible for human behavior and are influenced by cognitive factors. Second, interpersonal, includes immediate social settings such as family, peer groups, and work manager influence, which are important sources of social control. Third, the community comprises work factors including institutional policies and regulations, and the administrative environment. The fourth level, societal, includes cultural and social norms, as well as the influences of mass media and politics.

Native Hawaiian Culture and Health

The U.S. Census (2010) estimated the population of indigenous peoples, including that of more than one race, to be 4.5 million (or 1.5 % of the total U.S. population). Of this group, 2.78 million (0.9%) identified themselves only as Native Americans or Alaska Natives. In U.S., there are 565 federally recognized indigenous tribes who speak more than 250 languages. Similarly, Native Hawaiians and Pacific Islanders (NHPI) comprise 0.2% of the U.S. population, which has increased by 35.4% since 2000 (U.S. Census, 2010).

Table 1:

Indigenous Population in U.S.

	Total Estimates	% U.S. population	% Increased from 2000
TOTAL U.S. POPULATION	308,745,538	100	9.7
Native American/Alaska Natives	2,078,000	0.9	18.4
Native Hawaiian and Pacific Islander (Alone)	540,013	0.1	-
Native Hawaiian and Pacific Islander (In combination with other races)	618,000	0.2	35.4
TOTAL INDIGENOUS POPULATION IN U.S.	4,005,000	1.5	-

Note. U.S. Census, 2010

The 1959 Statehood Admissions Act of Hawai‘i defines a Native Hawaiian person as “any individual who is a descendant of the aboriginal people who, prior to 1778, occupied and exercised sovereignty in the area that is now constitutes the State of Hawai‘i” (Hawai‘i Statehood Admissions Act of Hawai‘i, 1959; McCubbin & Marsella, 2009). This standard applies regardless of any blood quantum. Native Hawaiians prefer to be referred to as “kanaka maoli” which means “true” or “real” person (McCubbin & Marsella, 2009). In general, Native Hawaiians are religious, kind, humble, merciful and generous people, and language is the key to Hawaiian culture (Kame‘eleihiwa, 1992).

Table 2:

Native Hawaiian Population by County in Hawai‘i

Area / County	Native Hawaiian Alone		Native Hawaiian Alone or in Combination with one or More other Categories of same race		Native Hawaiian Alone or in Any Combination	
	Total	%	Total	%	Total	%
Hawai‘i	15,812	8.5	16,355	8.8	54,919	29.7
Honolulu	47,951	5.0	51,091	5.4	182,120	19.1
Kalawao	37	41.1	37	41.1	46	51.1
Kaua‘i	5,097	7.6	5,215	7.8	16,127	24.0
Maui	11,440	7.4	11,782	7.6	36,758	23.7
State of Hawai‘i	80,337	5.9	84,480	6.2	289,970	21.3

Note. U.S. Census, 2010; Office of Hawaiian Affairs Data Book, 2006.

The majority of Native Hawaiian and Pacific Islanders in U.S. live in Hawai‘i and Western States such as California and Washington. The highest NHPI populations residing in U.S. are Hawai‘i (29%) and California (23%). The counties with largest NHPI population are Honolulu (233,637), followed by Hawai‘i (62,487) and Los Angeles (54,169). The U.S. Census (2010) reported that 540,013 NHPI people lived in the U.S.; out of this total, 28.9% were Native Hawaiians, 20.3%, Samoans, 16.4% Guamanian or Chamorro, and 34.4% other Pacific Islanders (Table 3). Most of the people who are culturally Hawaiians today are of mixed ethnicity; about 56% of them reported being of multiple races (U.S. Census, 2010).

Table 3:

Major NHPI Populations and their Residential Distributions

Major NHPI Population in (U.S.)	Native Hawaiians	Samoans	Guamanian/ Chamorro	Other Pacific Islanders
Percentage	28.9%	20.3%	16.4%	34.4%
States with Highest NHPI Population	Hawai'i 29%	California 23%	-	-
Counties with largest NHPI populations	Honolulu 233,637	Hawai'i 62,487	Los Angeles 54,169	-

Note. U.S. Census, 2010.

Most Pacific cultures emphasize collective identities, communalism, and holism; they subscribe to particular values, behavioral styles, and worldviews (Yamashiro & Matsuoka, 1997). Hawaiian culture includes the Hawaiian language, a subsistence economy based on kalo (taro, a tropical plant with a starchy, edible root) and fishing (Norgren & Nanda, 1996). In Hawaiian tradition, emphasis is given to mutuality in human relations expressed through the sharing of material goods and cooperative labor, feasting as a source and expression of community, and child adoption as an important means of forging kinship relations (Norgren & Nanda, 1996). Central to traditional Hawaiian culture is the spiritual as well as economic relation with natural resources and land (Norgren & Nanda, 1996). Hawaiians had an extraordinary knowledge of the arts of fishing and planting, the properties of certain medicinal plants, and dietary practices. The arts and crafts of old Hawai'i included the carving and making of bowls,

weapons, feather work, nets, baskets, and cordage (Emory, 1999). Traditional Hawaiian diets included laulau, lomi salmon, and poi.

The Hawaiian word for health is *ola*, which means life, health, wellbeing, living, salvation, alive, spread, healed; to live, to spare, heal, grant life (Pukui & Elbert, 1992). Yet *ola* is a way of living, rather than simply a state of being healthy (Chun, 2011). The concept of *mana* (life force or energy) is also central to Native Hawaiian concept of health and success (Henry, 2007). Native Hawaiian health is more than morbidity and mortality, but includes spiritual wellbeing; it is knowledge-based with a positive sense of wellness and a balance of responsibilities and relationships (Dupont, Martin, Mokuau & Paglinawan, 2010; Chang, 2001). Culturally appropriate strategies can improve Native Hawaiian health (Henry, 2007; Ka'opua, 2011).

Native Hawaiians are collectivist in culture. They place emphasis on the group (and the hierarchy within the group) and the needs of the *'ohana* (family and kinship) more so than on the rights of an individual. The *'ohana* is expansive and inclusive of close family friends and children, including adopted children, and inclusive of relatives and ancestors (McCubbin, 2006). Consequently, the *'ohana* has a significant impact on health and cultural safety (McCubbin, 2006). The wellbeing of the collective unit is valued more than that of the individual. The family is stratified by generation, and relationships are often determined by genealogical seniority. Kinship for Hawaiians is viewed in the context of the entire community, which is different from mainstream Western genealogical demarcations. Bonding and reciprocal responsibilities are prevalent in Hawaiian culture. Respecting *kupuna* (Hawaiian elder) and *kumu* (teachers of Hawaiian arts and skills), who provide guidance and affection, is integral to the values of the *'ohana*. (Anngela-Cole, Ka'opua & Busch, 2010; Mokuau, Garlock-Tau'i'ili & Lee, 2008, Lynch

& Hanson, 2004; Oneha, 2001; McLaughlin & Braun, 1998; Braun, Mokuau & Tsark, 1997; Norgren & Nanda, 1996).

Language is an important aspect of any indigenous culture. Traditionally, Hawaiian cultural knowledge was transmitted orally through stories, spoken wisdom, and verbal metaphors from kahuna and kupuna to younger generations. Hawaiian genealogy and history are kept alive through hula (dance), oli (chant), mele (music) and other creative arts. Hawaiian cultural practices and beliefs are related to land, language, and community (Oneha, 2001; Naone, 2008). Thus, culture and language play critical roles in the case of Native Hawaiian health perception, behavior and practices. Language is also a major issue in transmission of cultural values, and it is important when conducting culturally appropriate health research. Airhihenbuwa (1995) suggests that cultural practices related to patterns of knowledge production and acquisition, in the case of oral traditions, therefore must be seriously considered in health communication and research.

For Native Hawaiians, health encompasses a wholistic perspective whereby all parts of the individual (biological, psychological, cognitive, social and spiritual) and world (individual, family, community, and environment) are considered (Mokuau, 2011). The Hawaiian worldview of individual health in the micro level comprise of kino (body), uhane (soul) and mana‘o (thoughts and feelings), altogether making a pono (balance or perfect order) (Pukui & Elbert, 1992; Oneha, 2001; Duponte et al., 2010). Traditionally, illness was thought to be the result of an imbalance in the three anchors of the lokahi triangle (physical, mental/emotional and spiritual). Thus, healing traditions addressed all three and healing occurred in a wholistic way. Many Hawaiian people observe that modern doctors prescribe treatment for the physical body and neglect the psychological and the emotional (Mitchell, 1992). Health for Native Hawaiians entails a spiritual connection to their ancestral land, water, and atmosphere (Oneha, 2001).

Furthermore, as Meyer (2008) describes, Hawaiian epistemology differs from conventional Western viewpoints in terms of life and living, knowledge (true awareness) and knowing (utility/usefulness), sense of place (the land and oceans), spirituality, body-mind connection, culture, rituals and families. Native Hawaiians prefer belief systems and practices that involve holistic healing and that combine mental, physical and spiritual aspects (Office of Hawaiian Affairs, 2006). They often use alternative therapies, including lomilomi (Hawaiian massage therapy), la‘au lapa‘au (herbal or plant based healing), la‘au kahea (spiritual healing), and ho‘oponopono (conflict resolution) which means to correct, revise, edit, put to right; mental cleansing as by family discussion (Pukui & Elbert, 1992). They often combine traditional and Western medicine. Thus, they expect care from healthcare professionals that is family centered, holistic, respectful, and accepting (Vogler, Altmann & Zoucha, 2010).

Native Hawaiians and Chronic Health Disparities

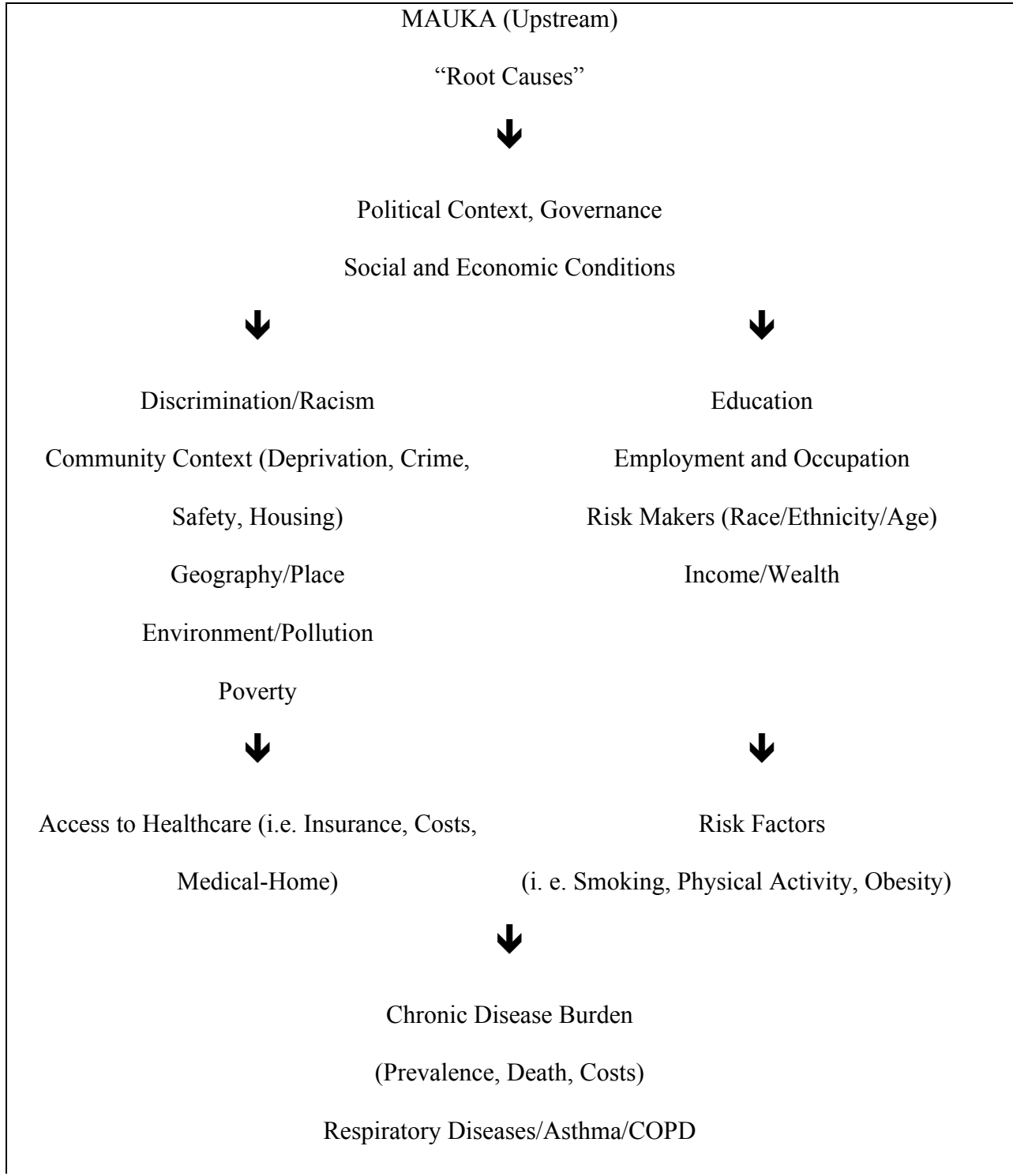
Substantial ethnic and racial health disparities exist in the U.S., and chronic health disparities among indigenous peoples nationwide are pervasive and pressing. Health disparities can mean lower life expectancy, decreased quality of life, loss of economic opportunities, and perceptions of injustice (CDC, 2004). The National Institutes of Health (2011) defines health disparities as differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the U.S. Disparities in health can be seen not only via differences in the incidence and prevalence of certain diseases, but also in social contexts. These are also preventable differences in the burden of disease, injury and violence experienced by socially disadvantaged populations that can be related to historical and current unequal distribution of social, political, economic and environmental resources (CDC, 2011; The Office of Minority Health, 2011). Disparate health

outcomes among indigenous groups are observed in early detection screening, treatment, disease incidence, disability, mortality and longevity (Gehlert & Coleman, 2010).

In their homeland, Native Hawaiians struggle with multiple health and social problems (Duponte et al., 2010; Henry, 2007). In order to understand the chronic health disparities of Native Hawaiians, we need to understand the SDOH approach that describes how and why they have different health status and outcome indicators. The social determinants of chronic health of Hawai'i can be analyzed using the flow chart described by Pobutsky, Bradbury and Wong (2011). The chart below describes upstream root causes (i.e. political, social and economic conditions) that start at the mauka side with impacts such as discrimination, racism, environmental and other community contexts. This also includes the education and occupation that determines the income and wealth; and risk makers such as race, ethnicity and age, which altogether impacts the overall health of an individual. It leads downstream towards resulting lack of access to healthcare and poor risk behaviors and, ultimately, experiencing of chronic disease burdens such as cancer, diabetes, and heart diseases at the makai side. However, this chart is a generalization, not necessarily conducive to the ecological framework that quality improvement, assessment and evaluation, outcomes and outputs require checks and balances as reciprocal feedback. Nor is this chart is specific to Native Hawaiians, as it does not describe how the Hawaiian health has been impacted by their lack of sovereignty and access to land and traditional healthy foods.

Figure 1:

Social Determinants of Chronic Health in Hawai'i



Cancer, Disability, Arthritis, Heart Disease, Stroke, Diabetes



MAKAI (Downstream)

“Effects”

Note. Pobutsky, Bradbury & Wong, 2011.

Native Hawaiians, similar to many indigenous populations across the globe, are at comparatively higher risk of multiple chronic health conditions including obesity, diabetes, cancer, hypertension, cardiovascular disease and stroke (WHO 2011b; McCubbin, 2006; CDC, 2004; Hope & Hope, 2003). They continue to have one of the highest mortality rates and one of the lowest life expectancies among ethnic groups in Hawai‘i and nationwide (Chang, 2001; Fong, Braun & Tsark, 2003; Henry, 2007). They have the highest rates of chronic diseases and, consequently, their overall mortality and morbidity rates far exceed those of most other U.S. ethnic groups (Kaholokula, 2010; Office of Hawaiian Affairs, 2006). Native Hawaiians women had the highest overall cancer mortality of 31 per 100,000 people, compared to 18.1 per 100,000 nationwide (American Cancer Society, 2003). Five-year relative survival rates for Hawaiian women are the lowest of all groups in the state and are 9% shorter than all races of women in the U.S. (American Cancer Society, 2003). Native Hawaiians had the greatest incidence of and mortality from both breast and lung cancers (Hernandez, Green, Cassel, Pobutsky, Vu & Wilkens, 2010). Obesity (37.5%) and heart disease (68%) are both high among Native Hawaiians.

NHPI have among the highest rates of cardio-metabolic disorders worldwide including obesity, diabetes, and cardiovascular diseases (Look, Trask-Batti, Agres, Mau, & Kaholokula, 2013). According to the National Institutes of Health (2011), about 30% of NHPI are likely to

suffer from high blood pressure (BP) or hypertension. They also have high rates of smoking and alcohol consumption, and a correspondingly higher rate of heart disease. Likewise, tuberculosis (TB) rates in 2007 were 21 times higher for NHPI, with a case rate of 23.0 per 10,000, as compared to 1.1 for Caucasians (ibid.). The rates of Hepatitis B and HIV are also higher among NHPI populations (CDC, 2009). According to a multi-ethnic cohort study on colorectal cancer risk conducted in Hawai‘i and California, the incidence of rectal cancer in Native Hawaiian men is higher compared to that of Caucasians (Ollberding, Nomura, Wilkens, Henderson, Kolonel, 2011). In Hawai‘i, rates of AIDS cases have decreased among all racial and ethnic groups except for NHPI (Hawai‘i State Department of Health, HIV/AIDS Surveillance Program, 2010). On the whole, NHPI bear a disproportionate burden of disease, injury, premature death, and disability (CDC, 2004). However, McMullin (2010) compares Hawaiians in Hawai‘i to those in South California who view about their health significantly differently due to a very different set of “cultural specific behaviors”. McEligot et al., (2010) shows that dietary intakes and BMI among Native Hawaiians in Southern California are influenced by culturally specific behaviors. Similarly, the U.S. Census reports that Native Hawaiians living in the continental U.S. have higher socio-economic status than those living in Hawai‘i. (U.S. Census, 2010; Braun, Browne, Ka’opua, Kim, & Mokuau, 2014).

In addition, foreign invasion and U.S. colonization have had a significant impact on the Hawaiian people since the 18th Century (Henry, 2007). Native Hawaiians suffer from higher rates of emotional distress, which maybe due to racism, real or perceived, physiological stress and the adverse health and social effects of U.S. colonization and its acculturation process (Kaholokula, 2010). Emotional distress may also be due to collective depression in the wake of

the overwhelming influences of Euro-American culture and U.S. military presence, as well as the influx of other foreigners to Hawai‘i (Kaholokula, 2010).

Table 4:

Major Chronic Diseases Experienced by NHPI.

Major Chronic Diseases	%	Counts
Heart Diseases	68	
High Cholesterol	59	
Obesity	37.5	
High Blood Pressure (BP)	30	
Diabetes	15.4	
Overall cancer mortality		31/100,000
Tuberculosis (TB)		23/10,000

Note. American Cancer Society, 2003; CDC, 2009; National Institutes of Health, 2011

Indigenous Peoples and Research

Conventional research, whatever its intentions, has silenced and distorted the experiences of those on the margins, taking a deficit-informed approach to explaining their lives and experiences. Health research that is respectful of and responsive to cultural and linguistic needs, however, is more likely to be successful (U.S. Department of Health and Human Services, 2010). Culturally based solutions (Mokuau, 2011) and culturally tailored screening programs based on CBPR principles can lead to better participation, retention and execution of community-based health interventions and research projects (Ka‘opua et al., 2011).

Mistrust between researchers and indigenous communities has nonetheless continued to widen. Harding, Harper, Stone, & O'Neill et al., (2011) suggest that academic researchers engaged in research with indigenous communities should become familiar with issues involving sovereignty, ethics and informed consent, and intellectual property rights (IPR). However, prior research conducted on indigenous people has often been inappropriate, discriminative, unjust and exploitive. Some studies have been unreliable in reducing health disparities (Cochran et al., 2008). Research has rarely directly benefited and sometimes actually harmed the indigenous communities involved. Researchers have a responsibility to cause no harm, but research has to date been a source of distress for indigenous people due to the use of inappropriate methods and practices (Cochran et al., 2008). Data collected from indigenous peoples are sometimes even abused unethically for further research. For example, in 1989, the Havasupai Tribe agreed to let researchers from Arizona State University (ASU) draw and test their blood to try to find a reason for their elevated rates of diabetes. However, ASU researchers continued using the same samples for further studies on schizophrenia, inbreeding and even migration patterns. Havasupai tribal members learned about these uses of the data and filed a lawsuit against ASU, leading to a \$700,000 settlement. The blood samples were also returned to the tribe (Mello & Wolf, 2010). Given such cases, many indigenous communities are highly critical and cynical about outsider (non-native) researchers, as there is a risk of misappropriation of culturally and spiritually sensitive information. Similarly, from the European invasion to the present day, indigenous communities have often been merely the objects of research. This reflects one important reason why indigenous communities are suffering from residual effects of healthcare disparities, as they are ill-served by Euro-American approaches to health interventions (Wallerstein & Duran, 2010; Wexler, 2011).

Therefore, it is essential to integrate cultural values of families and community into health research (Hurst & Nader, 2006). The WHO (2003) also emphasizes that health research involving indigenous people's needs to be organized, designed and carried out in a manner that accounts for cultural differences, that is based on mutual respect, and that is beneficial and acceptable to all parties involved. Similarly, for research with indigenous populations, standard measures of health such as blood pressure (BP), body weight and metabolic control should be complemented with psychosocial and spiritual outcomes that are identified by the culture (Mendenhall et al., 2010). Reaching indigenous communities requires tailored approaches that respect their values and build on their strengths (International Fund for Agricultural Development, 2011). Therefore, a CBPR approach can lead to higher levels of acceptability and participation, as well as better health for indigenous people.

Research is a process for production and constant expansion of knowledge production, and indigenous research involves the investigation of alternative ways of knowing. At the heart of this engagement in social justice and indigenous research are questions about knowledge, education, participation, and development (Smith, 2006). Research for social justice expands and improves upon the conditions for justice.

Community Engagement and CBPR

Culturally grounded research on the health disparities of indigenous peoples requires an understanding and application of indigenous paradigms of health, knowledge and science. Community engagement and participation of people in health research is crucial. A large body of work has investigated community engagement and participation in research (McCloskey Aguilar-Gaxiola, Michener, Akintobi et al., 2011; Minkler & Wallerstein, 2008; Wallerstein & Duran, 2010; Christopher, Saha, Lachapella & Jennings et al., 2011). Community engagement is

the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the wellbeing of those people (CDC, 1997; CDC, 2011). According to Tindana, Singh, Tracy, Upshur et al. (2007), the concept of engagement in research goes beyond community participation to include collaborative work with relevant partners who share common goals and interests. Much of this work is based on a model of community engagement that integrates cultural and social factors related to increasing health equity. The major findings from such research have shown significant connections between community capacity, empowerment and improvement of interventions (Eng, Briscoe, & Cunningham, 1990; Israel, Krieger, Vlahow, & Ciske et al., 2006; Wallerstein, Oetzel, Duran, Tafoya et al., 2008). Community engagement and participatory research go beyond cross-cultural communications, since researchers need to have a stronger understanding of meaningful partnership with communities and community contexts so as to build trust and share power in terms of both budgets and resources. The participatory model of research has been recommended as essential to all types of research projects undertaken with indigenous people (Palafox, Buenconsejo-Lum, Riklin & Waltzfield, 2002). Participatory research is an approach that entails involving all potential users of the research and other stakeholders in both the formulation and the application of the research (Green & Mercer, 2001). Manandhar, Osrin, Shrestha, & Tamang et al., (2004) conducted a community-based participatory action cycle in Nepal which significantly reduced neonatal deaths by 29%, of which the Principal Investigator was one of the research team members and co-authors. Recently, the WHO (2014) has recommended the same community mobilization model through facilitated participatory learning and action cycles with women's groups for maternal and newborn health.

Therefore, CBPR approaches have become more widespread in recent years, as they are comparatively more evidence-based, participatory and culturally responsive among indigenous communities. Several common tools and methods can be used in combination with CBPR while conducting research with indigenous and culturally diverse groups. Many researchers combine quantitative methods with qualitative methods for data collection, such as in-depth interviews, field notes, surveys, storytelling, community meetings and focus groups. These are new approaches to the health challenges of indigenous people, including a greater focus on public health, community-based interventions, and tribal management of health programs, providing hope that the health of indigenous peoples can be improved (Roubideaux, 2002). A community-based approach must also encourage practitioners to engage in the study and practice of traditional culture and health (Chun, 2011).

CBPR is being increasingly recognized as a promising approach for research in the social sciences and health sciences, since it combines the social contexts of disease with elements of participatory action. It is particularly attractive for academics and health professionals who struggle to address persistent problems of healthcare disparities affecting a variety of populations, identified by factors such as social or economic status or membership in racial and ethnic groups (Green & Mercer, 2001; Agency for Healthcare Research and Quality (AHRQ) (2004). The rationales for using CBPR approaches include engaging communities, relationship building, power sharing, and community strengthening. CBPR is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each partner brings. In CBPR, the researchers and community members are equally involved in the research process, with the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities (Israel,

Coombe, Cheezum, & Schulz et al., 2010; W. K. Kellogg Foundation, 2011). Such an approach is not intended to collect data for the sake of collecting data; rather, it aims to know that the intervention has made a difference in people's overall health (The Center for Native Health Partnerships, 2011). CBPR is a form of systematic inquiry, conducted together with the participation of those affected by the issue being studied, typically for the purposes of education and taking action or effecting social change. In CBPR, people from the community under examination are considered active partners, not passive subjects. CBPR is recognized as an essential approach to study and address health disparities and social inequities (W. K. Kellogg Foundation, 2011). This has been an attempt to decolonize the traditional conventional research.

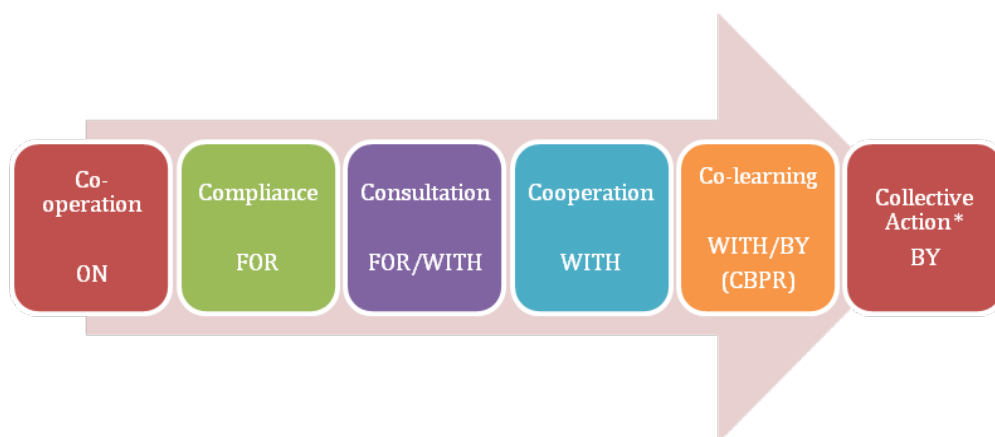
Under the CBPR approach, members of an affected community engage in the research process alongside the researchers. Drawing on their own experience as members of the affected community, they participate in defining the research questions and design, assist in carrying out the study, and help with disseminating information back to the community. CBPR is thus inclusive of all affected parties and all potential end-users of the research, including community-based organizations, public health practitioners, and local health and social service agencies (Israel et al., 2003; Brown et al., 2010). CBPR broadens the research process by ensuring that stakeholders have access both to the process and to the results of knowledge production.

CBPR is thus an empowering and co-learning process, which aims for systems development and which balances research with action, while at the same time it is a framework that can be applied to gain a better understanding of the social contexts in which disease outcomes occur, while involving community partners in the research process and ensuring that action is part of the research process itself (Minkler & Wallerstein, 2008; Leung, Yen & Minkler, 2004). According to Israel et al., (2003) CBPR is based on several principles: i) CBPR facilitates

collaborative, equitable partnerships in all phases of research and involves an empowering and power sharing process that attends to social inequalities; ii) CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners; iii) CBPR recognizes the community as a unit of identity; iv) CBPR builds on strengths and resources within the community; v) CBPR promotes co-learning and capacity building among all partners; vi) CBPR requires a long-term process and commitment to sustainability; vii) CBPR emphasizes public health problems of local relevance and ecological perspectives that recognize and attend to the multiple determinants of health and disease; viii) CBPR disseminates the findings and knowledge gained to all partners and involves all partners in the dissemination process; and, ix) CBPR involves systems development through a cyclical and iterative process.

CBPR is guided by the core principles of collaboration and partnership such that research brings together community and academic expertise. It aims for “combining knowledge and action for social change to improve community health and eliminate health disparities” (Oneha, Proser & Weir, 2012). The following figure shows the CBPR trajectory, in which there are different levels of community participation, increasing from left to right. At the highest level, the community sets the research agenda and mobilizes with or without outside facilitation.

Figure 2:

CBPR Trajectory

Note. Parkes & Penalli, 2001

However, CBPR efforts may not be well accepted by culturally unique indigenous communities, especially if they are planned through a process that is not sufficiently equitable and respectful. Indeed, there is a need for further exploration into why certain indigenous communities are still reluctant to be meaningfully engaged in research. Indigenous people might be engaged better in research interventions if they were to feel that their cultural preferences are applied and that their traditional wisdom is incorporated into the program. Although strict adherence to CBPR principles presents a challenge to researchers, the CBPR approach has been well received by Native Hawaiians involved with Imi Hale, in which many have seen positive benefits for themselves and their communities (Fong, Braun & Tsark, 2003). The Partnership Initiatives for Lifestyle Interventions (PILI) ‘Ohana is one such health intervention conducted with and by Native Hawaiians, which combines CBPR with cultural preferences. The PILI ‘Ohana project is aimed to address health disparities relating to diabetes through a culturally

adapted program to promote weight loss. It includes community investigators and academic investigators who have worked together since the inception of the study to integrate the best combination of community wisdom and scientific knowledge. The PILI ‘Ohana program has led to significant improvement in all clinical and behavioral measures (Mau et al., 2010) while successfully promoting key CBPR principles such as equitable partnership and co-learning, as well as collaboration with a total of 5 partner agencies. For cultural adaptation and local relevance, three sequential research activities were completed to inform the modification of the Diabetes Prevention Program Life Intervention (DPP-LI) for use in NHPI communities. The original DPP-LI curriculum was significantly modified using the CBPR approach to ensure cultural and linguistic appropriateness. Community and peer educators conducted all of the focus groups.

Similarly, Ha Kupuna, a National Resource Center for Native Hawaiian Elders, is a university-community partnership that emphasizes community-based participatory principles and the integration of cultural concepts. Ha Kupuna aims at reducing health disparities while focusing on culturally appropriate and responsive strategies to address native health disparities. This project seeks and incorporates community wisdom as it strives to advance knowledge on issues that pertain to the health needs of Native Hawaiian elders and their family caregivers (Choy, Mokuau, Braun & Browne, 2008).

These examples indicate that research with indigenous people is more likely to be successful when studies are participatory, collective and respectful to the culture. Morelli and Mataira (2010) describe a model for Strength-Enhancing Evaluation Research (SEER), a culturally responsive approach based on the ‘aina (land) that has been tested with two Native Hawaiian communities. SEER is a research philosophy and practice that honors and respects

indigenous, culturally based practices and ways of knowing. When conducted in a sincere, respectful manner, SEER partnerships can influence the reciprocal wellbeing of people and ‘aina through a partnership and practice that is culturally safe, allowing each participant to tell his or her stories without judgment. An ‘aina-based approach is appropriate and is directly linked to the spiritual wellbeing of indigenous populations, including Native Hawaiians (Oneha, 2001; Morelli & Mataira, 2010). Places may affect our health at the individual level through direct exposure or by influencing our health behaviors or at the population level by influencing our interactions with each other in social processes, which in turn impact upon our health (Carson, Dunber, Chenhall & Bailie, 2007).

Challenges and Relevance

Since CBPR represents a genuine partnership between investigator and the community, doing such research correctly can be time-consuming and labor-intensive (Gryczynski & Johnson, 2011). Conducting research using indigenous methodologies can appear to the novice as time-consuming and full of barriers (Rodehorst-Weber, Wihelm, Stepan, Tobacco, & delaPaz, 2009). Sustaining partnerships and commitments are also critical components of CBPR (Israel et al., 2006). Some community academic research projects are not inclusive of indigenous communities in their specific partnerships. Horowitz, Robinson & Seifer (2009) describe several challenges necessary for implementation of the CBPR approach, such as rallying academic and community partners to invest in team building and share resources, as well as facilitating the mutual exchange of ideas and expertise. In order to maximize the likelihood that CBPR will lead to tangible, lasting health benefits for communities, researchers must balance rigorous research with genuine respect in order to productively and equally involve local partners. Furthermore, CBPR requires a commitment to involving as many people as possible, while addressing

community priorities, following cultural protocols, developing and transferring skills, and supporting an infrastructure to reduce barriers and sustain change. This approach requires a great deal of time, especially in indigenous communities (Braun, Tsark, Santos, Aitaoto & Chong, 2006).

Cultural appropriateness is perhaps one of the most significant challenges. Gryczynski and Johnson (2011) highlight that research involving indigenous groups is fraught with challenges. One key issue that needs to be considered is research design. Design components include methodology and sampling. There is a heightened need to understand the research relationship with indigenous communities through the lens of kinship relations, and to rethink the role of the researcher in indigenous communities (Allen, Mohatt, Markstorm & Dovins, 2011).

Other specific challenges exist in health research with indigenous and other ethnically diverse populations, such as population size, living arrangements, urbanization, tribal governance and leadership, diversity, racial misclassification, hesitation to participate in research, and services delivery resources (Gryczynski & Johnson, 2011). For example, given the absence of written language, oral traditions, specialized knowledge such as knowledge of ocean navigation, and healing practices from indigenous sciences are typically not freely exchanged. Since Western research culture emerged from reductionist roots, modern science and academia is very different from indigenous research cultures, which tend to be more interpretative, performative and qualitative in nature.

Despite the growing numbers of conferences on indigenous scholarships and the growing trend of native scholars and researchers to engage in various research activities within indigenous communities, there are still issues surrounding such work.

Paradigm Shift in Research

In recent years, a critical inquiry and indigenous approach to research has emerged. There is a huge shift from deployment of Western epistemology and methodological imperialism to indigenous modes of inquiry. There is an interaction between qualitative research and post-colonial theory that foregrounds indigenous epistemologies and ways of knowing (Denzin, Lincoln & Smith, 2008). Decolonizing research requires that we go beyond a postcolonial analysis to adopt more socially engaged, collaborative alliance models that reconstruct the very purpose of research and epistemology (Denzin, Lincoln & Smith, 2008). Cultural safety extends the current notions of cultural competence in order to decolonize research methodologies. Decolonization requires that methods be crucially evaluated so as to ensure ethically and culturally acceptable approaches to the study of issues involving indigenous people (Smith, 1999). Thus, cultural safety can further indigenous research by critiquing the Western positivistic stance, challenging Western conventional ways of knowing and researching and affirming indigenous knowledge systems in research practice (Smith, 1999). Making these changes effectively requires a shift in the research paradigm toward the use of indigenous approaches and the development of indigenous methodologies that are suitable for both indigenous and in some cases non-indigenous researchers who work in partnership with indigenous peoples (McClelland, 2011).

Overall, the literature shows that culturally responsive methods must be highly appropriate in order to successfully conduct research with and by indigenous people. Communities must be truly equal partners in study design, data collection, interpretation and publication (Harding et al., 2011). For successful participatory research with and for indigenous people, collaboration and partnership is essential. Understanding culture, language and gender

allows researchers to explore indigenous health perceptions, behaviors and practices (Airhihenbuwa & Liburd, 2006).

Distrust of health research and misunderstanding of cultural norms and collective values and spirituality are systematic barriers to the involvement of medically underserved communities (Ka'opua & Anngela, 2005). In order to address these cultural and linguistic barriers, culturally sensitive research must be designed in such a way that it acknowledges and respects deeply held cultural values and beliefs (Anngela-Cole, Ka'opua, & Busch, 2010; Mokuau, 2011). Similarly, instead of dictating the form of services, existing social and personal orientations of the community should support research efforts (Wexler, 2011).

Burgess, Johnston, Bowman & Whitehead (2005) explain that effective indigenous health research requires trans-disciplinary, wholistic approaches that explicitly incorporate indigenous health beliefs and that engage with the social and cultural drivers of health. Indigenous peoples maintain strong beliefs that continued association with and caring for ancestral lands is a key determinant of health. Therefore, there is an increasing demand to employ CBPR approaches that combine with indigenous research methodologies. Indigenous research methods can be defined as research by or for indigenous peoples using techniques and methods drawn from the traditions and knowledge of those people (Denzin, Lincoln & Smith, 2008). An indigenous paradigm comes from the fundamental belief that knowledge is relational, is shared with all creation, and therefore cannot be owned or discovered. Indigenous research methods should reflect these beliefs and the obligations that they imply (Wilson, 2001; Hart, 2010).

It is critical to engage in culturally responsive research, as this approach is more likely to be relevant to many indigenous communities when it comes to matters of health. In order to improve and promote such engagement, one must understand how research methods explicitly

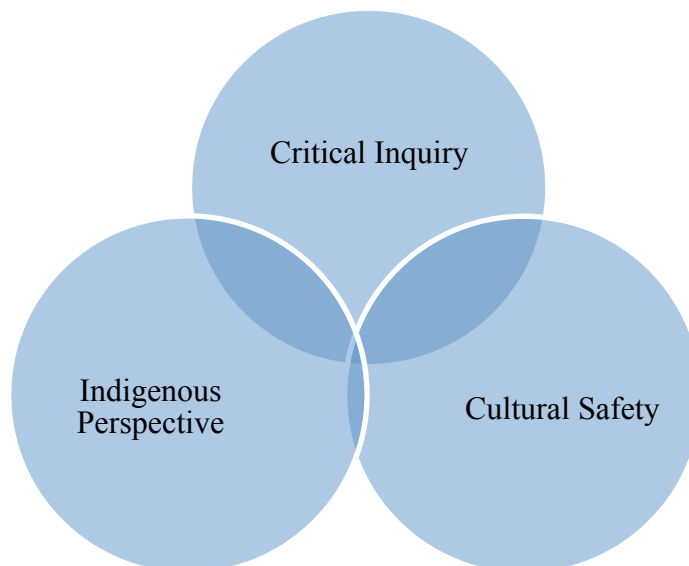
involve culturally safe values and behaviors that are implemented by indigenous peoples. CBPR is effective when properly designed and implemented. However, it can further be improved with an emphasis on cultural appropriateness and cultural safety. That is why it is important to decolonize the Westernized academic research and to apply more indigenous methods in order to develop and practice culturally safe research.

Conceptual Framework

This study is based on previous scholarly research related to Native Hawaiian health and community engagement. This study will help to understand what Native Hawaiian Homestead residents perceive about cultural safety. This study not only contributes to social justice and health research and practice but also increases critical awareness of the psychosocial and cultural issues related to Native Hawaiians and other indigenous populations who have gone through similar experiences of marginalization and health disparities. This study will focus on the relevance of cultural safety in research participation of Native Hawaiian Homestead residents.

This study uses the following three major concepts and theoretical approaches:

Figure 3:

Conceptual Frameworks Used in this Study*Critical Inquiry*

The health and welfare of minority, marginalized and indigenous people in U.S. and worldwide is a special concern. The currently dominant theoretical and ideological perspectives in social work and social welfare include post-modernism, feminist approaches and critical theory, which together raise issues about empowering underprivileged groups against domination and oppression to overcome injustices and inequality. In recent years, a critical inquiry and indigenous approach to research has emerged. This study adopts such an indigenous and critical perspective. Critical and phenomenological inquiry, together with feminist and participatory approaches to research, are key to bringing peoples' voices to the forefront of our inquiry. This study also supports the core mission of critical social work, namely, promoting social justice through social work practice and policy-making (Healy, 2001).

Critical inquiry is engaged in an “attempt to confront the injustice of a particular society or sphere within the society” (Kincheloe & McLaren, 1998). This study is heavily influenced by critical theory, a philosophical approach to culture, and especially to literature, that seeks to confront the social, historical, and ideological forces and structures that produce and constrain it. The term is most closely associated with a multi-disciplinary group of historians, philosophers, and political scientists. It is not a unitary approach; rather it represents a complex set of strategies that are united by commonalities of sociopolitical purpose (Denzin & Lincoln, 2003). Critical theory first emerged during World War II. With a focus on social change, critical theories came to view knowledge as power and the production of knowledge as “socially and historically determined”. Derived from this view is an epistemology that upheld pluralism, or a way of coming to know about phenomena in multiple ways. Furthermore, “knowing” is dynamic, changing, and embedded in the socio-political context of the times.

Critical theory is an examination and critique of the society and culture, drawing knowledge from across the social sciences and humanities. It takes a broader sense of social criticism and radical change inspired by conflict theory and liberation theology. All forms of advocacy work for power, privilege, and prestige use critical theory, looking at the large picture of a societal structure: economic, political, and social. This is a critical study of social phenomena and institutions mindful of such power structures. Its aim is to change society in order to assist marginal and powerless groups to become emancipated (Kitzinger, 2005).

Critical theory is a concept and vision for realizing certain values of a society that focuses on power relations, domination, and social struggles to overcome oppression (Friere, 1970). This approach to inquiry is inherently humanistic, since such perspectives consider that human beings are active agents and not passive respondents. Peoples’ lived experiences, perceptions, opinions,

and feelings cannot be quantified. Critical theory is thus more of a worldview (and less of a research method) that suggests both an epistemology and a purpose for conducting research. It challenges the Euro-American ethnocentricity that pervades most social science theory, requiring researchers to “identify wider societal influences on the problems that are examined, to explore how theorizing is done, and to analyze the consequences of different patterns of research and theory building” (Luborsky & Sankar, 1993; Braun et al., 2014).

However, the debate continues whether critical theory is best characterized as a philosophical, political, or social school of thought. In essence, critical theory is a response to post-enlightenment philosophies and positivism in particular (DePoy, Hartman & Haslett, 1999). This theory is consistent with fundamental principles that bind naturalistic strategies together in one grand category, such as a view of informant as knower, the dynamics and qualitative nature of knowing, and a complex and pluralistic worldview. Moreover, critical theorists suggest that research should cross disciplinary boundaries and challenge current knowledge generated by empirical methods. Because of the radical view posited by critical theorists, the essential step of literature review in the research process is primarily used as a means to understand the status quo. Thus the action process of literature review may occur before the research, but the theory derived is criticized, deconstructed, and taken apart to its core assumptions. The hallmark of critical theory however is its purpose of social change and empowerment of marginalized and oppressed groups. Critical theory relies heavily on interviews and observations for the collection of data. Strategies of qualitative data analysis are the primary analytical tools used in critical research agendas.

Critical theory approaches fieldwork and analysis with an explicit agenda of elucidating power, economic and social inequalities. Power is a means of maintaining inequalities,

regardless of their legitimacy (Layder, 2006). Critical theory provides both a philosophy and a set of methods for approaching research and evaluation as fundamental and explicit manifestations of political praxis, connecting theory and action, and as change-oriented forms of engagement (Patton, 2002).

Critical theorists set out to use research to critique society, raise consciousness, and change the balance of power in favor of those who are “less powerful” (Patton, 2002). According to the critical theorists, no one objective reality can be uncovered through systematic investigations. Critical theorists and those who build on their work are frequently concerned with language and symbol as vehicles through which to uncover multiple meanings and to examine power structures and their interactions (Macey, 2002). Critical theorists ‘de-construct’ the notion that there is a unitary truth that can be known by using one way or method. Critical theorists seek to understand human experience as a means to change the world (Rodwell, 1998). Therefore, the common purpose of researchers who approach investigation through critical theory is to come to know about social justice and human experience as a means to promote local change through global social change.

Indigenous Perspectives

Colonial regimes have frequently mistreated, disrespected, and exploited indigenous peoples. Many health research projects conducted with indigenous peoples in the past were inappropriate and exploitive (Denzin, Lincoln & Smith, 2008; Cochran et al., 2008; Smith, 1999). Therefore, many indigenous communities are highly critical of conventional Western research methods. Some conventional research projects have disempowered indigenous communities (Smith, 1999). Thus, there are resulting levels of distrust of Western-trained conventional researchers.

This study, in contrast to such conventional approaches, supports that a critical research paradigm is progressive, related to human rights, land rights, and sovereignty, while using science but also recognizing the expertise of the communities. It is about gathering stories not only of oppression, but also of strengths and resiliency. It is more about how the knowledge is produced, understood and re-produced appropriately with native communities. The participants in this study were seldom asked about their colonial history, oppression, and marginalization, but always the negative aspects of health and wellbeing were quantitatively measured. Therefore, we need research paradigms that engage people totally, actively, and meaningfully.

Therefore, many indigenous researcher and intellectuals have extensively criticized the Western paradigm of research and knowledge production. They have challenged conventional ways of knowing and researching and called for the “Decolonizing methodologies for a new agenda of indigenous research. Decolonizing starts from the designing and developing of the research agendas, choosing methodology, and protocols. As the researcher comes from a minority indigenous social group, who is interested in supporting indigenous marginalized communities, and questioning the dominant approach to research (Smith, 2006). It is about building a critical consensus against power differentials, oppression, and marginalization. It is influenced by theories of power analysis, neo-colonialism and feminism, and the experiences of marginalized and colonized people. The Western positivist research has been ill received by native communities.

According to many indigenous scholars, Native Hawaiians have consistently expressed distrust and raised concerns about their participation in research that disregard their cultural norms. They are therefore reluctant to participate in the conventional research (Fong, Braun, & Tsark, 2003; Mokuau, Garlock-Tuili'i & Lee, 2008; Kaholokula, 2010; Ka'opua, Park, Ward &

Braun, 2011). Such a situation is one rationale for using a CBPR approach in health research. Decolonizing and critical perspectives extend the participatory approaches of research with more attention to colonizing history and commitment to indigenous self-leadership of research. This emerges from indigenous scholarship and recognizes indigenous people's history of oppression in today's disparities that allows for new methodologies and new approaches to research. Continued work is needed to articulate the best protocols for use with specific indigenous groups (Braun, Browne, Ka'opua, Kim, & Mokuau, 2014). A few Native Hawaiian scholars talk about 'cultural kipuka', a term similar in meaning to cultural safety. The term 'cultural kipuka' has been used by authors such as McGregor (2007) and Goodyear-Ka'opua (2011). Generally, they refer to cultural kipuka as culturally safe zones and places where native ways maybe perpetuated and protected from Western mainstream influences. While the term "cultural safety" is used in only a few instances in the Native Hawaiian health literature (Ka'opua, Diaz, Park, Bowen et al., 2014; McCubbin, 2006), the greater body of Native Hawaiian research and scholarly literature holds as crucial the development and nurturance of safe cultural zones. The term 'cultural kipuka' has been used to describe such safe zones (Goodyear-Ka'opua, 2011; Ka'opua, Goodyear-Ka'opua, Ka'awa, Amona, et al., 2014; McGregor, 2007). The term kipuka refers to growth in the middle of a lava flow, while the cultural kipuka refers to a place where Native Hawaiian culture has been able to flourish, even when in the midst of urbanization and other forces of "modernization".

Native Hawaiians and other indigenous peoples are skeptical of conventional Western research. They want to be recognized, so that they can reclaim and celebrate their indigenous heritages. On the other hand, they are open and hopeful when research tries to advance their knowledge and understanding to improve their health and wellbeing. Research is important

because it is a process for knowledge production, and it is the way we constantly expand knowledge. Research for social justice and health equity expands and improves the conditions for justice; it is an intellectual, cognitive, and moral project, often fraught, never complete, but worthwhile (Smith, 2006).

Cultural Safety

The notion of cultural safety is a framework for approaches to communication and access to services, quality assurance and consumers rights. Cultural safety is an emerging concept that recognizes the historic power dynamics that come into play when Western mainstream institutions such as professional schools, healthcare systems, academic institutions, and research institutions interface with indigenous cultures. Any action that is culturally unsafe can demean, diminish or disempower the cultural identity and wellbeing of an individual (New Zealand Nurses Organization - NZNO, 1995). Ramsden (1997) explains that cultural safety is closely linked to communication and access to service, quality assurance and patient's rights. The concept of cultural safety was developed in New Zealand to provide quality care within the Maori culture's values and norms (Papps & Ramsden, 1996; Goldsmith, 2005; Richardson, 2004; Crampton et al., 2003).

Cultural safety advances the notion that critical self- and collective-reflection are fundamental to successful collaboration in healthcare services and research with indigenous communities (Richardson, 2004). Cultural safety is a means of conveying the idea that cultural factors critically influence the relationship between caregiver and patient. It focuses on the potential differences between health providers and patients that have an impact on care, and it aims to minimize any assault on the patients' cultural identity (Crampton et al., 2003). Yet it is

the consumer who ultimately decides whether they feel safe within the care that has been given, not the provider (Papps & Ramsden, 1996).

Ball (2008) and others suggest that there are five principles of cultural safety. These components might be described or operationalized in community-specific ways and tested for their influence on health behaviors, with community members being the final arbiters of ‘how’ cultural safety might be operationalized and ‘what’ are successful outcomes. The five components are: i) protocols – respect for cultural forms of engagement; ii) personal knowledge – understanding one’s own cultural identity and sharing information about oneself to create a sense of equity and trust; iii) process – engaging in mutual learning, checking on the cultural safety of the service recipient; iv) positive purpose – ensuring that the process yields the right outcomes for the service recipient according to that recipient’s values, preferences, and lifestyle; and v) partnerships – promoting collaborative practices.

Aside from nursing, this approach has also been used in medicine as a mechanism to reduce disparities in indigenous health in New Zealand. Nguyen (2008) describes that cultural safety and cultural competency are key concepts that have practical meaning for indigenous people as well as culturally and linguistically different people. Together, they form the basis for effective advocacy and patient-centered care. Three steps to cultural safety, as described by Nguyen (2008), are cultural awareness, cultural sensitivity, and cultural safety. Each of these involves a higher level of study, with cultural safety being the highest level. Nguyen (2008) further explains that the receipt of care attuned to cultural safety maybe one mechanism to reduce disparities in indigenous health experiences.

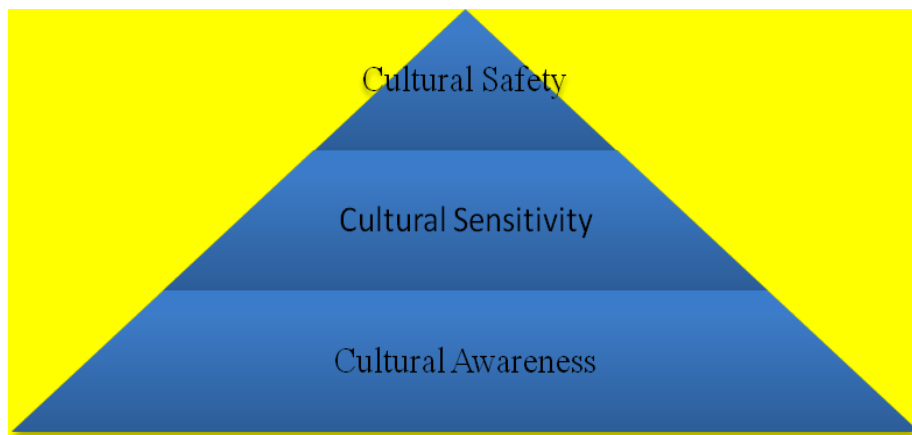
Cultural safety in nursing and research has also been used by other aboriginal groups such as in Australia (Prideaux, 1999) and in Canada (Dyck & Kearns, 1995). A recent

“Aboriginal Cultural Safety Initiative” was started in Toronto in 2012 that mandates all colleges and universities to offer cultural safety module in health sciences (Aboriginal Health Research Network, 2012). Cultural safety is likely to be relevant to other indigenous populations (Goldsmith, 2005).

The Nations Aboriginal Health Organization (2008) identifies culturally unsafe indicators, namely: i) low utilization of available services, ii) denial of suggestions that there is a problem, iii) non-compliance with referrals or prescribed interventions, iv) reticence in interactions with practitioners, v) anger, vi) perceptions of low self-worth, and vii) complaints about the lack of cultural appropriateness of tools and interventions.

Figure 4:

The Pyramid Towards Cultural Safety



Note. Nguyen, 2008; the Royal Australian College of General Practitioners, 2010.

Cultural safety extends the concept of cultural sensitivity (awareness, acceptance and non-judgment of cultural differences) and cultural competence (knowledge, values and skill set for working effectively with culturally diverse and socio-economically disadvantaged groups).

Cultural safety and cultural competence are similar concepts in that both appreciate and accept cultural differences. However, cultural safety goes beyond cultural awareness, cultural sensitivity and cultural competence. Cultural competence and cultural safety both can be used to address health disparities and create health equity. Cultural safety acknowledges the value of cultural competence and helps us to understand its limitations. It extends the work of creating culturally competent systems of care as a means for addressing systemic discrimination and colonization.

The term cultural competence was first coined and operationalized by Terry Cross, a social worker and a member of the Seneca nation. Cross, Isaacs, Dennis & Bazron (1989) developed their original model to address the needs of deported American Indian children who were sent to "Indian schools" located far from their tribal lands and families. Cultural competence is about developing cultural knowledge, skills in understanding cross-cultural interactions, and an awareness and acceptance of the dynamic variety of people and populations where we work. This is the understanding of the culture of indigenous people, diversity and differences (Lynch & Hanson, 2004). Culturally competent approaches help service providers to include clients' cultural backgrounds in the service relationship. It is "the state of being capable of functioning effectively in the context of cultural differences" (Cross et al., 1989). Cultural competence occupies a different stage in the continuum, from cultural destructiveness at the negative end to proficiency at the positive end, but cultural safety is parallel to and across the cultural competence continuum. There are some people who advocate cultural blindness in the middle of the cultural competence continuum, who see culture and color as making no difference.

Figure 5:

Cultural Competence vs. Cultural Safety

Thus, cultural safety is the successful result of cultural competences that are appropriately applied, which can lead to the perception and experience of cultural security. It is about appreciating and understanding cultural differences and accepting them. It is grounded in critical theory and phenomenology. Therefore, cultural safety places an obligation on practitioners such as nurses or midwives to provide care within a framework of recognizing and respecting such differences. It addresses the power relations between providers and users, while empowering the users (Papps & Ramsden, 1996; Richardson, 2004; Israel et al, 2005; Goldsmith, 2005). Cultural safety thus extends beyond mere “cultural awareness and cultural sensitivity” (Nursing Council of New Zealand, 1996, p. 9).

Cultural wounding and historic trauma maybe addressed, at least in part, through attention to cultural safety, since it seeks to honor indigenous ways of being and affirm a relational context wherein power imbalances are realigned such that indigenous perspectives are elevated to parity with conventional, Western paradigms of health and wellness. Therefore, cultural safety can be a powerful strategy to widen and make CBPR more inclusive and thus to

reduce health disparities among indigenous people. Promoting cultural safety through CBPR in health research interventions can facilitate people's engagement and increase the likelihood of positive results.

Summary

This chapter presented the major literature related to this study and systematically reviewed the foundational work in a number of disciplines including social work, public health, nursing, medicine and sociology. It has aimed to provide an overall account of indigenous health from a wholistic perspective and how it needs to be considered while conducting research with indigenous people. The intersection of Native Hawaiian culture and health issues was also considered, as were the emergence of CBPR approaches, the relevance of active participation and the issue of likely limitations. This study uses an indigenous and critical inquiry with decolonizing research and cultural safety as its conceptual frameworks. Similarly, concepts of community engagement and CBPR were described in relation to Native Hawaiian health research. Emphasis was given to decolonizing research and utilizing indigenous research methodologies in active partnership with indigenous people. Cultural safety extends the current notions of cultural competence and de-colonizing of research methodologies.

CHAPTER 3. METHODOLOGY

This chapter describes the methodology of this study exploring Native Hawaiian Homestead residents' perceptions of cultural safety regarding their participation in research studies. After covering the study design and procedures for sampling, participant selection and methods for data collection and analysis, this section provides descriptions of the study sample Homestead locations and community entry process. Also discussed are measures taken vis-à-vis the protection of participants' rights and ethical conduct, and limitations of the study. In addition, this chapter includes a discussion of the selection of focus group and in-depth interview methods. Primary respondents are adult residents from three Native Hawaiian Homestead communities on the island of O'ahu.

Design and Methodology Selection of the Study

The purpose of this study is to explore the perceptions and experiences of Native Hawaiian Homestead residents on cultural safety in the context of community-based health research. This is an exploratory and descriptive study and, thus, it uses primarily qualitative methods. Qualitative methods are useful to explore the opinions, feelings, meaning, purpose, and lived experiences of people. Together, these can be used to investigate people's understanding of their lives and social contexts (Holloway, 2005). Qualitative methods are based on the analysis of data described by words or pictures, etc., data which are observational, self-reported, and behavioral in nature. The data are more subjective, consisting of words and meaning and, therefore, individual interpretation of events is important.

This study adopts commonly accepted methods in qualitative data collection such as focus group discussions and key informant (in-depth) interviews. Krueger (2002) suggests key steps and strategies for how to design and conduct focus group interviews effectively.

Considering the issue of cultural safety and how Native Hawaiian Homestead residents perceive it, or what it means to them, would yield a broader view from which future research and programs could be developed. This study supports the practice of qualitative research to help change the world in positive ways (Denzin & Lincoln, 2003).

To begin such a new area of investigation with Native Hawaiians required a qualitative approach to identify the concept of cultural safety and its relevance. Qualitative research involves an interpretive, naturalistic approach to the world (Denzin & Lincoln, 2003). Qualitative inquiry typically focuses on relatively small samples, selected purposefully to permit in-depth inquiry into and understanding of phenomena (Patton, 2002). Weiss (1998) states that qualitative research studies people and events in their own contexts. Qualitative designs involve the examination of relationships within systems or cultures (Johnsick, 2003). Qualitative research relies on induction, thus requiring the investigator to engage with persons, events and ambience studied as an integral part of the study process (Mauch & Park, 2003).

Qualitative methods are more culturally appropriate and participant-friendly for indigenous cultures and native peoples. They are useful for gathering and analyzing exploratory data in an interactive approach. Moreover, exploratory methods provide a deeper understanding and raise communities' voices, being based on an inductive approach, in which the researcher's role is more like that of a learner. This is heavily influenced by post-positivistic theory, namely, the argument that there is no objective truth, and that knowledge comes from everyday life experience.

Focus groups were conducted with Native Hawaiian Homestead residents followed by in-depth interviews with key informants such as cultural experts or kupuna who are the sources of

traditional beliefs, values, and cultural practices. All participants also completed a brief survey regarding their socio-demographic background (Appendix A).

This study has methodological influences from cultural anthropology, though it is not an ethnographic study but rather a combination of phenomenological and critical research. The phenomenological approach to inquiry aims at gaining a deeper understanding of the nature and meaning of everyday experiences, as well as the reactions and perceptions of people (Patton, 2002). It focuses on the experiences of communities and how experiencing an event or phenomena is transferred into consciousness, thereby forming a study of people's conscious experience of their life-world that is "everyday life and social action" (Merriam, 2009).

This study is also intended a critical research inquiry which aims to critique and challenge the methodologies employed to transform and empower Native Hawaiian communities. Critical research seeks not only to study and understand, but also to critique and challenge existing social norms and attitudes (Patton, 2002; Merriam, 2009). It tries to uncover oppression and empower people. "Identity and power" are central to critical inquiry, since it reveals the power dynamics within a social and cultural context and focuses more on the group or community than on individuals. It raises questions about how power relations advance the interests of one group while oppressing those of other groups, and the nature of truth and construction of knowledge (Merriam, 2009). Critical research is conducted to understand what is going on, as well as to critique the ways in which health equity might be achieved in a more just society (Charmaz, 2006; Merriam, 2009). This is about understanding indigenous epistemologies, while challenging empirical ways of knowledge production and questioning social differences (Denzin & Giardina, 2007).

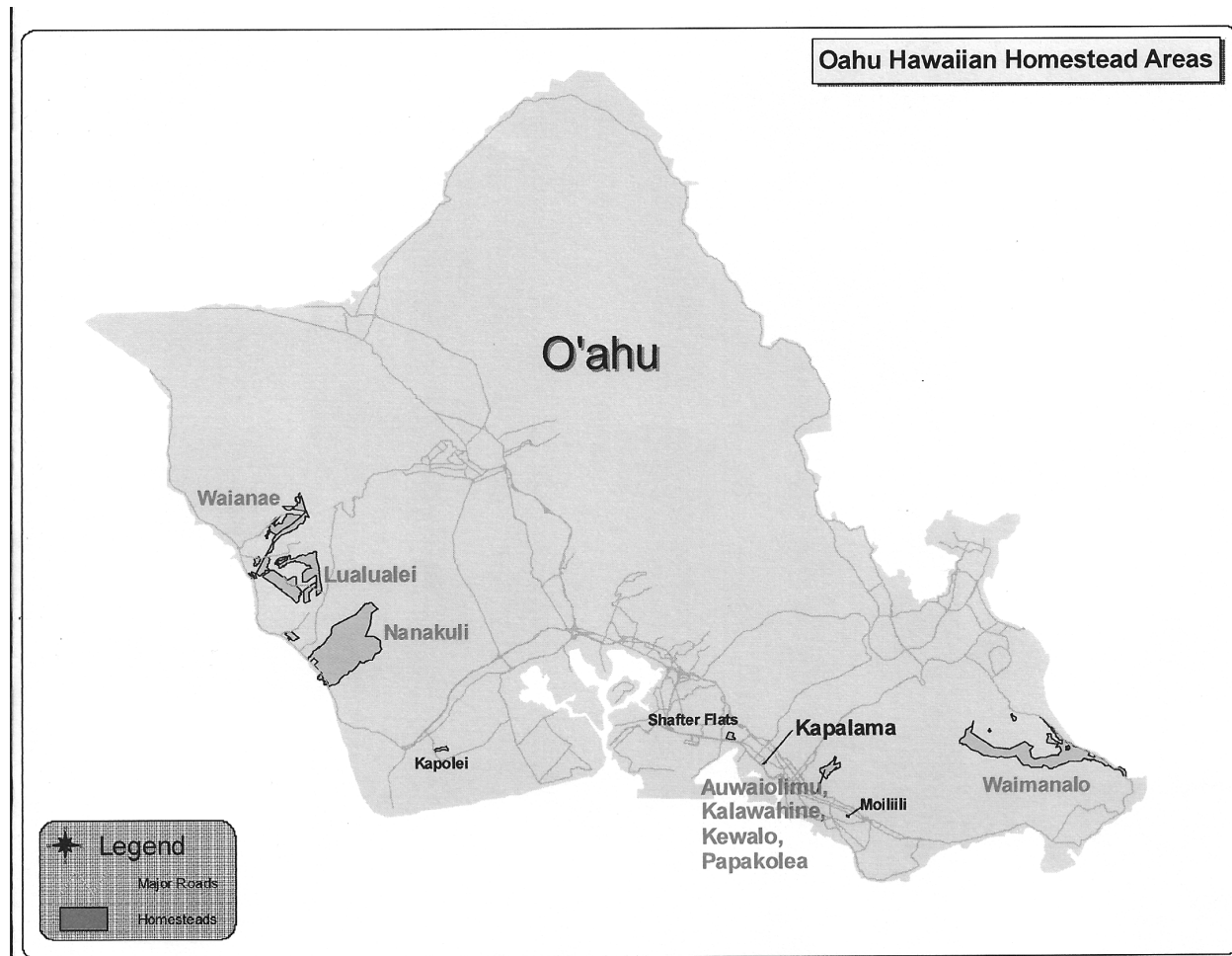
This study is also influenced by critical theory and feminist perspectives, which emphasize the equality between researcher and participants. I also believe that participation and reflectivity are keys to a successful research. As a critical feminist and qualitative researcher, I am conscious of the complexity of power relations and am interested in developing a collaborative and participatory approach to research. Therefore, I used my previous work experiences in community organizations, health research and community development in South Asia and the USAPI on how to navigate and build trust among the community members.

Hawaiian Homestead Communities

The Hawaiian Homesteads are land and the housing properties built under and authorized by the Department of Hawaiian Home Lands (DHHL). Under the Hawaiian Homes Act of 1920, the U.S. Congress put roughly 200,000 acres of Hawaiian land in a trust to provide land for those with 50 or more percent Hawaiian blood and to assure the perpetuation of Native Hawaiians. A lease for Homestead land is granted for 99 years, which it can be renewed for an additional 100 years, regardless of transfers. A person on the waiting list can name a successor, but that person must be a direct descendant and at least 50 percent Hawaiian. A person with at least 50 percent Hawaiian blood, who is at least 18 years old, can qualify for Hawaiian Homesteads, which are lands available for building homes, farming, ranching and promoting traditional Hawaiian culture and customs. This study involves participants from three major Hawaiian Homestead locations on the island of O‘ahu.

Figure 6:

O'ahu Map of Hawaiian Homestead Areas



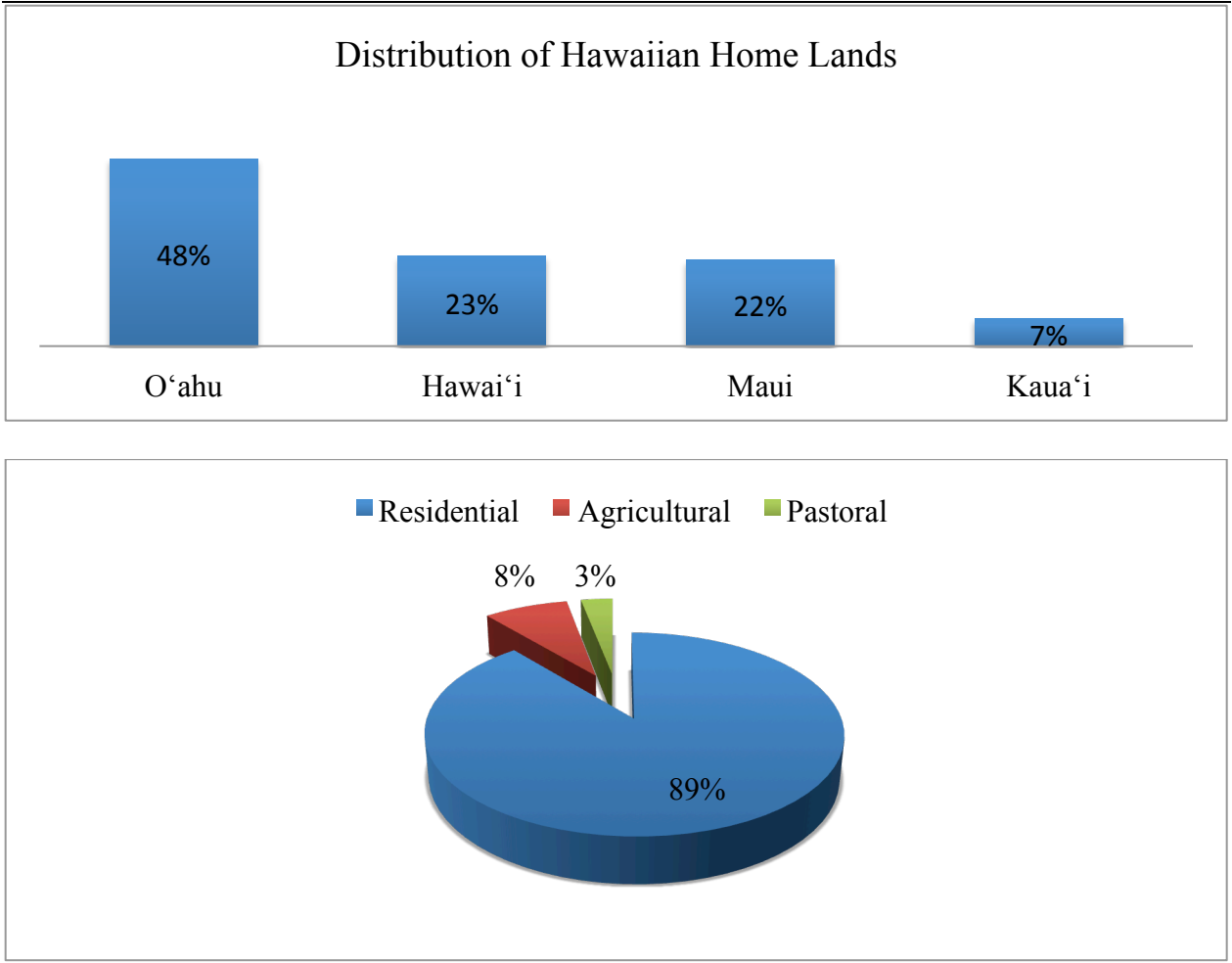
DHHL Lessee Survey Report, 2009, SMS Inc.

Over 1.36 million people live in the State of Hawai‘i, of which of 289,970 (21%) are Native Hawaiians (U.S. Census, 2010). Approximately 4 percent of Hawai‘i’s total Native Hawaiian population lives on Hawaiian Home Lands. An additional 7% are waitlisted (OHA, 2012). SMS Research and Marketing Services, Inc., conducted a Lessee Survey in 2008 for the State of Hawai‘i Department of Hawaiian Home Lands (DHHL). The lessee profile was reported as a 28% increase in 2008, which is distributed as O‘ahu (48%), Hawai‘i (23%), Maui (22%) and

Kaua'i (7 %). The majority of the use of the Homestead land was residential (89%), followed by agriculture (8%) and pastoral (3%). The median age of lessees was 56 years, and their median family size was 4.2 members. Each household had average one adult employed 82%. The median household income was \$48,731, which was lower than the State median household income of \$63,746 for that year.

Figure 7:

Statewide Home Land Distribution



Note. DHHL Lessee Survey Report, 2009, SMS Inc.

The Sample

The population of this study was exclusive to current Native Hawaiian Homestead residents. The sample communities and participants were selected using a purposive sampling for both focus groups and interviews from the island of O‘ahu. A purposive sampling is a selection of cases or participants strategically and purposefully, and there are no set thresholds for sample size in qualitative inquiry (Patton, 2002). In purposeful sampling, cases are selected for their ability to explain and gain insight regarding a particular phenomenon, not for their utility in making empirical generalizations.

Three major Hawaiian Homestead communities (Papakolea, Wai‘anae, and Waimanalo) were selected for the study. The backgrounds of the selected sample communities are briefly described below:

Table 5:

Distribution of Hawaiian Homestead Households

Hawaiian Home Land	Total Households	Persons in Households	Average Household Size	Persons in Group Quarters
Kalawahine	94	319	3.4	0
Kewalo	51	261	5.1	0
Papakolea	256	1215	4.8	0
Princess Kahanu	270	1128	4.2	0
Nanakuli	1021	5350	5.2	20
Waimanalo	658	3002	4.6	46

Note. OHA data bank 2010; U.S. Census 2010.

Papakolea

Papakolea is one of the first and largest Homestead, with a rich and unique history. Papakolea has the highest (85% of residents are Full or Part Hawaiian) concentration of Native Hawaiians in urban Honolulu. The Papakolea community association was founded in 1934, as the residents celebrated their 80th Anniversary earlier this year. According to the Papakolea Community Development Corporation (PCDC, 2009), Papakolea includes three major neighborhoods, namely, Papakolea, Kewalo and Kalawahine. Altogether, 1,800 residents (including 319 from Kalawahine) live in Papakolea (U.S. Census, 2000). Papakolea covers an area of 177.013 acres, and the majority of homes are build high on the mountainside. Papakolea has a rich and unique history of sharing and passing on Hawaiian cultural traditions, particularly music, hula, crafts, lomilomi and la'au lapa'au through the generations (PCDC, 2009.). Through these rich cultural traditions, Papakolea strives to uphold the values and traditional practices of the kupuna as its foundation and pride (PCDC, 2009). The community has strong cultural practices. For example, 93% of kupuna live with families and friends (Kula No Na Po'e Hawai'i, 2008). It is located near downtown Honolulu, and many projects and agencies ignore or neglect the fact that Papakolea also has similar health, economic, social welfare and cultural issues like other Native Hawaiian communities.

Waimanalo

Waimanalo is relatively a smaller community, in terms of population, located approximately 17 miles from Honolulu on the East shore of O'ahu. Waimanalo is divided into three census tracks: Waimanalo, Waimanalo Beach, and Waimanalo Homestead. According to the U.S. Census (2010), the population of this area grew by 48.8% from 3,664 in 2000 to 5,451 people in 2010. Waimanalo is primarily an agricultural community; most of the farms and

ranches are nestled against the Ko‘olau Mountains. Waimanalo has almost 2000 acres of Hawaiian Homestead lands. Its communities are engaged in many activities. For example, Hui Malama o ke Kai, a community generated grassroots effort, was implemented in Waimanalo to capitalize on the strengths of the community and Native Hawaiian culture. They have been running youth after-school programs and other community development programs. The goal of the Hui Malama o ke Kai project is the development of a community-based youth program that supports the prevention of youth violence and substance use among 5th- and 6th-grade students from a predominantly Hawaiian community. This program’s development includes engaging with a variety of community partners and mobilizing parents for the youths’ cultural development. Recommendations for working with Hawaiians in Waimanalo and other indigenous peoples, based on this program, include having program evaluators work more intimately with program participants and developing program components that address ethnic identity and family engagement (Akeo et al., 2008). Akeo et al., (2008) further concludes that deep cultural competence, awareness, and sensitivity are crucial when working with Native Hawaiians. Waimanalo community celebrates makahiki, a new year and festival of the harvest, each year.

Wai‘anae

Wai‘anae is located 22 miles Northwest of Honolulu. Known for some of the State’s most beautiful beaches, great surfing, fishing, and possibly the most spectacular sunsets in the world, the Wai‘anae coast is one of O‘ahu’s true treasures. According to the U.S. Census (2010), Wai‘anae has relatively low density (Approximately 2,955 households and a total population of 13,177) with farms and agriculture. Wai‘anae coast includes Nanakuli, the largest and one of the

oldest Homestead communities in the State, as well as others such as Princess Kahanu Estates (Maili), Wai‘anae Valley, Wai‘anae Kai, and Kaupuni Village.

The Wai‘anae coast is a blend of Hawaiian, Portuguese, Filipino, Japanese, Samoan and haole (Caucasian) nationalities and cultural traditions. Native Hawaiians, of course, were there first. Other settlers came in to work the plantation or were attracted by the low price of land. According to Cordy (2002), Wai‘anae is one of the six traditional districts (moku) of the island of O‘ahu on the far west side and extends over 20 miles of coastline, including multiple land units, valleys, mountain and settlements. The Wai‘anae moku (ancient Hawaiian land division) includes 9 ahupua‘a, viz. Keawa Ula, Kamanamaiko, Makua, Ohikilolo, Keaa‘au, Makaha, Wai‘anae, Lualualei, and Nanakuli. Wai‘anae boasts fertile soils, as well as an abundance of ocean and marine resources. Wai‘anae still possesses a strong sense of Hawaiian cultural tradition, history and spirituality.

Recruitment of Participants

Three major Hawaiian Homestead communities were identified for the study sample. Multiple visits and communications were done to maintain relationships with the communities. Recruitment of participants involved a number of strategies, including community announcements and solicitation via the respective agencies working in the communities. Then, I contacted and communicated with social networks and organizations in the community such as civic clubs, community support groups, and educational programs. The use of locally residing Native Hawaiian co-facilitators with cultural knowledge and basic understanding of research eased the enrollment process. I explained the study purpose, risks, confidentiality, inclusion and exclusion criteria, compensation, and other issues related to the study. The qualitative data were obtained through focus groups (n=5) in the communities, followed by in-depth individual

interviews (n=5) using Krueger’s (2002) method. Each focus group comprised of 4-10 Native Hawaiian Homestead residents (adults), who were of high Hawaiian blood quotient and who had strong cultural practices and family bonds.

Table 6:

Recruitment Sites for Native Hawaiian Homestead Communities and Sample

	Waimanalo	Wai‘anae	Nanakuli	Papakolea	Total
Native Hawaiian Population	3,048	2,201	5,370	1,215	
Focus groups	1	1	1	2	5
Interview (Semi-structured)	1	1	1	2	5
	2	2	2	4	10

Note. Office of Hawaiian Affairs, Native Hawaiian Data Book, 2011.

Enrollment and Inclusion Criteria

All participants signed the “informed consent form” for the study when they attended either the focus group or interview session. They also completed a brief “social-demographic survey” to provide basic information for the study sample. Each participant received a copy of the informed consent form and the incentive prior to the focus groups or interview. Each participant was assigned a unique numerical code. Besides the provision of pupu (snacks) during the focus group sessions, as a makana, a \$10 gift card and a packet of Hawaiian salt (pa‘akai) was provided to compensate each participant for volunteering his or her time and for providing information. In order to appreciate their cultural values, participants were encouraged to do an opening pule (prayer) and to use appropriate wording, style, and methods for their introductions. The research team also asked if a kupuna would like to give a blessing prior to the beginning of

each focus group. Introduction and closing activities were not recorded. The detailed data collection protocol followed the steps outlined by Harrell and Bradley (2009).

The key informants included the kupuna, community leaders, traditional healers and spiritual leaders, representatives of civic clubs, and experts in Hawaiian culture and/or community-based health research with Native Hawaiian communities.

The inclusion/exclusion criteria for eligible participant for focus group included:

- Native Hawaiian homestead residents (18 years of age or older).
- All genders (male, female, transgender) and socio-economic backgrounds.
- Current resident of State of Hawai'i (O'ahu island), living in one of the three Homesteads locations: Papakolea, Waimanalo, or Wai'anae.
- Willing to volunteer some time and share their experiences and be audio-taped.
- No previous health or social services research participation was required.

I was fortunate to engage the help of community co-facilitators who were qualified by their knowledge of Native Hawaiian culture and prior community involvement. The co-facilitators were selected from each community under study, and one of them was a graduate student in Hawaiian studies. They were provided a nominal compensation on an hourly basis. I provided a pre-service training on research ethics, qualitative data collection and research protocol together with ongoing weekly supervision. Prior to interfacing with the community, the co-facilitator successfully completed training sessions for ethical conduct in human studies (e.g., the National Institutes of Health online course). Informal visits and contacts with possible respondents, selection and training of the co-facilitators, and development of a topic guide for focus groups and interviews were some key activities that were implemented for the smooth operation of this study.

Data Collection and Instruments

Qualitative data were collected using the focus group and in-depth interviews with key informants. Focus groups are ideal for exploring people's experiences, opinions, beliefs, and concerns. A small group of selected people from each of the sample population was asked open-ended questions in a discussion-style atmosphere to generate data. The focus groups were organized so as to explore a set of particular issues, thoughts and perspectives (Kitzinger, 2005). Several key informant interviews were conducted following the focus group discussions for each sample population. A detailed protocol for the focus groups (Appendix B) and the key informant interview guide (Appendix C) were developed and followed. The purposes of these instruments were explained prior to each interview or focus group session. All focus groups and interviews were conducted in the English language, in secure locations, and the conversations were recorded using a digital audio recorder with the written permission of all participants. Co-facilitators were asked to write a memo with notes on the discussion using a notepad during the data collection period, using short phrases or incomplete sentences to capture emerging ideas about participant verbalizations and group dynamics (Lempert, 2007).

For the development of the focus group and individual interview guides, I used CBPR strategies. First, I drafted the initial questions based on the literature review and on my own qualitative work experiences in Nepal, Hawai'i and the Federated States of Micronesia. I used simple open-ended questions, which were specific to the participants' experiences with research studies. I then received feedback from key gatekeepers and my committee chair regarding whether the questions were appropriate in the Hawaiian context. I also presented them to the indigenous co-facilitators in order to further refine the questions.

While conducting each focus group discussion, I was accompanied by the co-facilitator, who also served as a note taker. I along with the co-facilitator de-briefed each other immediately after each focus group discussion. I also conducted the face-to-face in-depth interviews personally. These in-depth interviews offered an opportunity to capture words, ideas, thoughts, and meanings attached to the participants' experiences. In-depth interviews are used in qualitative studies to gain an in-depth understanding of indigenous views (Parker, Hunter, Briley, Miracle, Herrmann, Delinder & Standridge, 2011). The in-depth interview is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation (Boyace & Neale, 2006). In-depth interviews are often used to provide context for other data in order to offer a complete picture of what happened and why. The interview topic guide included four major open-ended questions and related probes.

“Talk story” can be particularly well suited to community-based participatory research, and can be more culturally appropriate to Native Hawaiian communities. Ka‘opua et al (2011) described that Native Hawaiian participants and their families enjoy testimonies (ho‘ike) or personal stories (na mo‘olelo). Therefore, both the focus groups and interviews were conducted in the informal “talk story” format. A “talk story” is a two-way process wherein a researcher is simultaneously giving and collecting information (Tengan, 2008). “Talk story” gives a sense of “you belong here” (Tengan, 2008), and it is an acceptable form of gaining information from Native Hawaiians (Gotay, et al. 2000; Ka‘opua, 2008, Ka‘opua, Mitschke & Lono, 2004). “Talk Story” can be useful, especially for a qualitative study, to hear the life experiences and oral histories from key leaders and kupuna. This is especially useful in collaborative research with indigenous communities (Christensen, 2012). The “talk story” is more than a conversation; it is a

process that builds relationship and functions as a covenant (sacred agreement) between the researcher and community members, thus advancing cultural safety and promoting community participation.

The research team kept and reviewed reflective logs and field notes. Field notes are crucial for qualitative research, as they are a popular way to record information in a naturalistic inquiry (Bailey, 2007). They include two basic components: i) recordings of major events, observations and occurrences, and ii) the investigator's own impressions and personal feelings, hunches, and expectations (Depoy & Gitlin, 2011). Field notes may include observational, methodological and theoretical notes, observations, information about the place or environment in which the focus group or interview take place, and anything that is not recorded on tape or digitally (Israel et al., 2005).

Data Analysis Process

Firstly, all the recordings were transcribed verbatim. For a more reliable and valid transcription, an independent person or language interpreter was consulted for double-checking the recording and the transcription. The data was then coded into initial themes or clusters, and then these codes were further translated into major themes or categories, constructs or perspectives.

The data analysis included the direct content analysis of the focus groups and interviews as well as descriptive analysis of social-demographic information from the survey. Content analysis usually involves the use of a priori categories, or categories that are set before data collection. These a priori codes were developed before examining the current data. In the content analysis, common responses were grouped according to the priori categories and then counted based on the categories and notable outcomes (Stemler, 2001). This technique is a systematic,

replicable way to compress many words into fewer categories (Krippendorff, 1980; Weber 1990).

In phenomenological approaches, all pieces of data are treated of equal value at the initial data analysis stage (Merriam, 2009). In the process of explicating phenomena, qualities are recognized and described. Every perception is granted equal value, while non-repetitive constituents of experience are linked thematically, enabling the researcher to derive a full description. The product of a phenomenological study is a “composite description that presents the ‘essence’ of the phenomenon, called the essential, invariant structure (or essence)” (Creswall, 2007; Merriam, 2009). This study used an inductive approach to the gathering of data, which allowed the researchers to understand the emic perspectives of the community and to define and describe in their own words ‘what’ cultural safety means.

A codebook was developed through the data coding process. I did the primary data coding with the assistance of the co-facilitators. An outside expert in qualitative research also reviewed all of the text materials in each code and verified that the coding was done correctly. This allowed for stronger inter-coder reliability and more valid results. During the coding and categorizing processes, suggestions from colleagues and faculty advisors were taken constructively. The initial coded data were shared back with the community representatives for their comments. The field notes and memos were also reviewed and incorporated as necessary during the data collection and analysis phases. These memo excerpts, for example, used short phrases and incomplete sentences to capture nascent ideas (Lempert, 2007). The final results and findings were written after consultation and comments from advisors. A basic descriptive analysis of demographic survey data was used and presented with relevant tables, graph and charts.

Protection of Human Participants and Ethical Issues

Privacy and protection of human participants is essential for any research study that involves people. It is more crucial particularly with indigenous populations and, therefore, all the study protocols, the informed consent form, and other documentation related to this study were presented to the participants. Approvals from the Institutional Review Board (IRB) of the University of Hawai‘i Human Studies Program and the Native Hawaiian Health Care System (NHHCS) were received prior to the start of any research activities. Each participant was explained the study objectives. To ensure confidentiality, written free, prior and informed consent (FPIC) was sought individually from each participant for all interviews and focus group discussions. Appropriate informed consent forms (Appendix D) were developed and used. The interviews and focus groups were recorded, but they were used anonymously for confidentiality purposes. All field data has been stored safely at the University of Hawai‘i, Mānoa campus. As mandated by the NHHCS, at the end of the project, a community report will be produced and shared with the people of the community in a community forum (meeting). The training of a co-facilitator is also considered as a part of the capacity building efforts.

Limitations

There were several limitations of this study related to the nature of its sample, the method of data collection, and the positionality of the Principal Investigator. Limitations of this study include: i) use of a purposive sample limited to the island of O‘ahu, ii) participation based on self-selection, which may advantage the perspectives of those already inclined to participate in research, and iii) the fact that participants enrolled from Homesteads are high concentration Hawaiians (50% or higher blood quotient, as required by the Department of Hawaiian Home Lands or DHHL) which might exclude a large portion of part-Hawaiians living outside of the

Hawaiian Homesteads areas. Therefore, these findings were not necessarily representative of the Native Hawaiian population as a whole, nor should they be generalized to any group other than those who participated in the study. These limitations notwithstanding, it is anticipated that information-rich data collected through this study will lead to a further understanding of cultural safety.

Furthermore, the proposed study was limited by the use of focus groups and comparatively few in-depth interviews. These methodologies tend to advantage the perspectives of those who are most verbal and inclined to share their views verbally. Hawaiian cultural factors may also advantage the perspectives of those participants who are most senior or who hold a special status within the community. In order to mitigate these factors, during the focus groups, each participant was given equal opportunity to share their opinions and ideas. Everyone was encouraged by respectfully probing and given equal time even if they tended to speak less when sharing their viewpoints.

Finally, the proposed study was limited by the cultural and linguistic backgrounds of myself as a Principal Investigator. I am not of Native Hawaiian ethnicity, and I was not raised in Hawai‘i. My first language is neither English nor Hawaiian. Thus, I am aware that there was potential for cultural and linguistic misunderstanding. Potential misunderstandings were minimized through the use of several strategies, including:

- i) All focus groups and interviews were co-facilitated by the community co-facilitators, who were raised in Hawai‘i.
- ii) I kept a process journal of experiences, continually reflected on them and discussed them with my dissertation adviser the differences and similarities between the current research and my

previous work with indigenous cultures from my homeland and from Hawai‘i and the U.S. Associated Pacific Islands (USAPI).

iii) I engaged in an ongoing discussion with the dissertation adviser who was a Native Hawaiian researcher with extensive background in community-based health research with Native Hawaiians and Pacific Islander communities.

iv) I conducted regular consultations with members of my dissertation committee, particularly those members with experience in Native Hawaiian and other indigenous communities.

Summary

This chapter has described the methodology selected for the study, which is designed as a phenomenological and critical inquiry. The primary data collection tools included focus groups and in-depth interviews with Native Hawaiian Homestead residents and cultural experts (both male and female) on the island of O‘ahu. This section presented the design of the study and the inclusion criteria for participant recruitment from three purposively selected Native Hawaiian Homestead communities. Since this was a qualitative descriptive study, it adopted content analysis for the data and incorporated the field notes and self-reflective memos. The development of the study protocol, ethics, the protection of participants’ rights and the limitations of the Principal Investigator were also discussed.

CHAPTER 4. FINDINGS

This chapter presents the socio-demographic characteristics of the research participants as well as the findings obtained from collection and analysis of the focus group and participant interview data. Little is known about the cultural safety of Native Hawaiians in the context of community-based health research. Many Native Hawaiians live in Homestead communities that are located in rural parts of the State, and cultural and linguistic barriers to participation of Native Hawaiians in research may exist. Hence, this study explored whether cultural safety could serve as a useful concept in addressing such barriers to research participation. This study was conducted on the island of O‘ahu among respondents from three major Hawaiian Homestead communities: Wai‘anae, Papakolea and Waimanalo. This study closely mirrors the viewpoints of Hawaiian Homestead residents concerning their previous experiences of research participation and their current perceptions of cultural safety in such a context.

Qualitative methods were used to understand how Native Hawaiian Homestead residents perceive cultural safety, and whether or not it directly or indirectly impacts their relationships and engagement in research. This study did not attempt to critique any ongoing Hawaiian-centered research aimed at improving health and wellbeing. However, this study found that Native Hawaiians were skeptical about their participation in research studies conducted particularly by outside researchers, especially by Westerners and/or non-indigenous persons.

A total of five (5) focus group discussions (FGDs) with Native Hawaiian Homestead residents were conducted. Following the FGDs, five (5) face-to-face semi-structured interviews were conducted to enrich and validate the FGD outcomes. A semi-structured schedule of questions based on Krueger’s (2002) focus group methods was used. A total of 27 Native Hawaiian Homestead residents participated in this study. The 27 Native Hawaiian adults who

met the criteria outlined in Chapter 3 were selected locally with the assistance of the co-facilitator. The participants also completed a brief socio-demographic survey.

In this chapter, quotes from participant responses include several key Native Hawaiian terms and locally used Hawaiian Creole English (Pidgin) words. I have primarily used the Pukui & Elbert (1992) Hawaiian Dictionary as a source to verify such Native Hawaiian key terms (Appendix E). These terms are neither italicized nor indicated with macrons, but I have included ‘okina, or markers for glottal stops, where appropriate. I learned from my Hawaiian participants and communities that the ‘olelo no ‘eau: “Life is in speech; death in speech”, which maybe taken to mean “Words can heal; words can destroy”. Thus, throughout this dissertation, I have endeavored not to use words and phrases that dis-empower Hawaiian people or that promote stereotypes and negative perceptions. I have also used abbreviated codes in reference to interviews, focus groups and respective sample communities such as “First Interview in Wai‘anae” as (INT_WA1) and “Second Focus Group in Papakolea” as (FGD_PA2).

I was humbled and blessed to complete this study, as the opportunity to view Hawaiian culture from a non-Western perspective was quite rewarding. I feel strongly connected culturally and spiritually to Native Hawaiians. Although my indigenous heritage extends beyond the Pacific, I found many shared family values and traditions of spirituality between us. I was also glad to hear that the Native Hawaiian Homestead residents shared that they were so excited that, although they had been surveyed by researchers so many times about their health and diseases, this was the first time someone was asking about how they actually feel about their research participation in the context of community-based health research. I am therefore optimistic that this kind of studies may facilitate the use of a participatory, power-aware, and culturally safe (pono) research paradigm for social change.

Data Collection Procedure

Native Hawaiian adult Homestead residents and key community leaders were carefully selected for this study. I used a purposive sampling by first approaching a local health center, community network or a non-profit agency in each community (viz. the Waimanalo Health Center, the Papakolea Community Development Corporation, the Waimanalo Hawaiian Homestead Association, the Wai‘anae Kai Hawaiian Homestead Association and the Nanakuli Hawaiian Homestead Association). Second, a brief background of the study was presented among the community leaders from these civic centers and Homestead associations. Then, I entered each Homestead community through these gatekeepers and community leaders. The study protocols and instruments were also presented to them for their input on relevance and cultural appropriateness. Several informal visits and contacts were made in order to establish a good relationship and build trust with the respective Homestead communities. Multiple formal and informal communications with potential respondents were established, followed by an appointment for focus groups at a time and place convenient to participants.

Community Entry & Trust Building

As a University of Hawai‘i at Mānoa graduate student and an outsider, conducting research in the Hawaiian Homestead communities was not an easy task, as Native Hawaiians were already dissatisfied with conventional ways of research. I therefore had to employ different steps to navigate the community and for the study to be accepted. The first step in this process was to meet with key community gatekeepers who then introduced me to other Homestead leaders, members of the local civic clubs, and representatives of non-profits. Then, I met with some of the Hawaiian Homestead leaders, including the President of Waimanalo Hawaiian Homestead Association, the Director of Ke Ola Mamo (one of the five Native Hawaiian Health

Care Systems), and the Executive Directors of the Waimanalo Health Center and Papakolea Community Development Corporation. I also utilized prior relationships between the Myron B. Thompson School of Social Work and the Papakolea community.

I personally tried to practice cultural safety by seeking permission, sharing stories and demonstrating that I really want to care for and learn from Hawaiian communities. At the beginning of each meeting, and in individual conversations, I was frequently asked to tell more about my cultural background. I believed that the purpose of such questions was to critically assess why I was interested in working with and for Native Hawaiians. I always shared my cultural heritage and the basic values and traditions that I bring from my culture. I sometimes also explained the historical background and current socio-political situation of my country, Nepal, a tiny mountainous country in the Himalayas. I often showed a world map to locate my “place”. I humbly shared that I represent one of the indigenous groups in my country, called the Tamang, who is one of the Mongolian tribes of Nepal, the fifth major group with current population of 1,539,830 (5.8%) of the total national population of 26 million (CBS, 2011). Tamang people have a rich culture, collectivistic family traditions, and are known as good mountaineers, trekkers, and subsistence farmers. They were, historically, the original people of Yambu (Kathmandu), the capital of Nepal today, but they were stripped of their culture and forced to move out from their land to the surrounding hills. I shared stories about how the Tamang communities were self-ruled and autonomous, with Tamang kingdoms that were culturally organized with strong traditional values and rituals, but which were destroyed and illegally occupied. These days, Tamangs reside primarily in the eight districts surrounding the capital of Nepal. As the Nepalese society is also rapidly changing, the Tamang people are also facing challenges such as out migration especially of men for foreign employment and the

continued loss of traditional practices and culture including loss of language due to the imposition of Hindu tradition and cultural hegemony by the central unitary government. The government also seems to be pessimistic about promoting cultural identity and linguistic diversity, instead preferring to impose monopolistic, unilateral policies even though the country of Nepal has been declared as a federal democratic republic. In this way, I reminded my participants that the Tamangs, like Native Hawaiians, have a collectivistic family tradition but have also experienced social marginalization through internal colonization, resulting in long-standing health disparities. Our people were likewise stripped of their culture, dignity, collective rights of landholdings and natural resources. I believe that sharing my positionality in this way enhanced our mutual understanding of each other's culture and feelings of cultural safety.

I tried to learn and understand more of the Hawaiian culture through the assistance and participation in community events such as makahiki celebration, 'ohana health fairs, Thanksgiving lunch caravan, and Hali'i Christmas organized by local non-profits, community associations, and the civic clubs. I also assisted in the makahiki planning in Waimanalo and, in Papakolea, a community aquaponics project to raise aquatic animals such as fish in tanks together with water-based plants. These were valuable opportunities to learn how to put things together to plan a community project and cultural event logistically, and to know and network with volunteers and key players from the community. Additional volunteer work at a homeless forum in Waimanalo, where I attended meetings, designed programs, contributed to food and clothing distributions, as well as at a health fair in Nanakuli and at Ma'o Farms in Wai'anae were also great opportunities to learn, connect, and give back to each community.

I was also able to attend the groundbreaking ceremony and volunteer for the ongoing construction of a house. It was a great feeling to be part of the community, not only as a social

work student currently engaged in dissertation research in and around the Homestead communities including Waimanalo but also as a Habitat for Humanity volunteer, who has since 2007 been working from time to time help build people's homes. It was an exciting event for the homeowners but also a great example of community partnership. I also attended two annual meetings, the "Native Hawaiian Convention" and the "Pacific Global Health Conference", which helped me to make more connections and hear more of the other psychosocial, spiritual and geo-political issues related to Native Hawaiians and other native peoples.

Sometimes the trust building involved more formal processes, as when, for example, a brief overview of the study was on November 5, 2012, presented to the Association of Hawaiian Civic Club Board, which subsequently conceptually approved the study. I was further introduced to the key community gatekeepers from Homesteads along the Wai'anāe coast including Nanakuli, Wai'anāe and Maili. They not only supported my study and data collection process in their respective community, but also shared their mana'o and experience through the FGDs and interviews.

Selection and Training of Co-Facilitators

A search for potential co-facilitators was conducted within the sample communities. I developed and distributed a recruitment flyer (Appendix F) stating the purpose of the study, eligibility criteria, and primary roles across the community and the relevant departments and schools at the University of Hawai'i at Mānoa. First, I inquired whether any students from the school of social work or other relevant disciplines who met the eligibility criteria were interested to work on this study. Ultimately, I was able to find some interested candidates from the respective communities. After the pre-selection communications, meetings and informal interviews, three co-facilitators were selected who agreed to work with me on this study. Their

roles went far beyond the contractual agreement and the minimum hourly pay; rather they were the bridge between me, and the Homestead communities.

Three co-facilitators were recruited and trained in research ethics and qualitative methodology. A one-day training was designed and conducted for the co-facilitators at Papakolea Community Center on April 4, 2012. During the training, I presented slides covering the study background, the rationale and significance of the design, and sampling strategies for the study. The training included discussion of qualitative research with an emphasis on the naturalistic inquiry and the ethical issues surrounding research among indigenous peoples. The second part of the training focused on the issues concerning selection of eligible participants and how to make an inclusive and fair selection. A tentative field plan was developed for data collection. The team decided to organize each focus group inclusive of representatives from more than one Homestead on the Wai‘anae coast, given the fact that there are multiple Homesteads. The team reviewed the focus group protocol, survey questionnaire, consent form, and the observation sheet. Each co-facilitator also signed a brief work contract and confidentiality agreement.

Institutional Review Board (IRB)

The study required institutional review board (IRB) approvals not only from University of Hawai‘i at Mānoa but also from the Native Hawaiian Health Care System (NHHCS). I contacted the relevant agencies, prepared and submitted both applications with relevant attachments. The IRB approvals from University of Hawai‘i, Human Studies Program and the NHHCS were sought before starting the data collection. All co-facilitators and I completed trainings on research involving human subjects, including the Collaborative Institutional Training Initiative (CITI) on-line module and interactive sessions that are required by University

of Hawai‘i’s Humans Studies Program to ensure that faculty, students and staff are appropriately trained in the protection of human subjects through all phases of study implementation. Co-facilitators were compensated at an hourly rate (\$12 per hour) for their contributions, in addition to acknowledgement of their work in this report and other related publications and presentations.

Socio-Demographic Survey

The survey was completed by each participant who either participated in the FGD or in the interview or both in the study communities. A total of 27 participants completed this survey. The major socio-demographic characteristics of the participants included their age groups, gender, primary ethnicity and cultural background, education, occupation, and how they have been engaged in cultural preservation (see Appendix G).

Of the 27 participating Hawaiian Homestead residents, 48% were 41-60 years of age, 22% were 26-40 years old, and 26% were elders of 61 years and above. However, only four percent of the participants were youth under 25 years old. Female participation was much higher (70%) than male participation (30%).

Native Hawaiian was the primary ethnicity and the primary culture identified by the participants. However, the participants also indicated their other cultural heritages such as Caucasian, Samoan, Chamorro, Japanese, and Filipino. The educational background of the participants varied from high school to college and university degrees. 11% of the participants had attended only some classes in high school without graduating. GED (General Education Development) or high school graduates represented 26% of the sample. More than 30% had some college education, with an additional 33% having completed their degrees. College degrees were obtained across various fields, including anthropology, biology, business, criminal justice, education, Hawaiian studies, journalism, liberal arts, library science, and theology.

The participants represented a wide range of occupations including community outreach, caregiving, case management, policy advocacy, and non-profit management. A few highly regarded kahu (spiritual leader/senior pastor) and community gatekeepers, kupuna (elderly) and differently abled people also participated in this study.

Native Hawaiians have uniquely rich culture and traditions. By participating in various cultural activities, they maintain their distinctive character and identity. Being shared amongst various members of the community, these practices are passed on from older to younger generations, thereby keeping the culture alive and vibrant. The participants have been engaged in multiple cultural activities and they have been practicing various cultural traditions. These activities primarily include ho‘oponopono, lomilomi (herbal medicine), hula and lei-making. Others were engaged in the PILI ‘Ohana (the Partnership for Improving Lifestyle Intervention), a community-based research project with cultural component), canoe paddling, surfing, and chanting. Several of them were assisting other Hawaiians through volunteer work, which is a part of the Hawaiian value system.

All participants were current residents of O‘ahu. Of the 27 participants, 24 had been living on the island of O‘ahu for over 21 years. Three of them had been living on O‘ahu for 11-20 years. Only seven participants had lived on the other islands, but around half (13) of the participants had temporarily lived in the continental U.S. or visited for short-term purposes to other states including Alaska, California, Florida, Indiana, Iowa, Mississippi, Nevada, New York, South Carolina, Texas, and Washington.

In terms of research participation, 59% of the 27 had participated in some kind of prior research study, while 11% had been denied research participation (especially if it was conducted by non-Hawaiian researchers). 52% of the participating Hawaiian adults currently were engaged

in some kind of research activities going on in the community. As many as 15% of the participants had participated in a research project in the past two years, while 11% had done so between three to 10 years ago. The other respondents, who had answered affirmatively, had participated in research beyond the 10-year timeframe.

Data Collection

This study used a qualitative approach to explore Native Hawaiian Homestead residents' experiences as research participants and their perceptions of cultural safety. Qualitative research methods were appropriate for this study because they allowed the researcher to gain an understanding of how the participants interpret their life experiences. Through the use of focus group and in-depth interviews, I sought to explore the life experiences, personal stories, and opinions of Native Hawaiian Homestead residents in terms of their research participation. All focus groups and interviews were recorded with permission, except one interview at Nanakuli where technical difficulties made it impossible to obtain such permission. Each participant also completed the socio-demographic survey and signed the informed consent form prior to the focus groups or interviews.

Focus Group Discussion

I facilitated all of the focus group discussion sessions by using a pre-designed detailed focus group protocol (Appendix B), which was prepared in collaboration with the local co-facilitators. A total of 27 Native Hawaiian Homestead residents including kupuna, young adults, community leaders and professionals participated in this study. The focus group sessions were organized locally and conveniently for the participants as arranged by the respective co-facilitators.

Each focus group session started with the introduction of the participants, Principal Investigator, and co-facilitator. For each focus group session, ground rules regarding the process, communication style, audiotaping and confidentiality were briefly explained. Then, participants were asked (and, if needed, prompted to answer) certain questions based on the pre-designed focus group guide. The participants then responded one by one or in a random order to share their mana‘o, personal stories and feelings.

Prior to the focus group, I presented a brief 8-10 minute slide presentation on CBPR prior to the discussion as part of the community capacity building. The Papa Ola Lokahi suggested that it would initiate and set the tone for each discussion. Focus group venues were selected locally either at a non-profit, neighborhood board, or a community health center. Food from a local vendor was arranged for each focus group session. A total of five (N=5) focus group sessions involving 22 participants were conducted. The average number of participants in a focus group session was 4.4. The duration of the focus group sessions ranged from 45 to 90 minutes. Each co-facilitator took notes during the focus group session and provided a written observation report immediately after the completion of each focus group session. I also wrote and incorporated critical self-reflective field notes after each of the focus group sessions.

In-Depth Interviews

Individual face-to-face interviews were conducted with key informants representing Homestead residents, community leaders, and cultural practitioners from each study community. These open-ended, semi-structured interviews were conducted using the key informant interview guide (Appendix C). All of the interview sessions were conducted either at the local non-profit, the community health center, or the participant's home when permitted.

For each interview, I contacted the potential key informant directly or through the co-facilitator in order to make sure the key informant agreed to the interview. The co-facilitators checked their own availability and identified the best possible venue for the interview. Then, with the support of the respective co-facilitator, I conducted the interview with each key informant in his or her respective community.

The following tracking log summarizes a number of focus groups and interviews along with the gender distribution of the participants.

Table 7:

Data Collection Log

	Focus Group Discussions (FGDs)				Semi-Structured Interviews				TOTAL
	No of	Female	Male	Total	No of	Female	Male	Total	
	FGD				Interview				
Wai‘anae	2	8	2	10	2	1	1	2	12
Papakolea	2	6	2	8	2	2	0	2	10
Waimanalo	1	2	2	4	1	0	1	2	5
	N=5	16	6	N=22	N=5	3	2	N=5	N=27

In the beginning, an introduction was made. In each interview session, I explained the objectives of the study. I also ensured that he was not evaluating or criticizing any of the current or previous research projects related to Native Hawaiian health and community engagement. Instead, I was interested in hearing the stories and experiences of those participating in research studies as Native Hawaiians. A total of five (N=5) in-depth interviews were conducted that

ranged from about 53 to 70 minutes. I felt blessed to interview some of the key Native Hawaiian community leaders including an honored kahu (Waimanalo) and community gatekeeper (Nanakuli). They provided their mana‘o and personal experiences in terms of Hawaiian culture, health, and research issues.

Data Analysis

For the data analysis, a priori codes were used for indexed thematic content analysis, according to a coding scheme that had been established before the study began. All focus group and interview data were transcribed and saved as MS Word files. I transcribed all the recordings and reviewed them for coding and analysis. I also reviewed all the field notes and observation sheets individually in order to incorporate the ideas observed and reflected. I then developed the coding scheme and did the preliminary coding. Then the transcript was reviewed and proofread by an independent reviewer. After the preliminary coding, all themes and sub-themes were identified from responses relevant to each question. Several attempts were made to combine sub-themes to make the final major categories and major themes list. I worked together with the respective co-facilitators to corroborate and validate the preliminary coding. I did not use qualitative analysis software, primarily because I had prior exposure and experience with thematic analysis. Instead, I used MS Word for all data transcription, storage, coding and for tabulating the themes and developing the codebooks.

During the data coding and analysis process, I transcribed all the focus group and interviews verbatim for each recording, which were then proofread by an independent reviewer. Initially, I reviewed all the transcripts in order to get familiarity with them and understand the main ideas and opinions, taking notes on main ideas and topics. I also developed a codebook, or coding scheme, for each of the transcripts based on the questions asked and the a priori codes to

establish a set of categories and sub-categories (Drake & Johnson-Reid, 2008). I devised preliminary codes or "tracks", large themes (a priori, based on the focus group questions and key interview guide and in line with the theoretical framework). I labeled and highlighted large chunks or passages of the transcriptions with these themes (tracks or large codes), and also utilized margin notes, underlining, highlighting, and sticky notes. Then, I combined and merged similar preliminary codes (subtopics/sub-themes) to make larger themes. I created a final list of major categories and themes that emerged from the data, based on the research questions, the density of responses, and the richness of the data.

These themes and sub-themes were identified inductively where each focus group and interview question served as the primary topic to guide the coding. Corresponding quotes from each transcription were directly copied and attached to support the themes and sub-themes in this findings section. The qualitative data identified a total of 67 preliminary sub-themes which then were narrowed down to 28 sub-themes (or ideas) under 6 major themes (Appendix H).

Validity, Transferability and Credibility:

Numerous researchers and authors have debated the validity of current methods in qualitative research (e.g., Creswell, 2007), and the validity and trustworthiness of qualitative study is crucial. Therefore, I collaborated with the respective co-facilitators and key people in the community to ensure the accuracy of the data and appropriateness of the terms, their meanings, and explanations. Since I transcribed and coded all of the recordings of the focus group and interviews myself, inter-coder reliability was not an issue.

I applied several strategies to ensure data transferability and credibility. Upon completion of a focus group, I de-briefed participants regarding my impressions of the focus group discussion procedures and content. All focus group discussion recordings were immediately

transcribed verbatim. I then reviewed the transcript and took memo notes on emerging concepts and exemplary quotations. After transcribed data were validated with the co-facilitator and an independent reviewer, I did the preliminary codes (67), then compared, and categorized them into 28 sub-themes, leading to 6 major categories. Draft findings were also shared for comments with the co-facilitators for increased validity. An independent reviewer did the preliminary editing and proofreading of the transcripts as well as the summary tables of codes and the findings. A native English language expert did the final proofing and editing. For the validity and trustworthiness, I met with each co-facilitator and selected gatekeepers to perform reviews of the transcripts, codebooks/coding scheme and results of the socio-demographic survey in order to validate and corroborate agreements. A peer review of the overall findings of the study was arranged with people including scholars of public health and social work who have experiences working with Native Hawaiians health, including CBPR approaches to research and community development.

Detailed Findings

The study discovered themes inherent in Native Hawaiian Homestead residents' perceptions of cultural safety in the context of research participation. The participants expressed their feelings and shared their mana'o openly and voluntarily. However, Native Hawaiians have faced oppression, ignorance, segregation, stereotypes, racial policies, and discrimination that have kept them at the margins. Besides health, they often face discrimination in other social service areas like housing, income, education, and criminal justice. Native Hawaiians have experienced marginalization compared to those in power and those who are privileged. There are of course individual opportunities, but many Native Hawaiians have faced various struggles, and their basic needs must first be met. Native Hawaiians have different struggles than those of

different ethnicities, income levels, and educational levels. They have been entangled in the vicious cycle of poverty, unemployment and failed families. Their general experiences with Western health services and education were mixed but mostly negative. They were also aware of the issue of changing social and family dynamics, lifestyles, and diets.

Findings from this study echoed the Native Hawaiian Homestead residents' perceptions of cultural safety in terms of research participation. The participants indicated that various upstream social factors, including socio-economic, geo-political, and environmental issues, are impacting their lives and their perceptions of cultural safety. Their experiences ranged from their pride as Hawaiian to cultural hegemony, military encroachment, and unethical exposure to research studies. Cultural safety is a highly relevant concept to promote active participation in research, since it not only incorporates cultural issues but also deals with the power relations between researcher and participant. They expressed both positive and negative experiences of participation in health research studies, though the participants of this study were mostly concerned about the negative aspects. There have been some positive community benefits that research studies brought. However, Native Hawaiians have faced several culturally unsafe situations and they were often used unethically in research studies. Therefore, attention to ethical values of Hawaiian culture and Homestead communities may promote cultural safety and their meaningful participation in research.

They raised the issue of research ownership seriously, because they have seen that many studies on Hawaiian health are not conducted by Hawaiians. They also agreed that the community empowerment is intricately linked to cultural safety. Although there are some perceived benefits of research, many of studies were designed inappropriately and conducted by non-resident and non-indigenous outsiders. The University of Hawai'i Department of Native

Hawaiian Health at the John A. Burns School of Medicine recently introduced CBPR with the Native Hawaiian Homestead communities. Native Hawaiian Homestead residents believed that CBPR projects were more culturally appropriate for the native people.

They also voiced their concerns on cultural protocol considerations, because cultural safety is relationally based. The participants not only shared their bitter experiences involving research participation but also provided suggestions to protocol change and emphasis of Hawaiian cultural practices related to ensuring cultural safety in terms of their participation in research. They suggested that the inclusion of Hawaiian healing in health insurance schemes might be a possible option to Hawaiian and other native consumers. This study also found that the safety of an individual, family, and the community is a wholistic concept for Native Hawaiians.

The findings are presented below as major themes (n=6) and sub-themes (n=28) according to the frequency of related responses, and, wherever relevant, they are illustrated through the use of corresponding quotes of the participants.

Theme 1: Upstream Social Determinants Influence Perceptions of Cultural Safety

This section describes the participants' overall lived experiences of upstream social factors that influence perceptions of cultural safety. This includes few positive (n=14) and many negative (n=69) factors encountered during their lifetimes while receiving health services and education and participating in research. Participants suggested that ethnicity matters when it comes to receiving services. Being a Native Hawaiian was a source of pride for many respondents, but they have experienced a number of problems, especially with regard to service providers and educators outside their communities. Historically, the first foreigners were Western traders seeking commercial gain, then Christian missionaries seeking religious

conversion, and then plantation workers who came to Hawai‘i to work for Western businessmen. On the one hand, there are issues associated with the unremitting influx of foreigners that have taken up their economy. On the other hand, they have their continued struggles to stop the Western intrusion and push the biotech companies and military out of these islands. They also realized that the social dynamics, family lifestyle, and diets are changing rapidly.

This section describes the positive factors that Hawaiian Homestead residents experience in terms of receiving health services and education. Fourteen (n=14) respondents shared their positive experiences in terms of living in Hawai‘i as Native Hawaiians.

Sub-Theme 1: Ethnicity Matters

Ethnically, Native Hawaiians feel more comfortable and safer with local people and the people with Hawaiian heart and “aloha” spirit. Homestead residents believed that they [Hawaiians/Locals] have the basic understanding of the struggles they went through and similar values of family, friends, and compassion for others. When it comes to research and health services, they feel comfortable with those who are locally born and raised than with someone from elsewhere. A total of nine (n=9) participants shared their views:

It is easier if a service provider [doctor/researcher] is a Hawaiian who understands kind of hardship our people [Hawaiians] went through. We feel more comfortable with that person who has the basic understanding of something that we value such as family, friend, and being compassionate towards others.

We feel more comfortable and we open up more with somebody who is a local [resident] than a person from Kentucky. That is the perception where this person came from and

who he is. It opens up little bit more than somebody and we feel more comfortable. We perceive a local Chinese raised here is better than a person from somewhere else.

A participant who worked as a case manager for a non-profit social services agency had a similar experience of being safe and comfortable with ethnic match. She shared that matching a Native Hawaiian client with a Hawaiian caseworker culturally worked better in her daily works.

I feel more comfortable if I was working with a Hawaiian doctor, in the sense when it comes to healthcare. If we match a Hawaiian client and caseworker, culturally it works.

Moreover, the participants also stated that color that matters to them as Native Hawaiians when it comes to a health service or research. Native Hawaiian Homestead residents generally distrusted outsider service providers and educators, particularly the Westerners. However, they did not feel the distrust if someone is an indigenous person and/or acted with a Hawaiian heart.

The coloring and everything makes us be comfortable and open to have this kind of discussions. If you have black [skin], we still would be comfortable but other color [XXX] skin is questionable.

See the trust, it already opens up. It helps us kind of feeling of normalizing things. It helps us feel safe and we are able to disclose a lot of things.

However, there was a diametrically opposite expression that “aloha” spirit is more important than color or ethnicity. A participant mentioned that there were a few non-Hawaiian

professionals (doctors, nurses, teachers) who had the “aloha” spirit and the Hawaiian hearts to serve people, who really cared and were always willing to help Native Hawaiians.

It does not really matter these days, as long as they [service providers] do show the “aloha” spirit, and they care. It is good but we do not have enough Hawaiian doctors. I am glad to see more Hawaiian becoming doctors. But as long as a doctor cares for you and shows you as a patient that he cares the wellbeing, to me that is all it matters.

Similarly, Native Hawaiians were more comfortable going to the local health center because they have some cultural practices in the program. They felt safer because they had not only the local service providers but also the traditional healing services embedded. For instance, the Wai‘anae Coast Comprehensive Health Center (WCCHC) had such cultural practices. An interview participant in Wai‘anae (INT_WA1) mentioned why people chose the local health center:

Because they have some cultural practices such as lomilomi. The community might feel more comfortable to share and they [people] know the service providers who work there. They feel safe enough that they [services providers] would protect them from any kind of misguidance, or misunderstanding.

Sub-Theme 2: Hawaiian Pride

Five (n=5) respondents felt proud of being Hawaiians. As far as the Hawaiian identity was concerned, Native Hawaiians claimed the pride of being the piko (naval or center) in the center of the Pacific. Hawaii is also a place of hegemonic discourse that perpetuates settler colonialism and ethnic inequality, and the U.S did not want anyone else to have Pearl Harbor, the

commercial capital to the Pacific gateway (Budnick, 1992). A participant (FGD_PA1) proudly shared her experiences:

No matter where you go, the word Hawai‘i is a magical one, it makes us feel special, like I am from Hawai‘i and I am a Hawaiian [laughter]. Everybody always wanted to come to Hawai‘i. This is the special place on Earth. This opens the door for all, it really does. The word Hawai‘i and being Hawaiian is just so different.

Therefore, a huge pride is associated with Hawai‘i and being a Native Hawaiian. They are very humble to the land. They emphasized the value of education for their keiki and respect for one another, and they are optimistic about their thriving generations.

I am proud to be a Hawaiian and an educated Hawaiian. Both of my children have their Bachelor’s and Master’s degrees. My son lives on the Big Island; he teaches at the Kamehameha School [KS], he is the head of the high school science department. My daughter works for the President of the U.S. [Washington D.C.]. She lives in Virginia and she travels all over the world. Both of them have their Master’s degrees, my son in education, and my daughter is in forensic science with the specialty of digitized computer forensics. I have my two master’s degrees [education and library science] from the University of Hawai‘i and Nova University.

We are very humble to our land, be loving to each other, kind to each other and respectful of each other, so that our keiki [children] can see and grow up and become another wonderful generation.

The respondents recognized the fact that Hawaiian blood has been contaminated (mixing with others) each generation due to the interracial marriage and their multiethnic heritages. An interviewee in Papakolea (INT_PA1) shared how the Hawaiian blood is dwindling in each generation but how the Hawaiian heritage is still important:

I am half-Hawaiian. My father is 50% Hawaiian, part Norwegian, Swedish and Dutch. My mother is 50% Hawaiian and Portuguese. So, I have those mixtures, my children have 10 nationalities, and my grandchildren have 16 nationalities.

Hawaiian blood matters in terms of receiving benefits. The Hawaiian Home Lands Act of 1921 required at least half (50%) blood quantum to qualify for Homesteads. This is also required by the Office of Hawaiian Affairs (OHA), for ceded lands, and for other public programs for Hawaiians, such as Alu Like with funding from Native American Program Act that required a certain percentage of blood. Nonetheless, it is also a controversial issue because the very concept of blood quantum itself is considered as a Western idea. Thus it was blamed as a haole (foreign) device that has served to divide and conquer Native Hawaiians (Bowman, 2008). Others have argued that, as long as you have a drop of Hawaiian blood, you are still a Native Hawaiian. This concept of blood quantum profoundly affected cultural definitions of indigeneity by undermining more inclusive kanaka maoli notions of kinship and belonging (Kauanui, 2008).

This section describes negative aspects of participants' experiences being Native Hawaiians. The participants agreed that Native Hawaiians have experienced racism, stereotypes, and systematic and unconscious discrimination. A total of sixty-nine (n=69) responses were related to negative feelings on aspects such as failed education, changing social dynamics, cultural disconnection and their continued struggles to achieve social justice, and sovereignty,

and fight against the Western invasion and cultural hegemony. These negative factors have impacted their perceptions tremendously. They stressed that Hawaiian people wanted to turn the negative perceptions and stereotypes. They were willing to take any roles and challenges to make differences in the community and uplift the Hawaiian society. A participant and a community leader (INT_PA2) shared that she had a strong desire to change the negative perceptions of the Hawaiian communities, which is why she worked for the Hawaiian communities:

I always have a very fond and deep “aloha” for the people in Papakolea as my home. We just wanted to make a difference and change what we saw the negative perceptions, stereotypes and we want to turn them around.

Sub-Theme 3: Education Is Key But Has Failed For Hawaiians

Eighteen (n=18) participants indicated that education was the key for every child to become successful. They recognized the fact that educating their keiki was their kuleana (accountability and responsibility) to help them succeed in life. Many emphasized that education will help people to make the best decisions. However, four (n=4) respondents felt that the current mainstream education system has failed to address the needs of Native Hawaiians. The missing part was the passing of knowledge and skills down to the generations through public education. Education initiatives and programs, particularly for native people, are made effective when they embrace the cultural values and perspective of the community they are intended for (Cajete, 1994). Therefore, Native Hawaiian students are still underrepresented in all level of schools and universities. This is why many private, independent, and public charter schools in Hawai‘i offer alternatives to public education including some culturally based curricula. They agreed to the fact that education is crucial for all, and that it is even more important for Native Hawaiians and other underrepresented groups, in order to be able to get out of the vicious circle of poverty and

other related struggles.

Education is a process of receiving or giving systematic instruction, especially at a school or university. According to Merriam Webster English Dictionary, education means, “to develop (a child) mentally, or aesthetically, especially by instruction”. The mainstream public education does not recognize indigenous cultures, and thus it does not give equal emphasis on indigenous peoples’ cultures. It often times also falsifies the history and roots. A study revealed that culture-based education positively impacted student’s socio-emotional wellbeing (e.g. identity, self-efficacy, social relationships) that positively affected student outcomes (Kana‘iaupuni, Ledward & Jenson, 2010). There is an appreciation of kanaka maoli culture-based education for teaching and knowledge construction among Native Hawaiians, because the mainstream education has been constructed to privilege the value and perspectives of the dominant cultural group in the U.S. (Clark, 2006).

The study participants suggested that the universities should design and launch unique programs that meet the needs of Hawaiians and other indigenous people who have similar issues and expectations. Some departments run some tertiary training including the department of Native Hawaiian Health at John A. Burns School of Medicine, the Office of Public Health Studies, the Center of Hawaiian Studies, the Department of Hawaiian Studies at University of Hawai‘i at Hilo, and the department of Ethnic Studies and Indigenous Politics at University of Hawai‘i at Mānoa. Besides these few programs, the University does not have other programs that are typically designed for Native Hawaiians. This is why the participants blamed that the current Western education system has failed, and it has further put Native Hawaiians in such a situation that they cannot compete with the rest, although they believe that they are equally akamai (smart/capable) people like others.

When we talk about higher education, we have a lot of smart Hawaiian people. It is not that we do not understand. But the 300-400 pages of report, that is just not for us. We can do as much as anybody else but our flaw currently is all that writing to get the PhD. So, I think the University needs to have the unique programs designed for the Hawaiians and other [indigenous] people who have similar culture and power struggles. For example, she is akamai [in my opinion] she can have the PhD but doing all the paper works that are required by the University. That is why she does not make it. We can compete with anybody, why you [education system] put us in that situation?

So, it is their [University] fault, they do not have a discipline that can lead us to where we want to go. You [researcher] need to go back to Mānoa [University] and exactly what you are digging up, if there is no program, who is going to go? How can we go there? How can you talk about cultural practice getting on board? This is the whole discussion about.

Additionally, there are rising costs and financial issues related to education. Besides their personal funds and loans, many Hawaiian students are struggling to pay for education. A lot of Hawaiian college students are depending heavily on scholarship money from sources such as Office of Hawaiian Affairs (OHA, 2013). Despite the growing demand, only about 320 students receive OHA scholarships, ranging from \$500 to \$5,000, to help cover expenses at various colleges and universities (OHA, 2013).

The participants emphasized how important education is for the future generation to progress. They stated that education is also a key for every citizen to understand about health,

diseases, and their causes. This is also important for the effective communication with the service providers, which lessens the gap, and addresses the power relations as well.

My parents were all for education, so all of us. I am the eldest of four daughters. We are all educated [college graduates]. I have two Bachelors and two Master's Degrees.

Education really is the key to all. While talking about health and safety, we cannot do this unless people are thinking in the right way of how the children [our future] will progress as Hawaiian people.

Education, health, cultural identity, and language all are very important to us. We need education on what different diseases and how it caused. We have to share that between doctors and patients. We need to continuously share these information through mass media like the tsunami warning or a storm advisory [weather report].

Additionally, the current education system is dominated by the English language. There is also a Hawaiian immersion program in Hawai'i as part of the revitalization and continuation of Hawaiian language and culture. Although the State of Hawai'i and the Board of Education supported the immersion program in its planning and procedures, families seeking immersion education had historically been marginalized (OHA, 2013). A suggestion was made to balance the immersion of language and the mainstream education. Because of the current English requirement in the U.S., English is a must for Native Hawaiians before they can go to any college and University. Every student has to take SAT (a registered trademark of the College Entrance Examination Board, which originally stood for Scholastic Aptitude Test but was later changed to Scholastic Assessment).

I would like a balance in this. If you go through total immersion, you are not getting that balance. So, when the kids graduate from 12th grade and if they are immersed in language and they speak [Hawaiian] among their peers and teachers. But that is not the rest of the world. If you want to go to college, you have to take SAT [English]. Now, they wanted it all in Hawaiian but that is not the world we are living in. We need to preserve and resurgence of our language but we need to progress as the rest of the world. So, we need to have a balance.

Sub-Theme 4: Western Invasion and Loss of Identity

Many elements of Western lifestyle have been adapted to Hawai'i including health, education, transportation and telecommunications. A total of seventeen (n=17) respondents raised the issue of Western invasion and loss of cultural identity. The participants were highly concerned about the continued Western cultural hegemony and American imperialism. They think culture and language are the keys to move forward. Thus, there is no way that anybody can forget, ignore or under-value it. The study revealed various stories behind the foreign (Western) invasion of Hawaiian soils. This included the introduction of foreign creatures and burden of diseases, exposure to hazardous chemicals and military encroachment. They have gone through a historical period of overall Native Hawaiian population decline sharply, about 90% during 1800, after the Western contact, due to the diseases that Westerners brought. The participants primarily shared their experiences of Western hegemony they faced and their commitment to restore their lost identity.

Traditionally, Native Hawaiians were extraordinarily strong, healthy, and free of serious infectious diseases (Stannard, 2000). Today, they are concerned about their health. Participants shared the experiences of Western incursion, including diseases and the introduction of new

species of exotic creatures that were brought to the islands. They claimed that Hawaiians were living pure and healthy lives before, but all that has been destroyed because of Westernization. Various responses below represent that Hawaiians have been facing all the destructions of Western colonization, invasive foreign creatures, and horrible disease burden.

The animals coming in, that is another thing of safety. We had birds that used to be here, are no longer here. We have foreign [huge] birds that we do not even know, never been here before. Now, we are finding earthworms that look like snakes. Now, we have snakes in the ocean [coral and water snakes], all being exposed now. Then, they bring in their creatures, flies, and insects. Now we are finding snakes here [inland]. We have lizards, before we had one type of lizard called the mo'ō, now we have ugly, poisonous, with thorns and all kinds of stuff on them etc. Same thing with our fishes, they are different.

Once again humankind self-destructs itself, so how does Western colonization way of life. Well, they [colonizers) destroyed every natural thing, now we have got un-natural; they destroyed us [Hawaiian people] in the beginning.

Hawaiians are worried, we are on islands, there is very few of us. The U.S. and world itself will go through the conflicts and wars. They have already destroyed several Polynesian islands throughout the Pacific. So, now they are here. They have been here since the 1920s. People started coming here from other places in 1700s. So, before the 1900, you have the 200 years of exposure to venereal diseases, cancer, plague, fever, malaria, and all sorts of things [everything]. Hawaiian people lived such a pure life, because we were never exposed to any of that. This is why there is the concern.

I saw [definitely] the rapid and sharp decline in health of our people. When cancer came on the scene, there was not a person [family] in this community [Papakolea] who was not directly involved [connected] to someone in that house having cancer [lung, prostate or colon]. As a child, I saw cancer initially was a male's disease. We never thought of women having cancer. It was predominantly the men. When cancer came on scene, it was most horrible disease. I saw our people- strong, vague, hardworking Hawaiian males [young adults, older teens] passed through this disease. It was very hard to see our kane [man] taken by that disease. It was tragic in your face. When you get certain diseases, it is inside [the body] but cancer is visible. We never had chemotherapy and radiation therapy when cancer first came out. They went quickly [snap].

Due to the huge incidents of Native Hawaiians dying from diseases, brought by Western [people] such as small pox, plague, all of those things that were going on; Native Hawaiians being just dying in such a rate [high] that the women in Papakolea, the settlers that first lived here wanted to make sure that the children were taken care of. That is how Papakolea started a very long time ago and it has always been a very important mainstay to ensure that the health of the community was attained to.

Because that time, there were no sewer systems, there were things that sanitation issues that the women in Papakolea were very concerned about [late 1960s and 1970s].

Unfortunately, the State discontinued the public health nurses out in the communities.

The participants blamed that the biotech corporations and the military brought toxic chemicals that poisoned the land, water, and people. Thus, Native Hawaiians are against the presence of GMO (Genetically Modified Organism) companies and the military organizations. They repeatedly expressed their concerns about protecting seeds and fighting for food sovereignty and the environment. As a result, in December 2013, the Hawai'i County Mayor signed an anti-GMO bill, which prohibits biotech companies from operating on the Big Island and bans farmers from growing any new genetically altered crops. The participant questioned whether the people of Hawai'i were safe and they re-emphasized their concerns about the GMO and the military.

Because a lot of the military and industrial people thought that pesticides kill the mosquitos. We are faced with many types of Monsanto [Biotechnology Company] people and the military. Meanwhile, they are killing the people who live here; with the invasive chemicals and warfare training they are doing here. So, they make you feel guilty for saying that they are doing wrong.

Our bodies are becoming damaged due to the foreign foods and medicines. Our nature is being tampered with and the pollution and the chemicals that are brought in these islands. Our animals are altered. So, that is another safety factor, is the invasiveness of outside people bringing in their stuff here, thinking they know better.

Native Hawaiians perceived that GMOs for Hawai'i was environmentally and culturally unsafe. This is because, for Native Hawaiians, the concept of underlying genetic manipulation of life forms is offensive and contrary to the cultural values of aloha 'aina (love for

the land) (Trask, 2006). Native Hawaiians used to grow organic, chemical-free produce and eat healthy food. They have a deep “aloha” to their land. They believe that the food system should belong to the hands of the local family farmers, not under the control of a handful of big corporations. They were concerned about food sovereignty and saving the mother Earth for future generations.

The participants of this study were aware of the potential harmful effects of the genetically modified foods to their health and their land (environment). Genetic engineering is basically the insertion of genetic genes from one species to another, resulting in the creation of a genetically modified organism. Pesticides are the integral part of the product, which have potential risks for human health and environment. Corn, soy, canola, papaya, zucchini, cotton are currently commercialized GMO crops in the U.S. Unfortunately, many biotech corporations such as Monsanto, Dow, DuPont/Pioneer, and Syngenta use Hawaiian soils to test their new genetically altered agricultural crops. Furthermore, Hawai‘i has more experimental field trials than anywhere in the U.S. because Hawai‘i is an isolated archipelago and has year-round growing seasons (Black, 2006). According to Trask (2006), Hawai‘i’s indigenous people oppose GMOs because it is the pono (righteous) thing to do, as endorsed by the Paoakalai Declaration:

We emphasized that the kanaka maoli [Native Hawaiian] worldview is governed by the cultural principles of pono, malama ‘aina, and kuleana. Within this worldview, the Earth and her myriad life forms [biological diversity] are kinolau [many forms taken by a supernatural], the earthly body forms of the akua. Every life form processes living energy that sustains each other creating familial, interdependent, reciprocal relationship between the akua, the ‘aina and the kanaka in fine balance and harmony.

However, many Hawaiian men and women would go on to serve in the U.S. Army, Navy, and Marine Corps. The participants expressed their concerns about the increasing military presence on the Hawaiian Islands. There are several military bases throughout the islands, most notably the Pearl Harbor on the island of O‘ahu. The military has occupied some six hundred thousand acres of Hawaiian lands including the island of Kaho‘olawe, which they use for target practice and training. Native Hawaiians have seen how the military have destroyed their land, and they want to keep their ecologically diverse islands for their grandchildren. The military not only brought the foreign people and their families physically on the islands, but they continued using invasive chemicals and explosive weapons for the training purposes and have destroyed the environment. The impact is not limited to the chemical poisoning of soil and water; it has affected people psychologically. A Waimanalo resident experienced how the military has impacted the health of the children in the surrounding communities:

I found that people, listening to the military landing, the guns, exposed to sound pollution has also affected the psychological wellbeing between younger people and older people. Every time, the military exercises out here at Bellows at Waimanalo, the children react differently. In school, they get violent, domestic crisis happens, agitation, off balance, there is no peace, it causes families to get itchy, and then, it causes people’s eating habits to change too, and the nervousness, they are looking for comfort.

Just because we have not talked a lot about the military, that is also a question for our cultural safety too.

Native Hawaiians faced all the foreign invasions and U.S. colonization that impacted significantly their social life, culture, language, health and wellbeing. However, hundreds of Native Hawaiian for-profit and non-profit service agencies are active in the State; they have realized that many of their cultural practices and language were lost due to the Western hegemony and modern influences. For example, the Hawaiian language was banned soon after the overthrow of the Hawaiian monarchy. A law was passed to make it illegal to teach in the schools using anything but the English language. Therefore, English replaced Hawaiian as the language of government, business and education. Hawaiian children were punished in school for speaking Hawaiian. They have realized that culture and cultural identity are very important. They expressed their compassion to changing it and bringing back the culture and identity. The focus group participants in Wai‘anae (FGD_WA1) and an interview participant in Papakolea (INT_PA2) expressed:

We lost our ‘identity’ because someone [Westerner] has imposed upon us their values and they are not our own, truth is the matter we need to change that. We need to change it, ensuring our cultural identity that gives us cultural safety.

As the same way they did not allow us to speak the language, the practices were hidden. It started to go deeper and underground. It started to be seen more as “Voodooism”. People have lack of understanding [knowledge], and they relate our richest cultural practices of healing to things that are dark, which is not what it was.

For many years, Hawaiian healing practices were not formally [outlawed] by law but it was seen as not acceptable [medical practice] for you to get well.

Participants had very strong feelings about reclaiming their lost identity. They were concerned about the restoration of their dignity and livelihoods as well as the spirit of the people. However, they also realized that the continued loss of the native practices was taking place due to lack of proper training and transfer of the knowledge and skills to the new generations before any knowledgeable kupuna passes away. The participants strongly described:

I said to kekua [Universal Creator] that if I were to recover that I would dedicate my life to the community, in helping to restore the livelihood of people, the spirit of people, to give them back the identity that has been lost for many years.

We have a practice of healing and a richness of practitioners who took the practice to the grave. Today as we exercise and bring back the native practices, we know that it is sadly such a loss that many [all] of us, we are not able to learn from the kupuna who protected that [practices].

Sub-Theme 5: Changing Social/Family Dynamics, Lifestyle, and Diets

Thirteen (n=13) respondents shared that they have seen a number of changes happening in the society that are impacting their families and the lives. They have realized that the Hawaiian society is rapidly changing. The participants have witnessed that times have changed, people have changed, and government policies have also changed accordingly. Native Hawaiians experienced societal changes over time from the formation of their traditional extended families followed by the interracial marriages to a recent “marriage equality” bill that just passed by the Hawai‘i legislature in November 2013.

The Homestead residents were concerned about their continued loss of identity and differing family values and the commodification of their culture. In other words, the participants were worried to see the Hawaiian culture changing every day, heavily influenced by the modern capitalist, hyper-individualized lifestyle. They disliked new, unhealthy lifestyles and the misuse of their own culture in new ways.

For instance, tattoos and the “Kodak Hula Shows” are not culturally safe (pono) for them. The traditional Hawaiian tattoo, which comes in a variety of different designs and symbols, could mark religious devotion, rites of passage, bravery in war, status, ranks, and heritage (mark of pride). With the influence of Western culture, however, Hawaiian tattoos began to gain color and an exotic touch was added to each design. As participants observed a continued social practice, tattooing has and will persist as a symptom of the complex relationship between the physical body and the social body (Fisher, 2002).

Everyone is just on his/her own. As time changes and culture changes, lots of inter-marriages are happening. So, it [culture] gets lost, it is not forgotten, it is lost. A lot of generations have changed. Everyone is competing to each other and they are busy family. A lot of changes have happened that is not good for Hawaiian people.

Our culture is broken because we always identify ourselves as Hawaiian but we do not behave like the traditional Hawaiian ways. If you look around, the dress is different, the attitude is different; and all these tattoos are different. Tattoos in those days signified a family or a tribe [or status], now it is just like a body art, not so much as a culture thing. But we meet our challenges.

What is unique about us [the cultural people], we are flexible and adaptable. We make great of this changing things that happened to us. But we know how to turn this around for the benefit of us and stay alive because they [Westerners/outside] are not going to do for us. They will be happy if we fall apart. But our kekoa that we believe in within our hearts teaches a lot and allows sharing to each other.

Native Hawaiians are very strong in adapting these changes, and they are trying to cope with them, but in doing so they risk their lives and wellbeing. The Hawaiian lifestyle and family dynamics have changed drastically, in ways that have been considered not good for Hawaiians. Participants stressed that the eating habits have changed. Western diets of fast food have invaded and replaced the traditional ones. Hawaiians were subsistence-farming people who used to grow and eat organic products. They know that traditional Hawaiian diets were healthier but unfortunately they happen to be costly and not easily available these days. The participants shared:

The family dynamics [prior to Statehood] took a dramatic change and in that change, health and wellbeing of the community had also slept, it started to dive. Because, we are not eating properly, our kupuna ate very healthy food such as ulu [breadfruit] and kalo. Everything we ate came from the 'aina.

See the availability and cost of the traditional foods. It [local grown organic] happens to be the most expensive foods. If you look at the cost of fresh fish and poi, they probably cost ten times more than spam and rice.

We were the first group [kids] that knew McDonalds [fast foods]. It was to our detriment but our parents did not realize that. It was fast life about keeping, trying to stay above and still be Hawaiian which in the 1960s but it was sad because it was just like the “Kodak Hula Show” type of thing.

Our eating habit has changed. Look at the way we eat and we live, everything fast, not taking enough time for and taking easy and doing things that are not good for the soul, body and family. Our ancestors ate mahi‘ai; they were farmers [kalo planters]. All the things we needed came from Earth that was how we survived. The traditional ones [foods] were great. Today, fast foods [Western diet] are actually killing us. But it is to know [be educated] again what is right and to be example to your family to shop and cook accordingly.

A few participants (n=2) raised other issues related to their lives, such as whether it was good to have rapid physical development versus whether an entire community should progress. A total development can include social change, education, investment, physical infrastructure, natural resources, human resources, technology and managerial expertise. This is also important if the environmental, cultural, and spiritual aspects of lives are positively impacted and whether there is a balanced between human needs (desires) and the limited resources. They emphasized that development means every family and individual move forward and develop positive human attitudes and behavior, not just the high-rise buildings and roads [physical infrastructures] that are being built every day.

So, we are fortunate this [Papakolea] is a Homestead in the middle of Honolulu. We are close to all the businesses, schools and everything. We are centralized, so much development. The progress has to happen but it happens so quickly.

I am looking at the buildings and the skyscrapers that are built in Honolulu. That is a progress [in a way] but in other way it is not. What is happening in the individual home in our community is important. Is the progress going on or do they go backwards?

Sub-Theme 6: Cultural Disconnection and Lack of “Aloha” Spirit

Twelve (n=12) participants experienced cultural disconnection and lack of “aloha” with Western service providers. For example, visiting hospital in order to receive healthcare is a whole different experience for each participant. All of the participants commented that the Western model of healthcare and services is disrespectful to their culture. This experience of cultural disconnection discouraged Native Hawaiians from using Western health and social services. Therefore, many Native Hawaiians did not like to go to the hospital; rather they preferred to use the la‘au lapa‘au. Participants raised several issues as follows:

Culturally, there was no connection between Native Hawaiians and the doctors. So, what I have seen throughout the years, it was a total disconnect between our people being able to communicate and acquire appropriate care by the doctors.

The culture is different where I come from and where he [doctors] comes from, who is born and raised from Kentucky. Then he is the one who tells me what is wrong [with me]. He is not listening to my heart and where I come from. He is looking at the

paperwork and telling me- take this [medicine] and I will see you in two weeks. That is how it goes. Every time I see that type of doctor that is what happens to me.

We need better understanding that we are different. I do not want to go to the doctors who do not listen. I want to go the doctor like you [who is listening], telling me and making me to understand, instead of [snap].

A lot of our people did not like to go to the doctor because they felt that the doctor just gave them the medicine. My grandpa, dad, aunties, they did not go to the doctors. By the time they went, they were too sick and they did not like it. They did not trust the doctors. They did not feel that they [doctors] had any concerns for them at all. In a few minutes, they were gone. They preferred to stay at home and use the la‘au lapa‘au.

They had a big celebration [Center’s Anniversary] in Waimanalo. They were giving out shirts but [to get a shirt] you got to fill out a form going around [booths], do all the stuff and get all signed. My daughter and I did everything else except doing shi-shi [urinating] on a cup [for sample]. We did not do that. They called me at home later when the event was almost over and asked if I was ready to use the bathroom. Hawaiians do not do that. We respect each other. I was embarrassed already because there were loads of people walking around.

For Native Hawaiians as an indigenous nation, living with “aloha” spirit was a pride. “Aloha” is the most important word in Hawaiian language. The meaning of “aloha” is much

more than a word of greetings or farewell. “Aloha” also means respect and love. The spirit of “aloha” guides the Hawaiian people in their lives every day (Chun, 2011). In Hawai‘i, the “aloha spirit” is the practice of love and kindness to other people. The participants also stated that service providers severely lacked “aloha” spirit, and the way they treat people (consumers) is not the way Native Hawaiians expect to be treated. Thus, many of them rather wanted to stay at home or use Hawaiian traditional medicines. Focus group participants shared several stories and expressed differing opinions and experiences:

Some doctors are there just for money. They like “quick in and quick out”, they are no more talking about how we are doing; this is what happened to me.

When I am sick, I know my body and when I go to hospital, I walk in; the doctor has no idea why I am there. I have to tell him [symptoms] but he has to guess what he thinks the problem is. Then, he comes with an educated guess with his degree(s) and gives me the medication [prescription] and he says to come in weeks if that does not work.

It is about how you feel, how you interact or he does not care. My doctor comes; any questions and he goes out of the door. He is gone already. My roommate, her doctor comes in, sits down and talks stories. He is not in hurry. He spends some time and he is so concerned. Her doctor is fabulous. How they really care about your health is the key.

This is another story. I am sorry; this other doctor had no “aloha”. I was so ashamed that she had the Hawaiian last name. She showed nothing about “aloha” spirit honestly. I know how she provides services to her patient. I would not refer anybody to see her.

Sub-Theme 7: Sovereignty and Power Relations

Five (n=5) participants stressed that sovereignty and power relations are big concerns. Historically, Native Hawaiians have experienced the overthrow of the Hawaiian monarchy and of American occupation to Hawai'i. Thus, many Native Hawaiians still believe that the U.S. annexed Hawai'i illegally, and they demand for their sovereignty and reparations. Native Hawaiian Homestead residents are aware of issues pertaining to the sovereignty movement. They also know that the sovereignty of indigenous peoples relates to their rights and social justice. Many Hawaiians who were born and raised in Hawaiian Homesteads were involved in many aspects of the "sovereignty movement" through the civic clubs and the kupuna councils. Like other indigenous people around the world, Native Hawaiians have been reaffirming their cultural traditions and expressions, in order to assert their rights over their lands, bodies and communities.

Sovereignty can be simply defined as the ability of a people who share a common culture, religion, language, value system and land base, to exercise control over their lands and lives, independent of other nations (Trask, 2010). The Kingdom of Hawai'i was a sovereign and independent nation with embassies in many countries including the United States, Great Britain, France and Belgium before the American occupation. That is why Native Hawaiians are vocal about claims of sovereignty against the U.S. that have occupied, marginalized, and exploited them. This sovereignty movement is related to power relations, rights, self-determination, and land claims. Native Hawaiians are already recognized as an indigenous group with right to self-determination and self-governance as set forth in the Akaka Bill passed by the United States Congress in 2007. In reality, however, few Hawaiians might have enjoyed the political power and many still depend on the State and federal assistances to support their families.

Historically, Native Hawaiians opposed the illegal occupation of the Kingdom of Hawai‘i, which took place in 1893 with the illegal overthrow of Hawai‘i’s last ruling monarch, Queen Lili‘uokalani. Three years later the U.S. formally annexed Hawai‘i despite the presentation of two petitions containing 38,000 signatures and representing 95% of the Native Hawaiian population. Thus, many Hawaiians believe that Hawai‘i was never legally annexed via a treaty. Instead, it was annexed by a joint resolution approved by Congress against the will of the Native Hawaiian people.

Furthermore, Native Hawaiian Homestead residents strongly oppose GMOs and support the food sovereignty movement in order to protect the planet and the people. Native Hawaiians believe that it is their kuleana to be informed and participate in the “sovereignty movement”. Native Hawaiians are still struggling for the cultural revitalization and the political decolonization. A focus group participant in Waimanalo (FGD_WM1) who was also involved in many aspects of the “sovereignty movement” with the cause of kupuna council expressed his voice:

I guess my passion, my natural self on to growing by the moon cycles, and I continue to experiment [research] the food I cook regularly to eat, is like medicine meals, all good stuff for you. And, I represent the ‘mother of creation’ because that aspect of our extended ‘ohana, is always left out. A responsibility for all the creatures, and the health of the planet and the water, disconnects from everything including microbes, germs, birds and every level of this biosphere.

An interviewee in Papakolea (INT_PA1) narrated how the “sovereignty movement” among the Homestead residents started. In 1987, they formed the SCHHA (The Sovereign

Councils of the Hawaiian Homesteads Assembly), a statewide organization that consists of 28 Homestead Associations, which represent over 30,000 beneficiaries on Hawaiian Home Lands. The SCHHA protects and promotes the interests of beneficiaries of the Hawaiian Homes Commission Act, enacted by congress in 1920 that established a land trust for homesteading and commerce for Native Hawaiians (The Sovereign Councils of the Hawaiian Homesteads Assembly, 2014).

We were going through a lot of different things happening within all the Homesteads and we formulated it [SCHHA]. It is a group of Homesteads that were willing to come together to help each other to solve problems that we have, and to work with the State, and federal Governments to get monies to help with the programs we decide to do within our communities.

In contrast, some participants had different views on the “sovereignty” and they provided their responses as:

I am for “Sovereignty” but “Sovereignty” of ourselves, of ‘ohana [family]. I am not for “Sovereignty” of “Give me back what you took”. Life goes on; we are part of the United States of America now. We have to live accordingly. Not only we are learning language, we are learning sovereignty ways, and sometimes, even radical ways of doing things, which I am not for at all. Many people think everything was taken from us and thus give it back.

The 'aina [land] is another story that I will fight for them too, but when coming to give us this, give us that, all that [sovereignty]. You got to do in an educational way, just like the Native Americans. They have their land and they have their Homesteads too.

One can debate about Hawaiian sovereignty movement and its achievements. Sai (2008) compared Native Hawaiian sovereignty with American Indian sovereignty. On 17 January, 2007, a bill was re-introduced by Senator Daniel Akaka (D-Hawai'i) to provide a process of granting tribal sovereignty to Native Hawaiians as the indigenous people of Hawai'i, a similar status to that afforded to the Native American tribes on the continental United States. The difference, however, is that Native Hawaiians are citizens of an internationally recognized sovereign but occupied State, whereas Native Americans are a dependent nation within the sovereign State of the United States (Sai, 2008).

Sub-Theme 8: Native Struggles for Social Justice

Four (n=4) respondents mentioned that Native Hawaiians had not only faced various negative issues, and some of them are still struggling for their survival on a daily basis. Struggle, as many social activities have identified, is a powerful and dynamic tool in the overthrow of oppression and colonization (Smith, 2006). In its broader sense, struggle is simply what life feels like when people are trying to survive in the margins, to seek freedom and better conditions, and to seek social justice. Struggle can be viewed as group or collective agency rather than as individual consciousness. It is also a theoretical tool for understanding agency and social change, for making sense of power relations (Smith, 2006).

For many years, Native Hawaiians were deprived of educational and economic opportunities, health and social welfare services. Several Native Hawaiians were marginalized in

many ways. They were segregated not only socio-economically but also geographically, as most of the Hawaiian Homesteads still are isolated and remotely located. They faced various struggles trying to reconnect with, recreate, and defend traditions and other sources of life and identity (Tengan, 2008). Native Hawaiians have become alienated from their extended families and communities. Thus, Native Hawaiians have been advocating and showing their solidarity to the indigenous peoples' struggle for human rights, self-determination, right to territory, control of land and resources, cultural integrity, and the right to development through the International Work Group for Indigenous Affairs (IWGIA) and the United Nations Permanent Forum on Indigenous Issues (UNPFII).

The participants reflected upon their multiple struggles associated with not only for the promotion of language and culture but also in receiving education, health, and social welfare services. They faced various disparities in various socio-economic and health indicators in comparison with other racial groups. A Nanakuli focus group (FGD_WA1) participant shared:

We as indigenous people are not as educated as those in power. As a group, many Hawaiians struggle with basic needs to be met. Look at us here in the West side [Wai‘anae], many of our people struggle with money; because they do not have jobs; jobs because they do not have the education; education because they had failed families, it is a vicious circle. You compare us to the East side, they do not have those [same] struggles, although because they do not have to deal with the same issues. I am not saying one is better than the other; but we are different. Look at the ethnic disparities. We are dealing with other basic issues that always take the opportunity to do that.

An interviewee in Papakolea (INT_PA1) who was an experienced educator shared that Native Hawaiian, Polynesian and Micronesian (ethnic minority) children were disadvantaged and faced similar issues. She experienced that they needed more support than the mainstream children:

The Hawaiian and minority type children really need a lot of help. I serve to Micronesian, Samoan, Tongan children. They have very similar issues and they need extra help.

In summary, this study explored several upstream factors that heavily influenced the Native Hawaiian Homestead residents' perceptions of cultural safety. Although there were a few positive factors, the participants shared mostly negative experiences with Western providers including health research, social services, and education in Hawai'i. They responded that they felt more connected and comfortable when dealing with someone of their own ethnicity. They preferred to see service providers who were born and raised in Hawai'i. Native Hawaiians blamed the current public education system that has failed to address their unique needs, while realizing that the education is key for successful future for every keiki. They still see the Western cultural invasion as contributing to the continued loss of their identity. They do not want to participate in the health services or research if the provider or researcher does not listen to them. Native Hawaiians also do not trust non-native, non-resident outsiders if they have no cultural connections and if they lack the "aloha" spirit. Despite the oppression and struggles that they have to deal with, Native Hawaiians have been persisting with their continued fights for achieving self-determination, sovereignty, and social justice, but they have been facing issues with GMO and the military.

Theme 2: Attention to the Ethical Values of Hawaiian Culture Promotes Cultural Safety

This section describes participants-researcher relationships and how Native Hawaiian participants have been experiencing such relationships. The interviewees suggested that cultural safety might be promoted by giving attention to the ethical values of Hawaiian culture and Homestead communities. Although there were some positive aspects of their participation in research, there was a feeling of perceived harm (threat). A total of sixty-nine (n=69) responses were associated with various culturally unsafe negative experiences. Many of these were related to previous research studies that were conducted in Hawaiian communities inappropriately. The participants pointed that many of the previous research studies were unethical and harmful. As Smith (2006) stated, the term “research” is inextricably linked to European imperialism and colonialism. The word “research” itself is probably one of the dirtiest words in the indigenous world’s vocabulary. Native Hawaiians were also already weary of conventional methods of research. They perceived most of the negative research experiences as culturally unsafe and thought that such experience might have widened the distance between Native Hawaiian participants and the researchers. They did not trust the conventional researcher and thus disliked participating in various research studies.

This section highlights some of the research protocol considerations as participants commented on some ethical Hawaiian values and cultural practices. Some of the basic Hawaiian values include nurturing, healing and harmony. On one hand, Hawaiians are adaptable and flexible, but they want to keep the Hawaiian cultural values and practices alive. They hold a unique cultural identity and dignity. These kanaka values were very important keys to researchers to promoting their participation in research to enhance their health and wellbeing.

Due to the previous research experiences, the participants strongly suggested that researchers needed to understand and respect their culture first. Thus, it is very important to create a trusting relationship in order to be accepted in the community for conducting any research or intervention studies. The study participants revealed that attention to ethical values and Hawaiian cultural practices may engage them actively and meaningfully in the research studies in safe environment in order to promote their health.

Sub-Theme 1: Building Trust and Transparency

Almost all focus group and interview participants raised the issue of building trust and relationships. A total of twenty-one (n=21) respondents stated that Native Hawaiians only trust when researchers can blend into the culture and maintain a level of trust and transparency. By respecting and adapting with the culture, researchers could fit into the community. Researchers need to be part of the family (community) first, whether someone has Hawaiian blood or not. That is most important in order to conduct any research in Hawaiian communities. Once the researcher is trusted, he or she can teach anything, get people's opinion (mana'o) and work with them. The participants strongly expressed their concerns that researchers should be honest, trustworthy, and adaptable to the culture. They must come with a clear purpose to help Hawaiian people:

We are one family, whether you have bunch of Hawaiian blood or 100% or one drop. It is a family thing. We have to be there for our children [future generations].

How I look at you is that you blend with us that is what it builds a good relationship. It is not we blend with you. You need to blend with everybody else. When you look at

cultural sensitivity, you really have to understand and adapt what the culture is first, not that the culture fit in the grant.

This is all about respecting to each other, to the people or family members see the respect you give, they give you back. It is that simple. It does not have to be a culture; it has to be a respect.

They should be honest about it. They should not come here with the expectation who are we. They need to find who we are first.

Once you get that relation and the trust part, then you can work with the people. You cannot put yourself up here. They will actually tell you where to go. When they trust you, they love and respect you. Then you can teach them anything and they learn.

The trust comes with peoples' feelings. Hawaiian people are very sensitive; they either like you or do not like you. And if they like you they will do whatever you would like them to do or to work with you. But if they do not like you, they will not get involved at all. They will not be interested and they will not do anything.

They have to trust you before they share anything with you. Once you have attained that trust you can ask them anything. It is just attaining their trust and knowing how they are benefited from whatever you are doing. It can be either a direct benefit or a benefit for

total community. If they see that is going to benefit them, then they will move along with it [get involved], but if they do not see it [benefit] in the long term, they will be apathetic.

Although I was a non-resident, non-Hawaiian researcher, the participants shared their feelings about how they trusted me and why they wanted to be part of the current study. These relationships and trust were built before the study began. Volunteering at the makahiki, health fairs, and contributing other social causes such as food and clothing distributions each brought me closer to the community. They expressed the trust that this study would not only promote health, culture, and civic engagement but also help bring hope and dignity:

I came because of you [Principal Investigator]. Not only you volunteered all day long at makahiki but you also contributed to my clothing distribution. So to me, you are part of my community and culture. We have a relationship of being part of our community. You did not know me before but you supported to my passion of service. Why you did because you have passion of what you are doing but you also believe that it can affect us in positive way. It is a trust and we have a relationship now, you are like 'ohana to us.

Trust in research or trusting someone who came in to work with the community seemed to be a very vital issue. Five (n=5) respondents were skeptical about outside researchers, especially non-resident and non-indigenous persons. They distrusted outsiders, primarily Westerners and non-indigenous, due to previous negative experiences. They preferred to work with the local researchers or Hawaiian researchers and service providers. Because there was a negative perception of the outside researcher (non-native, non-resident) and the participants generally would not go along. Some participants made fun of the researchers who were not being

trusted in what they were doing, and they were pessimistic about the contribution of such researches to their health and wellbeing. Participants expressed strong sentiments as to why outsiders especially Westerners were distrusted:

Hawaiians are totally allergic to everything that Western man had brought here.

Everything is a concern. We must treat everything like the epidemic. They [researchers] can skew the data if they want. There is no true data collection that they can use [for us] and the Hawaiians are always rated below.

In contrast, it was interesting that if the researcher was an indigenous person, they appreciated what he/she was doing. The Wai‘anae focus group (FGD_WA1) participants agreed:

At least, you are not haole. You are an indigenous person like us.

One of the participants who had no experience of research participation; however, she had heard and read about some research results stated:

I have not participated in those research studies, I have only heard of the results. I have not been involved in any research. I have not participated in any research. I do not know how people would feel.

Sub-Theme 2: Unethical Exposure To Research

Unlike other indigenous peoples around the world, Native Hawaiians have encountered plenty of negative experiences involving research. Fifteen (n=15) respondents raised various concerns and expressed their dissatisfactions about how Native Hawaiian communities were misused and abused, especially by the conventional researchers. Native Hawaiian communities have expectations that researchers should not be coming and building their careers by studying

“them” rather than helping them to improve their lives. Wai‘anae focus group (FGD_WA2) participants warned researchers not just to come and exploit them again:

Using us [Hawaiian] to speak with other Hawaiian communities- do not use us for false reason. They [researchers] are coming, leaving us [repeat] but they have left nothing behind for us. There have been in a lot of research in our [Hawaiian] communities yet. We have seen that there are some programs that are funded and implemented in our communities. Every year, we have multiple studies coming, whether it is about heart disease, diabetes, or cancer research. People come in and collect data and they use it for whatever it might be. But, now we want to say- do not only come in and just exploit us.

Native Hawaiians have experienced being abused and misused in research for decades. They were even exploited and exposed to research unethically. Some of the participants blamed that researchers only needed the data (statistics) and they disrespected the people and culture. Waimanalo focus group (FGD_WM1) participants thus described their experiences:

A couple years ago, they got a big grant to go out in to the community and diagnose people if they had diabetes. They took the blood pressure [BP] but what we got back? - Absolutely nothing. Even if the grant got cut, they should have a follow up.

All they want is the statistics and without respect. They are not concerned if I truly have diabetes, they are careless, and they want to get me in the study. They wanted to say that they tested ten people and eight of them had diabetes.

They never gave anything [makana]. I never saw them giving my grandpa anything. They took what they wanted. People complained about it, they were very angry. We have been used and abused long enough. Many times, a lot of the mana‘o that were gathered from us [Native Hawaiians] and sold it for millions, Hawaiians never got a cent [not a penny].

While a participant compared and found besides few exceptional cases, most researchers basically misused the people and took their opinions for their personal gains.

It is like you people come from University of Hawai‘i. How you show your concerns that you want to learn the culture vs. somebody that just comes and sits around and takes the notes [laughter] and you never see them again.

Native Hawaiians have been involved in many unsafe research studies. Thus, many participants had negative experiences of participating in all kinds of studies dealing with various diseases; vaccines efficacy and immunotherapy administration and allergy testing that were conducted in Hawai‘i. They felt that they were used enough in the past, and people have taken advantage of them. Even though it was helping thousands of other people, some of them were paying the price. The participants gave more insights of their involvement in such health research (clinical studies) since the early 1960s including on plague, measles, and mumps. Many vaccines and medicines were tested on Hawaiians. Many stories and issues were shared as below:

We are weary of research. We are being used [abused] in the past. People [researchers] have taken advantage of us. Before 1960, it was immunization, needles, shots, and medicines. They tested it on us because they were not sure about the fever, the plague,

measles, and mumps. I went through a thousand needles, allergy testing, when I was young. We used to get the polio and meningitis shots. They used to draw our blood a lot for leukemia, leprosy and of course today, it is more we see diabetes and heart diseases because of the foods that we eat today. The majority of the testing was not pono (unsafe), even though it was helping thousands of people; one of us was paying the price.

See back then, they [Westerners] thought we were the bad, because they did not know what natives had. So they quarantined us, instead of quarantining themselves who exposed to us. They locked us up for being natives because we [Natives] were dark; they thought we were the evil [bad] and full of diseases. Then, they realized that we were free of the diseases. Today, they have to take the other considerations such as gender [male/female], height [tall/ short or dwarf]. We have to consider what we are exposed to as far as our cultural foods and our cultural way of life, which have been totally altered already.

Finally, some Hawaiian Homestead communities like Papakolea realized that they were misused and abused enough for research. Therefore, they purposefully closed the door for any kinds of research for many years.

Papakolea actually closed the door for research. Many years ago when we were growing up, every once in a while, there were people with the clipboard on Sunday afternoon. Thus, the doors for any types of research were shut in Papakolea purposefully for over 20-25 years.

Sub-Theme 3: Integration of Hawaiian Values and Cultural Practices

Hawai‘i has many cultures and people living in harmony. Fourteen (n=14) participants suggested that integration and maintenance of kanaka maoli values and practices were the keys to promoting culture and cultural safety in terms of research among Hawaiian communities. They also suggested that Western medicine has to adapt to Hawaiian culture. Therefore, inclusion of Hawaiian healing in the current healthcare plan might be critical to encourage Native Hawaiians to utilize the services. Many participants stated:

The whole idea is to merge the arts of medicine with the medicines that the Hawaiians have. Kumu took donations, but those donations would not go to him, he was sustained by the Center, however other lapa‘au need to sustain. How do we support them to do that full time, so that I feel safe?

Western medicine has to adapt cultural respect for the safety of our health, for the Hawaiian people. Assessments, diagnosis, and treatments have to be evolved with the belief of the family. We respect each other.

There are some culture we practice, like the planting [crops] based on the moon calendar and dancing hula that is cultural practice that continues today. It is about protecting the values and instilling the culture.

However, integrating cultural diversity is very challenging in Hawai‘i. The participants suggested that we should always encourage children [of color] to be sensitive to these issues.

They also emphasized that culture must become the part of service providers and agencies, and that it should be made culturally safe place for service users.

I think we are challenged, because we have so many cultures. I see physicians as, a lot more culturally, then in mainland. They try to be sensitive. I go to all different doctors, including haole and Japanese; I do see them despite their lack of time, however wanting to understand our culture, where I come from. If I see from my standpoint, this doctor is taking a little bit more time to understand what I eat, how I live, what I practice, that's a good thing. For Hawai'i, it is just a difficult, if Lincoln [Elementary] School has 26 (twenty-six) dialects. Can you just imagine cultural safety in a medical arena on a statewide level? It would be like crazy but we can do.

I think it starts with small steps from the community level by encouraging our kids [kids of color] to get into the professions like health, where they bring and live the culture. We have to put them there, the culture becomes a part of School of Medicine [University], and it becomes a part of Kapiolani [Hospital]. To me, right now, that is the only way.

Many Hawaiians still believe in and practice traditional medicine, but current health insurance schemes and plans do not include the provision of Hawaiian herbal and wholistic healing practices. If such practices were to be included in such plans, consumers would be able to choose between Western or traditional care. Six (n=6) participants suggested that traditional medicine could be included into the current health insurance plans, like the “chiropractic” services, which were originally not covered before but over time proved beneficial.

I think the cultural practice must be part of the health plans. They probably may not benefit today by the Hawaiian medicine or messages. I think they are non-covered benefits on the health insurance benefits. Maybe they need to start covering those services in their health insurance plan. So, that way we have a choice, either we get [cured] Western way or the Hawaiian way. Right now, we do not have the choice. If you want it, it is not covered you have to pay out of pocket.

Then, somebody needs to legislate that these kinds of services is covered by health insurance. Before, chiropractic was not covered, and over time it became the benefit.

According to the American Chiropractic Association, chiropractic care is a healthcare profession that focuses on disorders of the musculoskeletal system and the nervous system and on the effects of these disorders on general health. It is used most often to treat neuro-musculoskeletal complaints, including but not limited to back pain, neck pain, and pain in the joints of the arms or legs, and headaches (American Chiropractic Association, 2013).

The participants believed that Hawaiian traditional healing practices are totally safe, and they could be practiced and promoted. But an interviewee (INT_PA2) suspected whether the current healthcare agencies and insurance companies would let practitioners do so:

A lot of people growing up in Papakolea exercised our traditional practices of healing. Everything they did in God and in prayer, they did it mindfully. They never hurt. I never saw anyone hurt anybody. It was always to bring life, health and healing.

But it is the biggest challenge, although we would love to see that happened, I cannot see insurance companies [medical services] have ever been able to do that, they would not do [cover] that.

Sub-Theme 4: Culturally Inappropriate Practices

Eight (n=8) participants stated that cultural appropriateness of the research intervention was a prime concern of Native Hawaiians. A lot of researchers come into the community with different (impersonal) approaches that disconnect them from the Hawaiian people. Therefore, Native Hawaiians distrusted outsiders, especially Westerners. These researchers used culturally inappropriate and harmful practices, and thus were not culturally safe. Thus, the paradigm needs to change in order to make them feel safe and comfortable. Researchers must be aware of the indigenous culture before entering communities and researching about Native Hawaiians.

Participants shared their concerns over the exploitation of Hawaiian culture and the misuse of cultural resources. They dislike the touristic commodification of culture, including the erotic images of island people. They also dislike the other activities like the “Kodak Hula Shows” which began in 1937 in order to showcase the Hawaiian cultural traditions for the tourists in Waikiki. Similarly, many Hawaiian artifacts targeted for international visitors are culturally unsafe. Native Hawaiians do not want a similar situation to arise in research.

The respondents expressed that they experienced many cultural conflicts while participating in research and going through training. The Wai‘anae focus group (FGD_WA1) participants had formerly experienced culturally inappropriate practices, such as use of wrong scales and sexual harassment training. They also strongly stated that some of the approaches are antithetical to Hawaiians and indicated that one size does not fit for all:

They take weight and measure height of our children. I am Hawaiian and my husband is Samoan. Ethnically our children are bigger, but the scale that they use to measure our children by is not fit for indigenous [Native] people, it is made for haole people [laughter]. That is created based on the previous research, standard for another ethnic group, not our own.

I see a lot of cultural conflicts that we experience as Native Hawaiians. I used to work for a company, every year we had to attend the company-wide sexual harassment training and it involved that you could not touch somebody [male or female]. That is against [opposite] to our culture and antithetic to Hawai‘i who we are. We touch everybody [hug] a lot, it means a lot to us culturally. But, after a week or two of the training, everybody did not know how to deal with it.

People never really nurtured and respected the culture, not the “Kodak Hula Show” kind, but the real deep-rooted culture and the practices that we have.

The Homestead residents felt that many researchers used culturally inappropriate and harmful practices that conflicted with Hawaiian culture. They thought that it was the reason Native Hawaiians do not want to participate in many research studies. Most surprisingly, they also found non-Hawaiian persons teaching Hawaiian-culture-based education in Hawai‘i. The participants aggressively opposed the one-size-fits-all approach and claimed that many research interventions imported from the continental U.S. are inappropriate for the people of Hawai‘i. Numerous experiences were shared by the participants in all locations:

In Hawaiian culture or tradition, some of the things that they [Western] tell us to do, is not appropriate for us. People will not do it rather it may affect negatively or may not work positively. For instance, some people cannot take anti-depressants. It has chemicals in it that our body rejects. We may become more agitated that is one for the mental health part. For the physical part, if we take medicines, it may not be correct to our system because our makeover culturally and physically is different.

A non-Hawaiian person teaching Hawaiian culture-based lesson, to me that is anti-cultural safety. Another example, if we go to the hospital, the charts they use, is not fit for our children. My one-year baby is taller and heavier than what they say the normal age.

The Western chart, if you practice in Hawai'i, there is no chart that relates to the population. So, you can have the Western, but we would not fit in that. Let us take the dress size for example. We need XXL in Hawai'i, not like L, XL, we do not all fit in those kind of clothes what they say the average. One size does not fit for all. A lot of time research comes from east coast, they bring it to Hawai'i.

Sub-Theme 5: Ownership and Equitable Partnership

Altogether seven (n=7) participants were very concerned about the ownership and equitable partnership of research. Ownership is a key to Native Hawaiians' active engagement in research. Due to the previous negative experiences with outside researchers (foreigners), they were reluctant to fully engage in research. At least four (n=4) participants strongly perceived that their ownership and potential roles in the research studies were important, but that they never felt that they owned any research studies that were conducted among their people. They had a strong

feeling that they have worked enough for other people. Non-Hawaiians ran many research studies that received grants meant to enhance Hawaiian health and wellbeing. Therefore, Native Hawaiians want to design and conduct their research by themselves. They also want to take active engagement and partnership for any kinds of research that provides solutions to the problems faced by Native Hawaiians. They wanted the stake of the research and other community engagement in the surrounding. They shared many stories, such as:

My involvement with a research is such that there was a very powerful and knowledgeable foreign Professor. He moved here to Hawai'i specifically under a minority grant [interesting!]. He led the research at the University of Hawai'i. He really wanted to do at the time was to come to Hawaiian communities and to actually map the genome. This was at a time where the human genome was being mapped. He then, wanted to bring together the Hawaiians, map our genome to basically find out the causes of our diseases and illness, if they could answer those questions. And of course, everyone in his laboratory, the majority of people in his lab were not even from this country. They were from another country. I was probably the only one Hawaiian that he knew and he brought me into confidentiality and he asked me and he offered me stuff [to help with my PhD]. It was hard not to be impressed with what is being offered, but my conflict is, I do not want a lab full of foreigners to be doing this for my people [Native Hawaiians]. I want a lab full of us to be doing this for ourselves.

Many studies on Native Hawaiian health are not run by Hawaiians and that is the major cultural safety issue. But we want to change it and we want to take ownership. We want

to take active engagement in the solutions, whether we have to work [hook] with partners or develop our own.

We want our people to be educated here and to won the business. In fact this clinic [Waimanalo Health Center], the Sea life Park and the Oceanic Institute are supposed to hire people from this community [Waimanalo] so that the people feel comfortable.

Three (n=3) of the participants emphasized that Native Hawaiians wanted an ethical collaboration and equitable partnership in research as well as respect for the value of reciprocal relationships. They would like to partner with researchers and agencies only if their contributions are acknowledged and recognized. Moreover, they insist that culture could not be compromised for any research work. They emphasized the importance of reciprocal relationships and of documenting their contributions for future records. This could be achieved by being honest about how the community will benefit and what will be the community's stake in terms of conducting a certain research project. Aside from the use of information, how the community is engaged equitably is key. Active community participation is possible through interactive and collaborative activities. Some of the statements they shared are as follows:

In order to honor us [participants], we must be acknowledged for our contributions. We should be recognized that we came to one of your focus groups. Use our names so that people can see [know] that we have contributed something good for the community.

To me for our cultural, the homeopathic or the kahuna, lapa'au, lomilomi and all of that must be available, so that our people can chose the Western medicine or the

collaboration. If it is a Western-run facility, then they collaborate and partner together with the native practitioners [cultural advisors].

First of all, we have to trust the person [researcher] and believe that what the research will benefit the community. What is [will be] in place to make sure that happens; to me that can only happen is that community has a part [a very vital part] to play. So, no longer, you come in the community and just do your project without somebody from community with you. You have to have someone understanding, working, and getting compensated for the research that you are doing. It cannot come free those days are gone.

Sub-Theme 6: Sustainability and Follow Up

Four (n=4) participants indicated that one problem with research was that many researchers had not been able to do anything very well, because most of the projects are funded for only 2-4 years. These short-term projects could not solve the generationally developed problems such as historical trauma. For indigenous people, historical trauma in life, on the one hand, and health and wellbeing, on the other, are correlated (Ka'opua, 2010).

The participants also recognized the fact that they have seen more research studies conducted than solutions offered in Hawaiian communities. They are watchful whether the research is done for benefitting the community by making long-term generational changes or just to repeat what they faced before. Many agencies have not realized that building a culturally responsive and self-sustainable community was the key to sustain a program. The interviewees raised the question of whether communities would be able to use previously collected information.

But they are usually short-term [2-4 years], which cannot solve generational developed problems. We have also seen more research studies than the actual solution projects. The frustrations come out with a lot of Hawaiians seeing more research studies done, than solutions offered that makes long-term generational changes [community benefits].

When one research is done, we do not know what happens next. There has to be level of sustainability in order to make our investment of time and opinions, benefit us.

The U.S. is investing a lot of funds in research. We are probably no. 1 in investing in research, but we do a lot of stupid research. There are people [researcher] to do a lot of things and they go [repeat]. But the question is what they are doing that has benefited the community or it is just a short time that they do things to help them with whatever they are doing, but does that reflect back in the community? Does the community have the chance to utilize that information they have gathered to better our situation?

The study revealed that the Hawaiian cultural values and practices were critical, since they allow not only for understanding and maintaining relationship while working with the Hawaiian communities but also for engaging them more actively and equitably in the research process itself. Historically, many researchers were not able to blend together in the culture, thus disconnecting them from the community. If maintained well, relationships of trust and respect could create a safe environment to engage people more actively and meaningfully in the research studies. On the whole, Native Hawaiians have encountered enough negative research experiences due to their unethical exposure, inappropriateness, and ownership issues. Participants also raised

questions regarding the sustainability of research interventions, the lack of which is usually is the reason why generationally developed problems are not solved. Therefore, Native Hawaiians distrust the outside (non-resident/non-native) researchers, whether or not they come with a genuine purpose to resolve a problem and help the Hawaiian people to bring health, hope and dignity.

Theme 3: Culturally Safe Research Reflects “Culture” as Multi-Dimensional

This section describes how the study participants perceived culturally safe research. A total of fifty-two (n=52) respondents acknowledged that culturally safe research reflects “culture” as multi-dimensional. They also defined culture as who they were and their way of living including food, music, celebrations, traditions, arts and crafts. Language was considered as the lifeblood of any culture, which is why Hawaiians had revived their own language. They spoke the language, they taught the Hawaiian olelo to their keiki, and the language was widely used in literature, as well as in local media. Sports, medicine, and genealogy were also part of Hawaiian culture. The Hawaiian culture is vibrant and grounded on the values of ‘ohana (family), kuleana (responsibility) and sense of place. The Hawaiian culture is associated with collective identity and roots, family values, and the practice of wholistic medicine and malama ‘aina (nurturing the land). The participants agreed that Hawaiians lived in diversity, coexistence, and harmony rooted in the earth for hundreds of years.

Furthermore, for the Hawaiian Homestead residents, shelter is a very important aspect of life. It is their pride as the landowners that signifies their connection with the ‘aina and the ‘aumakua (spiritual ancestor). Although Hawaiian culture these days is changing for various reasons, such as interracial marriages and the rapid Western invasion, it is still important to recognize their roots and ancestors.

The U.S. Department of Health and Human Services (2013) defines culture in terms of racial, ethnic, and linguistic groups, as well as geographical, religious and spiritual, biological and sociological characteristics. Native Hawaiians are an indigenous racial group who perceive culture as their identity and their way of life. As culture cannot be isolated, Hawai'i has an opportunity of being a great place of diversity and coexistence for Native Hawaiians as well as others. A Waimanalo focus group (FGD_WM1) participant summarized briefly what culture is for Native Hawaiians:

Kumu hula, which has that another culture, the la'au, pule and the healers, makua and you got the culture passing on to the genealogy.

Sub-Theme 1: Identity, Way of Life and Traditions

Twenty-three (n=23) participants from each focus group were aware of their identity and their roots. In all Homestead communities, identity was a key to how Native Hawaiians defined culture. Culture was also associated with the way of life, including traditions. The following statements represented the Native Hawaiian Homestead residents' perception and definition of culture. The Hawaiian way of life is very simple but close to the nature with an understanding of what we eat and breathe. The sharing of food is a very important aspect of Hawaiian culture. For instance the lu'au (Hawaiian feast) which is not only about food, it is about the reunion and caring of the 'ohana (family), entertainment (music) and other activities. They often prefer family gatherings and a potluck type of setup for bringing and sharing foods. The participants thus stated what culture simply means to Hawaiians:

Culture is who we are and where we are. It is about everything-- our identity, roots, background, traditions, ethnicity, lifestyle, and environment; who I am, where I am and the way of life; and the family.

Truly Hawaiians, it is normal to give [share] to each other, if this was set up differently, we would all come with potluck dish that is our culture.

The lu‘au- Hawaiian feast, for us [Native Hawaiians] that [the food] is number one. The language, tradition and the people. The family, music, instruments, celebrations and hula.

What we value is our culture. “Aloha” is the culture that takes care of and it covers everything. I like when people come, because not only others learn about our culture, this is, the word is getting there, and this is how this culture operates.

Culture is a way of life, we have to embrace our culture to understand our kupuna; to understand each other; to understand the ‘aina; and to understand what we are eating and breathing.

From the responses above it is clear that the Hawaiian way of life includes a wide range of traditions involving food, music, carvings, dance (hula) and celebrations. The lives of Native Hawaiians are self-sufficient and many still think that their culture must be promoted. Traditionally, Native Hawaiians practiced the stewardship of land, ocean and natural resources as a way of life. There are five basic principles of Hawaiian stewardship and use of natural and cultural resources that are relevant to sustaining Native Hawaiian wellbeing (McGregor, Morelli, Matsuoka, Rodenhurst, Kong & Spancer, 2003), namely, ahupua‘a management, land, air, water (ocean), wai (fresh water), acknowledgement of ancestral knowledge, and malama ‘aina. The

lokoī‘a, (fishpond) was developed to farm fish as a consistent source of food for each ahupua‘a. Small fish would enter the lokoī‘a and grow until they are harvested. Today, some fishponds are used for after school activities and service learning and as science field sites. Some Hawaiians pursue traditional subsistence activities undisturbed by modern development.

As hula accompanies Hawaiian mele, it is an extension of the function of mele. Hula is not just a dance but also a way of life, an ancient art that teaches about Hawai‘i’s rich history and spirituality. Hula was an integral part of traditional Hawaiian culture and religious rituals combining dance and chant or song to tell stories and to recount past events (Cunningham, 2001).

Among the participants interviewed, many identified makahiki as a key Hawaiian tradition, which played an important role in their cultural identity. The makahiki is an ancient annual festival dedicated to Lono, the deified guardian of agriculture, rain, health, and peace (Koa, 2012). The makahiki was a traditional Hawaiian season when warfare was forbidden (kapu), tribute was given to the chiefs, and rites of purification and celebration were performed (OHA, 2013). It starts from October to the end of January (4 months) each year. The makahiki not only involves ceremonial rituals and offerings (ho‘okupu) to Lono, but also focuses on the celebration of health and welfare with games (activities) that test a healthy body and mind (Koa, 2012). Makahiki games include ‘ulu maika (rolling disc stones), uma (arm wrestling), kukini (foot races), ihe pahe‘e (throwing of spears) and hukihuki (tug of war), etc. The participants described:

We have makahiki, which originally is for harvesting. Our belief is that with the God, Lono, during new harvest, it is the time of peace, so no one on any island battle or argue or have any disagreements [any negative encounters]. They have to stay peaceful. So that

everyone can benefit from the harvest but if you do not celebrate the harvest, you may lose your harvest and it may cause famine, starvation and lack of food.

In makahiki, everything is activity, we have ‘ulu maika [rolling of the stones], throwing of the spears etc. Everything is strength and running, it was important, because of course in Hawai‘i, we did not have horses back then. And also bamboo sleds, you run, jump on the bamboo sled down the grassy fields, to the beach and then you dive into the ocean, swim to the next island. We also had canoes. We had to use the upper body and move in your arms being agile and paddle back and forth. So there was a lot of strengthening, you had to pick up boulders. We did not have the machines for lifting weight.

The participants appreciated the Hawaiian values of ‘ohana (concept of extended family) and the “aloha” spirit. Native Hawaiians also valued and emphasized the sharing of work and foods, being compassionate to one another, respecting the kupuna and caring for the keiki. The “aloha” spirit is, broadly stated, the coordination of mind and heart within each person. Each person must think and emote a good feeling to others (Hawaiian Hospitality Association, 2013). The participants also believed that people must be treated equally and with respect.

The first thing it [culture] comes to mind is my family. So, for instance, when eating in our culture, automatically children come first and then the kupuna, then everybody else.

Hawaiian people are very open, friendly, humble, caring and compassionate. They also perceived that they are akamai like anybody else. They are the ones who manage the land and water resources in a sustainable way. They value their families and support each other. For

example, Native Hawaiians always share and give to each other, which suggests reciprocal relationships with the people, nature and the creatures.

It is the modern culture today. There were a lot of injustices before. I am not denying a lot of things that was not correct that they crossed to the “aloha”. The true heart to the main goal is to do something at this moment to make self-worth of the person is good.

On the whole, Native Hawaiians have a very rich and strong culture. However, at the same time, the traditional Hawaiian social system was rigid and comprised of three classes: ali‘i (the ruling chiefs), maka‘ainana (the commoners) and the kauwa (slaves). The chiefs possessed enormous mana; the commoners practiced farming, fishing, crafts and raising families; and the kauwa, who were similar to “untouchables” in India, were clearly distinguished with tattoos and had no rights or privileges (Cunningham, 2001).

Sub-Theme 2: Practice of Wholistic Medicine

At least ten (n=10) respondents expressed that Native Hawaiians believe that wholistic medicine heals a person’s body, mind, and spirit. It is a part of Hawaiian culture that continues to exist today. They practice various rituals that surround the healing of an individual, family, or a community as a whole. Such practices have the power to balance, heal, and align the mental, emotional, and spiritual levels of our being. Because those more subtle aspects of our being often go unrecognized and untreated, the whole person is usually not taken into consideration (Carlson, 1998). Therefore, the kahuna (master/mystic healer) on the Hawaiian Islands were keenly attuned to the curative properties of indigenous plants and minerals. Working directly with mana or life force (non-physical energy) of the deities, they relied on prayer, the laying on of hands, water, and plants with the morning dew still on their leaves to treat a broad spectrum of

physical and mental ailments (Carlson, 1998). Native Hawaiians thus perceived both health and healing as inherently holistic, so they still practice the cultural medicine that has been taught and passed down the knowledge for generations. The participants described their memories of the teachings and practices of the cultural medicine as:

When talking about Hawaiian medicine, it is the holistic approach, mind, body, spirit and family and all of that. I lived in the community since the 1960s that our families have genealogy back to the Hawaiian days. They worked up here in the valleys when they were doing healing and medicines.

When I was growing, we did not have Kaiser and Wai‘anae Coast Comprehensive Health Center. So, my mother used the medicines [the cultural] that my grandmother had taught. We used to use that before going to the doctor and cultural values that still exists.

Maybe a lot of us are in medication [prescription] but the traditional way is – maybe noni [Indian mulberry, a shrub- a source of dye, food and medicine in Hawaiian tradition] or other types of natural medicines that were used before to help cure the illnesses than prescription drugs.

Many Hawaiians also receive and utilize Western medical services when needed. However, they think that these services are not only disrespectful but also discouraging to the patient family engagements. A Wai‘anae focus group (FGD_WA2) participant described:

I think if we are talking about [going back to] traditional medicines, but a lot of our people are already in the traditional practices. They also trust [use] the Western medicine.

What I feel that is probably missing in that part is the cultural aspect. These practices that we do that Western medicine may not talk about. For instance, when somebody is not well, first thing we call the family, the minister and pray together. Sometimes too many people in the room but they [Hospital] only allow one or two at a time. But we [Hawaiians] are very social, everybody comes, we do want our love ones to be around.

The Hawaiian wholistic medicine and healing traditions primarily include the practices of la‘au lapa‘au, lomilomi, and ho‘oponopono. The participants described their experiences in details of the common practices that are used for treating and healing for generations.

a) La‘au lapa‘au:

Native Hawaiians used la‘au lapa‘au as their primary practice of healing for centuries, and these practices still exist in many Hawaiian communities. This is the practice of healing using plants, including lomilomi (massage), lua (lying on of hands), and prayers and rituals. Different parts of the plants (leaves, roots, stem, flowers, fruits, seeds, bark, and even exudates such as resin) are used, along with the Hawaiian salt pa‘akai and alaea (red or orange clay, iron oxide). Extracts are obtained by mashing the plant materials and squeezing out the sap (juice). A Waimanalo interviewee (INT_WM1) explained about la‘au lapa‘au:

The basic safety or health issues we try to heal. We believe in the medicine [wholistic] called la‘au lapa‘au, which is made of different plants or herbs that can heal us. We use different parts of the plants. For example laua‘e, the solid green fern that has the dots on it; but we do not use some of them [poisonous]. We boil them like tea and drink it. It is used for circulation and whenever you are not feeling well, a little virus or flu. Any types

of roots such as ginger or like awa [kava] can be used that helps overcome some of the pain issues. The sap from the leaf melts into the water and you can drink that. You can either do a combination of the leaves or separate, and it is used for cold, depending on what you have.

Another key informant from Papakolea (INT_PA2), who was a community principal investigator for the PILI 'Ohana project, and who also served as the health committee chair of the State Council of Hawaiian Homestead Association, explained how people used to practice the traditional healing:

Papakolea has a history of kahuna, in lomilomi, la'au lapa'au, and in [varied] cultural practices of 'kahunism'. Papakolea had a very rich, abundant amount of people who practiced. A lot of us, myself included, would go to the kahuna, grandma Holokahi, and my grandpa's sister who lived in Kewalo. She would take care of all the children [even adults] who had turned stomach. We all went to her when we had stomach problems [stomach flu] or when we broke a bone, sticking out, or muscle. She would do lomilomi. So, there were people in the community that were well versed in those practices.

Grandma Holokahi's husband used to prepare la'au lapa'au, so he made all kinds of la'au for people to take, internally or on top [demonstration] and a lot of the practices that were done, all of them were done in prayer and in God.

They would have preferred to stay at home and some used la'au lapa'au, a lot of Papakolea people knew the la'au lapa'au, practiced by someone in the community.

Many participants described that these traditional practices, in which native plants are utilized for healing of illnesses, are the best alternatives to the Western medicine, since they are based on the herbal resources that are available in the natural environment and created by God. Thus, traditional Hawaiian medicine is about using something from the nature, which has been there for generations to use depending on health needs.

Just from the tongue, he could tell what illness you had. That is called la‘au lapa‘au, and he knew what plants to get, how to crush it, when to give it and the amount to give. But it goes back to that aspect of health when we depend on natural things. We have naturopathic and wholistic doctors today but that is the true Hawaiian way. You utilize what is around you that God created for us to utilize, not in a pill form but [plant] form. I can go outside in my yard and pick something to heal whatever it is depending to the degree of what the sickness is.

b) Lomilomi:

Lomilomi is an ancient spiritual healing art therapy with the use of massage by hands (radiating energy). It is believed that lomilomi removes toxins, tension, pain and fatigue, and replaces them with positive energy, increases circulation, and improves muscle tone. Since 1996, lomilomi and other Hawaiian healing arts have gained acceptance as viable solutions to today's health problems and are being integrated into comprehensive treatment programs (Bowman, 2008). It is more than massage, as all parts of the practice include prayers as well as chiropractic manipulation, physical therapy, and the art of bone setting. The practice is connected to an ancient Hawaiian martial art, or lua, and it incorporates bathing in the sea, stream, and the sun. It is renowned for being a soothing, flowing, gentle, and relaxing experience that can cure most common ailments, or bring someone back from the brink of death. It can be used from pregnancy

to birth and every aspect of Hawaiian life (Chai, 2005). A participant in Waimanalo focus group (FGD_WM1) emphasized:

We are trying to do this [lomilomi]. It involves myself, a lot of us who find our own cultural practitioner, some of that with in. Some of us mentioned that we want the lomilomi we use it when we need.

c) Ho‘oponopono:

According to Pukui & Elbert (1992), ho‘oponopono means to correct, revise, edit, and put to right, mental cleansing, as by family discussion. The ho‘oponopono is a spiritual family counseling process, which involves careful steps from finding core problems to forgiving all parties involved, partly through interviews (Bowman, 2008). This is the traditional way of healing to make things right again for maintaining harmonious relationships and resolving conflicts within the extended family (Shook, 2002; Chun, 2011). Chun (2011) further describes that the process of counseling and consulting was used by the early Hawaiians for healing of the greater community, especially during times of crisis. Thus, it is an ancient Hawaiian healing and peacemaking process that has been practiced by the kahuna for centuries. Recently, it has been widely used in social work, psychology, restorative justice, health and human services as ‘ohana conferencing in order to resolve problems and family conflicts. It has been used not only in U.S. and Canada but also in Maori and Samoan communities in Aotearoa (Chun 2011). With the revival of, and growing respect for, traditional Hawaiian cultural practices, interest in utilizing ho‘oponopono in contemporary situations has increased, especially in mental health treatment and recovery. Family courts have also offered ho‘oponopono as a cultural option for Hawaiian families in mediating child custody cases and in marital counseling (Chun, 2011). In summary,

ho‘oponopono is an important cultural practice to help Hawaiian families heal and strengthen their bonds.

While they were administering the practice to whoever was healing, maybe they have to have some intervention. Maybe they call family to have ho‘oponopono and solve things, the way that we were taught as people.

Sub-Theme 3: Diversity, Coexistence and Harmony

Hawai‘i is a place of such diverse peoples and cultures from Asia, Pacific, and the world. Ten (n=10) participants stated that the fundamental values of diversity are respect and dignity for everyone. The participants of this study believe that Hawaiian people live in diversity, coexistence and harmony. Diversity seeks not to melt all races together but rather to honor and appreciate each race as distinct and valuable. The Polynesian voyagers were the first settlers of the Hawaiian Islands, but the islands have become ethnically and culturally a diverse place, starting with the huge influx of plantation workers from East Asia and the recent provision of free entry and stay for the people from the Freely Associated States (FAS) due to the Compact of Free Association (COFA) between these countries and the U.S., which allows FAS citizens to enter, live and work in the U.S. The post-1959 era, during which statehood and the commercial jets dramatically increased the number of immigrants and mainland visitors, also contributed to make Hawai‘i an even more diverse place. Participants emphasized the values of multiculturalism, integrity, and diversity with Native Hawaiians remaining a host among the diverse ethnicities and cultures. Focus group participants who worked for the Navy Exchange shared their passion to work in such places and described how their organizations emphasize the diversity and integrity:

We are all about diversity, so they [the Navy Exchange] want to bring all cultures. They do not hire one culture; they want to integrate with everyone, working with different kinds of people.

Like in the Navy Exchange, we are the only Hawaiian and it is nice to see Hawaiian face but there are so many cultures. I was surprised to see many [diverse] groups of people there. We have everyone from around the world, and it is nice to work with everyone.

Hawai'i is one of the most culturally diverse places in the U.S. Hawai'i is a beautiful place in terms of weather and its people. Nonetheless, participants in the Wai'anae focus group (FGD_WA2) stated that they still feel negative influences from Western traditions:

The U.S. is multicultural, I do not know when they want to get it, and we are a nation of multicultural people, but the Westerners are still there. We have our modern day values and culture as far as that influences us today that we have kind the academy of the Western traditions.

Native Hawaiians believe in harmony and coexistence, a state in which two or more groups are living together while respecting their differences and resolving their conflicts nonviolently (Khaminwa, 2003). Coexistence has been defined in numerous ways: i) to exist together (in time or place) and to exist in mutual tolerance; ii) to learn to recognize and live with difference; iii) to have a relationship between persons or groups in which none of the parties is trying to destroy the other; and iv) to interact with a commitment to tolerance, mutual respect, and the agreement to settle conflicts without recourse to violence. At the core of coexistence is

the awareness that individuals and groups differ in numerous ways including class, ethnicity, religion, gender, and political inclination (Khaminwa, 2003). According to the Coexistence International, the policy of peaceful coexistence includes principles such as nonaggression, respect for sovereignty, independence, and non-interference (Berns & Fitzduff, 2007), however, many Hawaiians are still fighting for these principles.

Hawai'i has a great amount of diversity in ethnicity and culture. Many participants emphasized that culture as diversity and coexistence of people in modern times as follows:

Hawai'i has many cultures, thus we have to consider all cultures along with Hawaiian. I think culture can coexist with modern times, but first of all you need to identify what is your culture and what would you as an individual want to perpetuate. Because we are in the modern time, so we have to adapt to somewhat, but a lot of native people wherever they are from have traded the culture form Western ways that is where you got lost.

We coexist in modern days, reconciling together, the Western and the native. We are here from a mixed [very mixed], just being able to co-exist with everybody else, his or her culture is understanding and respectful.

We are inter-rationally married, when we live together so many years, with other Hawaiians, Caucasians and Blacks, we are all one, we got something the Hawaiian people take the lead and we know how to blend with others. Because of all of our different backgrounds, it is a beginning, it is not what I personally, do not look as

Hawaiian or Samoan. It is a new mixture now. This is how we blend with others and what we are doing to make them respectful. It is the feeling of people. Our cultural values that still exist. Then how do we fit in the society, being able to stand and being comfortable as everybody else.

Sub-Theme 4: Malama 'aina (Taking Care of the Land)

A total of five (n=5) respondents stressed that Native Hawaiians had a deep connection and respect for the land and natural resources where they live. Native Hawaiians have a special connection with their land. Thus, they practice “malama 'aina,” which simply means protecting and caring for the mother Earth that feeds people and preserving her fragile beauty. This concept includes maintaining reciprocal relationships between people and the nature, because Hawaiians believe that if we take care of the land, then the land would take care of us.

Native Hawaiians have rich ecological knowledge. They practice mahi'ai, and farming was one of the most important activities in ancient Hawai'i. This was because agricultural products provided the energy that sustained the society. Few chiefs and kahuna worked in the fields, but the majority of the farmers were commoners. Their most important crops were kalo (taro) and sweet potato, with other crops including banana, coconut, breadfruit, and sugarcane. Hawaiian farmers also raised pigs and chickens along with the subsistence agriculture and fishing. Hawaiians still cultivate kalo in irrigated patches called “lo'i”. Kalo is one of the oldest cultivated crops, which is a major staple in the diets of people around the Pacific. To Hawaiians, growing kalo was not merely an activity of food production but was a strong bond to the culture and beliefs about creation (Cho, Yamakawa & Hollyer, 2007). Participants in Waimanalo focus group (FGD_WM1) shared:

Malama 'aina deals with the kalo growing as agriculture and our food substance. The kalo [taro] is used for pa'i'ai. There is a difference between poi and pa'i'ai. Poi is little softer, like a pudding, and it can be plain, but pa'i'ai is thicker, and you can test the kalo, it is little sweeter, it's healthier for you, because it has minerals and vitamins and all these important substances in the food. We also use the leaf of the kalo for lu'au, it is like spinach and we have to cook it for a long time. We use all of it eventually.

We have vegetation on land, which is the kalo and seaweed (the kelp) on the water that we share. We have a full life from mountain (mauka) down to the sea (makai).

Native Hawaiians have a feeling that many things are westernized today, but that Hawai'i in the past was a better place to live. Participants were also equally aware that if they were to neglect in keeping to the Hawaiian ways, they would lose their identity. Moreover, the Hawaiian Homesteads were very important for them, both for the current residents and for those who are on the waiting list of the Hawaiian Home Lands. This importance is due to the cultural, spiritual and historical connection with the 'aina that was inherited from the kekua, and this it is a source of pride to receive a Homestead lease. They were proud to be part of the Hawaiian Home Lands/Homesteads, as owning the 'aina signifies the kanaka relationship with the land. Participants mentioned the great respect and connections with the land, culture, and their respect for other living beings:

Hawaiian Homesteads are [only] for Hawaiian people. It is so important to keep Hawaiian ways with us. Otherwise we will lose our culture and identity. It is the integrated relationship with the akua and 'aina, great respect for other living beings,

without that there is no culture anymore. “Aloha ‘aina, and “aloha mahina ” must be a part of it, that is the moon, breeding non-breeding, time of moon etc.

Land had a profound cultural significance in Hawaiian culture. However, historically, in Hawai‘i, land had always been a political battleground.

Sub-Theme 5: Tracing Genealogy and Respecting Na Kupuna

Four (n=4) participants stressed that tracing genealogy and respecting kupuna is crucially important. In Hawaiian tradition, genealogical histories are customarily recorded within the lines of genealogical chants, so that an individual is connected to his or her family heritage, which identifies the ancestral land and communities. Like many native cultures, Hawaiian elders are highly respected, and their wisdom and expertise are honored. The kupuna are not just the older family members who take care of the ‘ohana, but also the healers who look after the wellbeing of the family. They are the intellectuals who pass on the cultural traditions and knowledge to generations that come from the roots (oha). In a multigenerational family system, keiki learn all of their cultural understanding from their kupuna. Thus, there is a need to utilize the wisdom of elders and learn from them to carry on their legacy, and it is important to inspire the youth in order to preserve the culture and identity of Hawaiian people. Tracing the genealogy to know from where Hawaiians came and who the roots were gives them strength and guides them. The participants shared the following:

So, we are talking about our parents and grandparents. We are going back to the genealogy. Then the values that are passed down is learned, something that instill the young and it is a natural thing.

You got to have strong roots [strength], like oha, the roots of the kalo. Like any other culture a lot of the people go to the elders, the kupuna or they go to a kahu [kahuna] that have some part of knowledge about health. But they also offer traditional methods of ‘not eating certain things’, the kapu [forbidden] to eat. This is like every patient in any other medical place [hospital]; it is up to the individual to listen.

I do genealogy, I am writing books [genealogical family history] right now, which are not the best sellers but important within my family. I am tracing all of my ancestors and my grandchildren’s ancestors, back to the original countries that they came from. One of them in my mother-in-law side, I was able to go back to 990 [A.D.] when, they were known as “Lords and Ladies”; that is 31 generations from my grandchildren. That again is identifying who we are, it is not only the living people, and it is the people who passed.

It is their [our ancestors] legacy they have left with us to carry on. And I keep feeling my parents who passed away but, their mana‘o, love, concerns and the push for education for all of the daughters and the grandchildren and the great grandchildren, it carries on, the legacy and it comes from the root level.

In summary, Native Hawaiian culture is primarily associated with a collective identity and way of life that connects Hawaiians with their land and with nature. Therefore, they practice the wholistic medicine and nurture their ‘aina. They also emphasize tracing genealogy and respecting the wisdom of their kupuna. Although they are concerned about the preservation of culture, they also appreciate the diversity, coexistence, harmony and inclusiveness of all other

cultures in modern Hawai‘i. Today many Hawaiians embrace aspects of modern (Western) culture, through their passion still is to preserve and promote the Hawaiian traditions and cultural practices. Culturally safe research should reflect “culture” as multi-dimensional phenomena.

Theme 4: Community Empowerment Intricately Linked to Cultural Safety

This section explains the participants’ perceived benefits of research projects. Thirty-six (n=36) participants responded that they have positive experiences participating in research. Generally, they are hopeful that research would bring some kinds of benefits to the community and people by having a positive influence on families and changing people’s lives. In recent years, CBPR has been accepted widely among Hawaiian communities. They seemed to believe that CBPR gives people more power and ownership along with the benefits it brings to the community.

Sub-Theme 1: Community Benefits

A total of twenty-one (n=21) respondents were of the view that there are several benefits for the community when any form of research is conducted. Like anyone else, Native Hawaiians also expect to have benefits (such as building community, improving health and identifying problems and solutions) from participating in research studies in general. The perceived benefits included helping advancing people’s lives and wellbeing and systemic (policy) change. The participants shared their positive research experiences that have benefited the community in many ways:

One of them [study] found that traditional Hawaiian diet was very healthy. When, it was studied up here at the Wai‘anae, the people who had high blood pressure [BP] and diabetes by participating in nearly 20 weeks [I believe] program of eating the Native

Hawaiian foods. They [researchers] showed remarkable improvements not the total absence but the reduction of high BP, conditions of diabetes.

The research that I helped with a physician was basically to identify the local children who were sick. I think saving lives that is what it was about regardless of what ethnicity, but in this case, it was Polynesian children. There are benefits when we try to reach out the families and touch their lives. It has got to benefit us. Any information should be shared in the community.

Native Hawaiians are amicable people with open hearts; they are open to sharing their experiences and hope that the research would bring a positive change. They also ask whether research projects will advance knowledge and understanding to improve their health and wellbeing. Some participants were optimistic that the research would bring a change and make a difference in people's lives. Other participants shared similar views, always hoping for and appreciating the benefits and outcomes from any research:

I am a really open person, I always consider me as easy going, listening to other people's problems and I am ready to share. Every time we participate in research, there is a hope that it would be different, long lasting results.

We are very open, we have to learn how to be open, if you close yourself off, and then you miss out a lot of things. You have to open yourself, seek out information, be curious, that is the best way.

I am impressed with this person [Principal Investigator] who is all the way from another country and he is here to help us [Hawaiians] and why not try.

The participants appreciated the current and previously conducted research studies that have attempted to help Native Hawaiians. But, at the same time, they were equally critical and would evaluate any research to see if it is helping their community to improve:

I think the PILI program seems to be in the right direction. It is teaching the people [us] about nutrition. We learn how to read the label, then people have new information and they make a better decision for themselves.

I am glad that you [researchers] care enough about our communities to want to reach out to do research and to see what can be done better. We appreciate, we love you folks, we appreciate it, because you are looking from a different perspectives, you are looking outside in, where as we are inside out.

It will benefit the community by whatever they are doing, but does that reflect back in the community? Does the community have the chance to utilize that information you [researchers] have gathered to better our situation?

The participants also accept the incentives, such as gift cards for participating in the research. Food is very important and always part of Hawaiian culture. They also appreciated the pa‘akai as a thoughtful and culturally appropriate makana. However, they warned that, while

these incentives are appreciated, they are careful to screen and allow only those researchers that really care for the community:

When we talk about studies, generally we get some kind of incentives. That is why a lot of Hawaiians [like anybody] do come out. That is the good thing about having studies. You can always feed them. That is why studies are good; you get something out of that.

We definitely would only allow people to do it, if they fully understand what would be done, how that will or will not affect, what is the comeback. Not just the gift cards [or money] but beyond that what is the benefit to you, your family and your people. There is still a lot of educating we got to do, it is the probability, but before it was not that way.

If it is for the betterment of the community then, I am for them doing the research. But do not just come and do the research [for data] and then do not do anything about it.

Yet, one participant (FGD_PA2) saw no negative aspects participating in research:

I have not experienced anything negative yet, out of all those research studies. I never heard anything negative, it is all about sharing how you feel, especially when you try to build and benefit yourself and your community.

Sub-Theme 2: Empowering to Residents and People with “Aloha Spirit”

Eight (n=8) participants also shared their views that they would welcome or go along with local Hawaiians and someone with a Hawaiian heart and the “aloha” spirit. Most importantly, utilizing a local co-facilitator was very empowering and effective for conducting the current study. The participants stated:

I go to Queens [Hospital] where you can choose a doctor. I chose a local doctor, who was from Iolani School. His assistant was from Kamehameha Schools and she is from Kona. They did well and the other doctors were surprised when we walked together, shared the food. In other words they did a good job.

To me it does not matter, you maybe oriental but if you have a Hawaiian heart. My grandpa said- it is not about having a Hawaiian blood. A lot of oriental service providers [physicians/pharmacists] cared so much to us and they made my husband and me the chart when to take medicine. They do not have the Hawaiian blood but they have the Hawaiian heart that is a good thing. I do not mind if the doctor is caring and is able to answer my questions. I think they are doing their job if they are taking care of me.

Sometimes communities are fed up when the same type of research is repeatedly conducted by the same people. Some participants appreciated new and fresh researchers, who tend to be welcomed into Hawaiian communities. The participants also praised this study (the current work) for its use of local co-facilitators from the same community, because this practice enabled the participants to trust the co-facilitators. The choice of local co-facilitators was considered useful because:

They [new researchers] have a fresh sense of passion in their research. They are so enthusiastic and want to participate in whatever type of project. If you [researchers] have been in here [community] for several years, they [community people] might have burnt out already. They see no change and they see continuously repeating the same cycle.

I consider you [Principal Investigator] very brave, going out in the community, stepping forward, trying to relate to us, and doing your survey. That kind of respect we are able to comprehend and to participate but without that consideration that you had for this moment here of census. Some people just come in and, they ask for. But you did the consideration taking the time that is very important in our culture.

Somebody from the Homestead that is teaching as well, that is the huge part, because, for the most part, the residents need to trust somebody, so that's why it is even more successful, somebody who lives in the Homestead, who walks the walking, who experiences like everybody else.

It was brilliant of you to utilize her [co-facilitator] because we know her and we would be more responsive to her and supporting whatever she was doing. Partnering the way you have partnered with someone of our own cultural identity. People are more responsive, if partnered with someone within the community.

Sub-Theme 3: CBPR and Community Control in Research

A total of seven (n=7) respondents who were directly or indirectly engaged with CBPR studies mentioned that they were positive about CBPR, since they had control over the research. Recently, CBPR approaches implemented in Native Hawaiian communities have brought different stakeholders together. Some community-based organizations are collaborating with external investigators (academics/researchers). The participants believe that the CBPR approach recognizes the community as a unit of identity (point of focus) and that it appreciates their culture. It also provides resources to the communities involved and increases trust by bridging

the cultural gap between partners. This approach can produce knowledge by integrating the community members' life experiences with the technical knowledge of the academics. When they have control and ownership of such studies, they are more likely to participate actively. CBPR uses locally relevant and culturally appropriate designs and methods to study social problems.

The participants frequently stated that the introduction of CBPR among Native Hawaiian communities was their first positive experience with research studies, even though such new methods were at first challenging. Several participants were familiar with the PILI 'Ohana project that includes several community investigators. The participants who have been engaged with the CBPR studies shared their positive experiences as follows:

CBPR will involve giving something equitable back for your equitable time. We [Homestead residents] were introduced to CBPR through the Department of Native Hawaiian Health. Then, we realized that we were doing community-based research in a way and that we had wealth of information. It was huge and we were sitting on this landmine of information and our data, and an opportunity that can help our people.

In terms of CBPR, when we got on board, we have two community health clinics, two agencies such as Native Hawaiian health Care System and Ke Ola Mamo. We also have two grassroots- Papakolea and the civic clubs. We have this interesting mix of folks who are working in the community trying to get into CBPR and learn about it. Each of us brought our own culture to the table. We are five different people [agencies] bringing our cultures to this table. Here is the academic [the University], who understood that in order for CBPR but willing to learn the culture and be part of. It was easier for the Department

of Native Hawaiian Health because some of the people were not Native Hawaiians. Others had a heart and ano [a sincere desire] to work with these five different groups. Even in the Homesteads and civic clubs, we were very different in understanding each other's own cultures and how we can and maybe no can [cannot] work together in different times. The University has to work with all of us collectively and then individually and that in the first couple of years was challenging.

We have control of it [CBPR]. We say "A'e or Ne". We take the control of that process of how that happens, and know that you can say no, stop and you can walk away. We are at this point, just recently, we have been asked by a Native Hawaiian researcher, if we would consider participating in a research study of his, which is an invasive. I have to sit [collaborate] on that for a long time. I am somewhat okay but I am still cautiously thinking about it, we are still willing to learn more about it.

We have been in PILI, in CBPR for over ten years. We all are very comfortable now. Community has control of it. Way different than before. The community defines it and moves it. The community has total control of it. You cannot just come in and do your project [research] without somebody from community with you who understands and works for you and gets compensated. It cannot come free, those days are gone.

Hawaiian communities have experienced some positive aspects while participating in research. Although CBPR is newly introduced, Hawaiians Homestead residents seemed to believe that it honors the culture and seeks equitable partnership from the community. Thus,

many participants expressed their overall positive experiences with CBPR projects. Secondly, there were several direct or indirect benefits that any research would bring into the community whether it be education, health or changing peoples' lives. Partnering with local residents from the same culture was more effective to conduct research studies smoothly. These are all empowering to the Hawaiian communities and are intricately linked to cultural safety.

Theme 5: Cultural Safety Is Relationally-Based

This section describes the participants' general perception of cultural safety, which is relational. Native Hawaiians are concerned about the preservation and revitalization of the culture and tradition. They are attuned to the concept of cultural safety. However, cultural safety was an unfamiliar term (though not a new concept) for Native Hawaiians. The concept of cultural safety was perceived as a relevant issue for most participants, regardless of their level of understanding or their familiarity with the term and location. A total of twenty (n=20) participants across all locations associated cultural safety with culture, spirituality, lifestyle and environment. Universally, it was about their feeling of safety and connection to their culture that required respect. Some responses were associated with spirituality and previous experiences of culturally-based and locally-fit research studies. The participants of this study described and defined cultural safety in different ways.

Sub-Theme 1: Respect for Culture with Strong Spiritual Belief

A total of nine (n=9) participants related cultural safety to culture and spiritual beliefs. Participants described their experiences of fellow citizens being respectful or disrespectful and how that could have an impact on them:

We respect each other. Every person has to be treated with respect in our culture, but we do not get the respect. They look at us and they dance the hula. We can tell them "aloha"

and they look at us like, ‘who are you’? That is what I get all the time. Every time I meet people, I say “aloha” to them but they do not tell me ‘hi’, nothing.

They must have cultural understanding and what could be adaptable for different people of different races. Because if you do a cultural research, then not knowing the combination, every little thing is going to affect them, so, the perspective of Hawaiians.

Participants also mentioned that there are some of the researchers (outsiders) who have tried to be respectful of the Hawaiian culture. They recommended using a culturally sensitive person from the community who can understand what Hawaiians have experienced historically.

They are trying to be culturally sensitive [safe]. We need somebody who is culturally sensitive to us, who understands the Hawaiian culture, when he/she is dealing with us.

Native Hawaiians believe themselves to be part of the nature and nature to be part of them. They are conscious and respectful of nature and of natural elements around them. The unity of humans, nature and the Gods form the core of the Hawaiian philosophy, worldview and spiritual belief (McGregor, 1999; McGregor, 2007). A Kahu from Waimanalo added why spiritual blessings and cleansings are important in Hawaiian culture:

I am sought as a seer from many people for blessing their building because their building are disturbed; it has either have a form of evilness or has a spirit that lingers in the area.

We create an offering stone called the ahu; we put edible [natural] things such as plants and flowers to offer to our spiritual ancestors [‘aumakua]. Everyone, in each family

[village] used to [some of them still do today] have the ‘aumakua. For Kalama family, their ‘aumakua is the shark. Each of us as a child is blessed with our personal ‘aumakua to protect us. So, in my situation, mine is the pue‘o [owl], that is why you see owls throughout my home. The pue‘o is protecting me as a child. My grandma dedicated me to the Universe and the Universe said that the owl would be my guardian. So my ho‘okupu [makana] I can either sing or dance in honor of the owl or do an activity or ceremony and event in honor of the owl.

Sub-Theme 2: Feeling of Safety and Connections

Eight (n=8) respondents described cultural safety as physical safety of self, family, and the neighborhood, perceived as a moral and psychosocial concept. They repeatedly emphasized that feelings of safety and connection are crucial for implementing culturally safe research and social programs. There must always be some kind of feeling of safety and connection in order to make people participate and share information while taking part in research. The participants described:

Some type of connection caused me to have gone there, so I would be more comfortable talking [sharing information] with others. I would not be as engaging as otherwise.

So it was easier, I was more receptive to coming to PILI, because my mom and other people from the community that we knew were already in the program. I was more receptive to feeling safety [security] that these people bring in and work with us. So, I am relying on their morale and values and trusting what they have to bring to the community.

The participants also experienced that, if there is a connection, it makes people feel safer and more comfortable while working with health professionals. Another participant at Papakolea stressed:

So, in a sense of feeling safe, going through and working together with another Hawaiian family, I probably feel more comfortable because I do not have to explain to them how I want to be treated. Because local people would be pretty much related, they greet and ask how they are doing and they give you a hug.

Respondents also stated that culturally-based and locally-fit solutions are effective in Hawaiian communities. The participants received culturally based interventions positively, in line with a separate study conducted with Native Hawaiian and other Pacific Islanders (Ka'opua, Diaz, Park, Bowen et. al., 2014). A participant in Nanakuli (FGD_WA1) shared an example of a culturally safe project that was successfully implemented in the West side of the island of O'ahu:

I am aware of that [research]; it had incredible and most successful results. Most of the Hawaiian charter schools are doing is the idea of having culturally-based education, tied into place-based education for the students in our schools. They have done it [for 10 years] and they have shown remarkable improvements particularly in attendance. Kids who are highly truant [student who stays away from school without leave/explanation] before participating in the cultural-based learning experience [curriculum], all of a sudden had almost 90-100% attendance in schools.

Native Hawaiians were glad to have interactions with researchers and professionals who were sensitive to the culture and respectful of their cultural safety. Such researchers had begun

the journey being mindful and respecting the culture. An interviewee in Papakolea (INT_PA2) expressed her positive feelings towards those people:

That is empowering to people and we are fortunate that we have professionals in the health research arena. Not many of them but some [a core of researchers] who are very mindful and respectful of cultural safety. There are people in Hawai‘i who have begun to the journey and wanting to be sensitive and mindful of our community and what we have been through historically. To me, we always remember and keep in the front of us those who gave their lives [died] not as a result of research but as a result of people not taken good care of them and bringing in diseases, whole people being diminished. It did not have to happen, so our kuleana is just to ensure to moving forward with cultural safety, we educate our community how they should be doing, how can they care about their community.

She further exemplified the case by sharing her experience as a community leader and one of the community partners of a few culturally based projects that have been conducted in Papakolea that were culturally safe for Native Hawaiians:

For us, the most empowering part of PILI when we started was the fact that we re-wrote the DPP (Diabetes Prevention Program) that is a huge curriculum nationwide for diabetes patients. We made that our own and we put our culture in that curriculum and we switched. We used the main tenets and the lesson but we made it local. When we did that we did not realize how significant that would have been. Everything was culturally based, to fit for local people, not just Hawaiians but others too. So that everybody could understand it whoever was involved.

Similarly, participants in Waimanalo (FGD_WM1) shared their experiences with the local Health Center as a culturally safer place to go for culturally suitable healing practices. They also pointed out that, unfortunately, some of the services had stopped when the practitioner left the center:

We used to have one kumu here [Waimanalo] who did lomilomi and he donated what he could. He had some other haumana [students] to follow him that gave us an opportunity to share our elements with him. But after he left, then everything stopped.

Sub-Theme 3: Lifestyle and Environment

At least three (n=3) participants mentioned that cultural safety for Native Hawaiians was associated with the lifestyle and environment that allowed them to live and work in harmony. Furthermore, they described cultural safety as an important issue in their participation in research and sharing of information. They emphasized the importance of creating of an open and safe environment by partnering with someone from within the community. They are open to sharing when a safe environment is created. Otherwise, they may not share their opinions as fully, and they might withhold some critical information. Participants shared that some work environments are not safe, due to biases and harassment. The participants shared why it was important:

There is an expectation of safety first. I am looking for culture safety from the environment that is what I would think. In my work environment, if I am safe from any harm whether it can be biases or harassment.

In a research, if people feel unsafe they may not share their opinion honestly. Otherwise, you might withhold some critical information that maybe a tipping point. People are likely to share more openly when a safe environment has been created for us. The

outsiders can partner with someone from within [the community] that helps to create a safe environment.

Cultural safety can be a very relevant concept for Native Hawaiians, as it promotes safer lives and environment, and it may enhance the feeling of safety and connections and deep respect for the culture and spirituality. The participants also referred to the previous experiences of research interventions that were effective because they were culturally safe. They believe that these studies were culturally-based and provided locally-fit solutions.

Theme 6: Safety Is Wholistic (Systemic and Community Factors Influencing Personal Perceptions)

This section describes safety as wholistic with systemic and community factors influencing personal perceptions. A total of twenty (n=20) respondents perceived that safety is not just a personal issue of self-protection (n=10), but rather also a psychosocial, cultural and spiritual (n=5), and geo-political and environmental (n=5) concern. Native Hawaiians expressed that safety is not only related to a sense of physical protection or security of the self and the ‘ohana but also the psychosocial, cultural and spiritual aspects of the people. In addition, ongoing environmental degradation and geo-political and societal issues were identified as unsafe for Hawaiians. Their perceptions of safety are described and sub-categorized into 3 major themes in this section, based on the descriptions provided by the participants as follows:

Sub-Theme 1: Physical Protection of Self, the ‘Ohana and the Neighborhood

Ten (n=10) participants described “safety” in terms of physical protection of self and self-preservation. Safety of the ‘ohana was equally important so that everybody takes care of everybody, a notion that was described as Hawaiian tradition. This concept was historically

shared among many cultural groups because, due to limited resources and the need for daily survival, cultural groups distributed their responsibilities across an extended network of relatives including aunts, uncles, grandparents, and siblings. While discussing the safety of the family, they were mostly concerned about the safety issues of not only the adults but also keiki who are the future leaders. The participants described:

It is about protection of self (self-preservation) and protecting your love ones. Safety is a family thing, so everybody takes care of everybody. It also includes of our kids [watching] because they do not watch. They just want to run across the street. Safety is also related to our adults on how to learn how to drive safely on the roads, and the rules and regulations that might apply to us.

The safety in the Hawaiian Homestead context expands up to the neighbors (neighborhood) and the entire community as a larger family. They maintain it by helping and taking care of each other, keeping strangers out of the yard, respecting, and loving each other. The participants described safety as a collective feeling of care and security:

It is about care, paying attention, no danger [safe]. We do not want to get hurt. We should be careful and feeling secure. We want people [strangers] stay out of our yards. Our neighbors will be taking care of each other to protecting each other.

Safety is a basic concern, but Hawaiian society is rapidly changing with Western influences and modern developments. A participant in Papakolea (FGD_PA2) said that life was safer in the past as compared to today.

That is how my grandpa used to do, he never locked the doors [front/back], no windows were closed and we never had the gates.

Sub-Theme 2: Psychosocial, Cultural and Spiritual Aspects

At least five (n=5) participants defined safety in psychosocial, cultural, and spiritual terms. They voiced that they did not want to be excluded, and they always expected equal treatment in all sectors of society. This indicated that they have experienced discrimination due to being Native Hawaiians. They primarily raised issues of freedom, justice and peacefulness as well as absence of harm and bias at the workplace.

Safety means no harm or no bias at workplace. It is also about the freedom, peace, and peacefulness. We also think about the relationship with the akua and 'aina.

The perception of safety was also associated with the relationship with the akua (the Gods and Goddesses). Native Hawaiians believe that the mana (spiritual power), the akua of Hawai'i can perform both beneficial and destructive feats (Cunningham, 2001). Therefore, Native Hawaiians believe and practice spirituality. Prayers and offerings are the most common form of spiritual expression in Hawai'i. One of the participants, who had various medical conditions including PTSD (Post Traumatic Stress Disorder), expressed his strong spiritual belief (INT_WM1) as follows:

Through the grace and spiritual belief I recovered. Spiritual belief is strong safety for Hawaiian people. This is why they [community] take me to do blessings for health and bring me in to the picture. Because I am a living testimony of overcoming, not only the physical error [fault] of man but also the psychological wellbeing.

Sub-Theme 3: Environmental, Geo-political and Societal Issues

Native Hawaiian participants were worried about the ongoing environmental degradation that might impact the peoples' life on the islands. Five (n=5) respondents stated the issue related to environment, geo-politics and the society. They were highly concerned about pollution, climate change and human exposure to harmful chemicals. They raised their concerns about the continued presence of GMO companies and the military in Hawai'i. They considered both GMOs and the military to be safety concerns for the Hawaiian people, their land, and the water. Hawaiians take a moral responsibility of "aloha 'aina", which translates as "love for the land". They do not want their land and water to be contaminated with harmful chemicals and poisonous pesticides. They believe that, because of the biotech corporations and the military, there are large chemical deposits and toxification of the islands, which affect not only current but also future generations. They had experienced the extinction of native creatures and introduction of new and invasive species of birds and animals. Safety was also related to other societal issues of human life. The participants were concerned whether Hawaiian children were at risk of physical violence and abuse of alcohol and drugs. Concerning other issues, such as economy and education, they were also alert whether those were sympathetic to Hawaiians. The participants strongly stressed their concerns as:

The climate warming, ozone, and the pollution, changes the whole perception of all.

Safety is about the water because of the pollution from the military and industry, the ships, the planes, the cars, motor oil and pesticides.

We are indebted [overly] with chemicals. So, it affects our babies and also affects elders who were not exposed. Then, they bring in their creatures [flies, insects, and snakes]

here. A lot of our creatures no longer exist and they are extinct because of this self-destruction of chemicals and pollutions.

That is why they [Native Hawaiians] are so hard on the GMO people. It is getting into our water. It is affecting the land [soil] surrounding them. The testing is still active that is damaging our environment and exposing people to various health hazards.

Basically safety of the children, I am worried about the abuse of alcohol, tobacco, domestic violence and drugs. Economics too, education, then people can have better life.

In summary, there was widespread agreement among all groups that the Native Hawaiian concept of safety was wholistic, with systemic and community factors influencing personal perceptions. This was described not only in terms of protection of self, family and the neighbors, but was also associated with the psychosocial, cultural and spiritual aspects of Hawaiian culture. Moreover, safety was also perceived as related to larger societal, geo-political and environmental issues that can impact the lives of Hawaiian people.

CHAPTER 5. SUMMARY AND CONCLUSIONS

“As gatekeepers for the community, it is our kuleana to make sure that our people are safe. But cultural safety was very different approach for me. And for us, first thing when we met the Principal Investigator, his ano [nature, character]; which was really something for our people when we initially meet somebody that we feel his ano and that he is sincere in the place where he is coming from, a very humble man”.

This is a part of the stories of the gatekeepers of the Homestead community who were present in the room during my defense presentation. This comment not only validated what I explored from the focus groups and the interviews but also described my relationships with Native Hawaiian Homestead communities as an advocate and indigenous researcher who really care about integrating the current issues of cultural safety in all aspects but specifically health research paradigm. The community gatekeepers have kuleana to their respective communities; in the past, communities like Papakolea have developed curriculum to help researchers and practitioners learn what is culturally competent in Papakolea. The same thing needs to be done with cultural safety, with an emphasis on what is “pono” to the community (e.g., Perception of researcher’s “ano” [nature or a sincere desire] to really ensure that -community members are equal partners).

Stories [mo’olelo] shared are important; through the sharing of these stories, we learn about the researcher and the “gifts” that she or he brings to the community, the “gifts” she or he leaves with the community. Cultural safety means a different type/level of engagement between communities and researchers. This study has presented how Native Hawaiian Homestead residents perceive cultural safety in relation to their participation in community-based research. This study re-emphasizes the importance of Native Hawaiian beliefs, perspectives, history, and

practices. More specifically, it has described in detail the Native Hawaiian Homestead residents' negative perceptions of their experiences as participants in prior research studies. Thematic analysis from focus group and key informant interviews from this dissertation study indicates that Native Hawaiians have experienced various negative impacts and threats to their Hawaiian cultural preferences and their collective sense of identity (e.g., exposure to hazardous chemicals, military encroachment, and use of genetically modified organisms or GMO). Findings from this study have revealed examples of cultural trauma, prior researchers' lack of cultural understanding and, concomitantly, a prior lack of cultural safety. Taken together, these findings suggest heightened awareness of the cultural threats inherent in culturally unsafe practices as well as unsafe policies relating to and opposed by certain groups of Native Hawaiians. It is evident that upstream socio-economic and geo-political factors influence perceptions of cultural safety. Despite the rapidly changing culture and social and family dynamics, Native Hawaiians still value and maintain their cultural traditions, as they work to keep Hawaiian language alive and relevant, and to practice spirituality in ways that honor the past.

In this purposive sample of Hawaiian Homestead residents, conventional Western empirical research was met with initial distrust. Participants of this study generally distrusted non-resident and non-native researchers, but especially distrusted those who use invasive and conventional Western methods. Hawaiian Homestead communities were critical about the invasive types of research, as they felt that the influx of Western medicine, culture, and diet are not culturally appropriate for the indigenous people of Hawai'i. They also stressed their concerns about the increasing presence of military entities and GMO companies in Hawai'i that have potentially negative impacts on human lives, on traditional crops (especially taro) and on the

environment. The participants expressed active concerns and community engagement related to Native Hawaiian sovereignty and self-determination.

The participants strongly suggested that only by developing relationships and maintaining trust with Native Hawaiian communities can researchers to come into communities fully and conduct research meaningfully. Regarding the power relationship between the researcher and the community, Native Hawaiians believe that Western scholars hold more power and resources in academic and community research. An ethical and equitable partnership could rectify the power imbalance between the communities and the researchers, returning power to the community.

This study also identified that attention to ethical values, Native Hawaiian culture, and the traditions of the Homestead communities could promote perceived cultural safety, making research more relevant and meaningful to indigenous cultures. Indigenous people may find more relevance and meaning in culturally safe research studies developed in consultation with them. The participants suggested that it is crucial to design and implement culturally safe research studies developed in consultation with the Native Hawaiians. This study discovered that Native Hawaiians are weary of Western ways of research in general. They have experienced both positive and negative encounters with health service and research. However, they expressed their concerns mostly about the negative research experiences, especially that were seen as culturally unsafe, or perceived as culturally unsafe in that the research experiences demeaned, disempowered, or diminished them, disregarded their wishes, and left them feeling disrespected.

The participants perceived that research studies would be culturally safe if conducted in ethical partnership with or owned by locals for a genuine purpose of solving health and social problems (for long term solutions). Cultural preservation and integration of Hawaiian culture, values, protocols and practices in the research interventions were emphasized, but issues of

cultural appropriateness, ethical exposure and sustainability were also raised. If these issues were addressed properly, such culturally safe practices would promote the Native Hawaiians' active engagement in research, health service, education, social welfare, and other community development efforts. Such engagement may lead to more favorable, measurable positive outcomes such as improved health, educational gains measured in degree attainment, gainful employment, home ownership and more widespread use of Hawaiian language as an official language in Hawai'i.

Culturally safe research reflects "culture" as multi-dimensional. Native Hawaiian Homestead residents believe in wholistic medicine and relate cultural safety to lifestyle and the environment as well as with feelings of connection and spirituality. They generally have experienced the diversity and integrity of cultures, but many have struggled for justice and have encountered multiple Western influences that disconnected them from "other" people.

Native Hawaiian communities have experienced some benefits as participants while participating in research projects. CBPR is a newly introduced approach, which Native Hawaiian Homestead residents seemed to believe as honoring their culture and seeking equitable partnerships from the community in ways that previous methods did not. Thus, many participants expressed their overall positive experiences with these newer CBPR projects. Secondly, they agreed that there were several direct or indirect benefits that any research could bring into the community including enhanced education, health, or positive change in peoples' lives. Partnering with local residents from the same culture was conducive to effective research and smooth project management. CBPR methods were seen, overall, as empowering to the Hawaiian communities, since the participants identified these strategies as being intricately linked to cultural safety.

Cultural safety is relational; it can be a relevant to the promotion of safer lives and environments. It may enhance the feeling of safety and connections as well as communicating deep respect for the culture and spirituality. The majority of the participants were aware of prior research studies that were acceptable and effective. They believed that these studies were culturally-based and provided locally-tailored solutions. This is a very relevant concern as it recognizes historic power dynamics and systematic oppression to mitigate the impacts of racism on health and wellbeing (Jones, 2000). Culturally safe research praxis and health practice may prevent Native Hawaiians and other marginalized groups from being further stigmatized. This study found that the concept of safety for Hawaiian Homestead residents was a wholistic and systematic concept, in which community factors influence personal perceptions.

Native Hawaiians, the original settlers of the Hawaiian Islands and their descendants, have a history of socio-cultural and geo-political struggles and negative experiences with research studies. Several research studies have been conducted in order to enhance the health and wellbeing of the Native Hawaiians, but many such studies still employ Western approaches, which are incongruent with the wholistic view of health and healing held by Native Hawaiians. In addition, numerous programs and social services have been offered to Native Hawaiians in an effort to enhance their health and wellbeing without taking into consideration of their wholistic worldview.

Both interviewees and focus group participants also emphasized the importance of tracing their genealogy and respecting the wisdom of their kupuna. However, even though they were concerned about the preservation of their own culture, they also appreciated the diversity, coexistence, harmony, and inclusiveness of other cultures in modern Hawai‘i. Today, many Hawaiians embrace aspects of modern Western culture and appreciate the value of education

especially higher education. Native Hawaiians today often reference the ease with which Hawaiians adapted and adopted “foreign” influences when they were a sovereign nation, become the first widely literate people, having electricity before the mainland U.S. did, the use of newspapers to preserve chants and stories, the widespread adoption of Christianity, and the use of “alien species” in gardens and lei. However, the study participants perceived that the Western healthcare has been ineffective inasmuch as services were not provided in a respectful and culturally appropriate manner. Native Hawaiians acknowledge the value of cultural preservation, while also maintaining an enlightened awareness of the rapidly evolving reality of life in Hawai‘i in modern times.

Culturally safe research should reflect “culture” as a collection of multi-dimensional phenomena. Thus, the use of culturally safe methods for conducting research and providing health and education programs and services would be an important step in alleviating the tension and lessening the skepticism of Native Hawaiians toward Western (non-native) interventions. The participants noted that previous research interventions have been more effective when culturally congruent and locally specific, and likewise for educational interventions. Education is recognized as valuable, but the current system is not able to address the needs of Native Hawaiian people.

Similarly, despite the participants’ desire to preserve Hawaiian traditions and culture, they have come to appreciate the value of education. However, the current public education system has been unsuccessful in addressing the needs of Native Hawaiian children. Based on these conclusions, the following cultural safety definition can be relevant to promote culturally appropriate approaches and ethical collaboration in research involving Native Hawaiians.

The following chart also presents some common cultural safety factors among the sample communities as well as difference in perceiving those factors.

Table 8:

Comparision of Cultural Safety Factors Common to Sample Communities

	Waianae / Papakolea / Waimanalo	Papakolea
Common cultural safety factors	<ol style="list-style-type: none"> 1. Hawaiian cultural preservation, identity was a key to how Native Hawaiians defined culture. Culture was also associated with the way of life, including traditions. 2. Integration of Hawaiian culture, values, protocols and practices (Aloha spirit). 3. Negative impact of continuous threats to cultural preferences and sense of identity (e.g., hazardous chemicals, military encroachment, and use of GMO) 4. Value of education but culturally based. 5. Relationship, trust and transparency (Genuine purpose) 	
Different cultural safety factors		Ethical partnership and local ownership, equitable stake (e.g., CBPR)

In the lived experience of Hawaiian Homestead residents on O‘ahu, cultural safety in community-based health research refers to attitudes and behaviors that demonstrate an honoring

of traditional Native Hawaiian values and ways of relating, as well as an acknowledgement of the contemporary concerns of those living in Hawaiian Homestead communities. Health researchers practicing cultural safety demonstrate respect for diverse ways of knowing and being, are inclusive of all people, and understand that health is viewed as wholistic, with attention to environmental, physical, relational, and spiritual wellness. Non-native, non-resident researchers may have good intentions, but what is still missing is humility and thoughtfulness of the culture and a desire to understand Hawaiian community, and it is important to understand first what has been tried before as well as who owns the research. To promote cultural safety in Homestead communities, non-native and non-resident researchers need to monitor their actions such that power and decision-making are equitably shared. When defined in this way, cultural safety promotes mutuality and open communication in learning.

In summary that cultural safety is about experiencing the “ano” [nature] through common work and sharing personal stories intended to foster pili [close] relations. Cultural safety can be viewed in connection with other concepts such as cultural humility, cultural sensitivity, and cultural competence. The following table compares the definitions and differences of cultural awareness, sensitivity, competence, and the cultural safety.

Table 9:

Similarities and Difference between Cultural Humility, Cultural Sensitivity, Cultural Competence, and Cultural Safety

Key Term	Definition	Sample Quotes form the study
Cultural Humility	An understanding and ability to maintain an interpersonal stance recognizing the value of an individual. A lifelong commitment of self-evaluation (critique)	“You volunteered all day long at makahiki but also contributed to the clothing distribution. You have passion of what you are doing but you also believe that it can affect us in positive way. It is a trust and we have a relationship now, you are like ‘ohana to us”.
Cultural Sensitivity	Awareness, acceptance, and non-judgment of cultural differences and diversity.	“This is all about respecting each other, [if] the people or family members see the respect you give, they give you back”.
Cultural Competence	Knowledge, values, and skills set for understanding cross-cultural interactions, and working effectively with diverse groups.	“A non-Hawaiian person teaching Hawaiian culture-based lesson, to me that is anti-cultural safety”.
Cultural Safety	Honoring of cultural values and addressing systemic discrimination and colonization by addressing the asymmetrical power dynamics, readdressing the power imbalances.	“As gatekeepers for the community, it is our kuleana to make sure that our people are safe. But cultural safety was very different approach. When we met him [Principal Investigator] his ano (nature); which was really something for our people. When we initially

		meet somebody that we feel his ano and that he is sincere in the place where he is coming from, a humble man”.
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CHAPTER 6. RECOMMENDATIONS

Cultural safety involves both the equitable redistribution of power and resources and the institution of mindful policies and practices. If addressed appropriately, cultural safety empowers people, whilst unsafe cultural practice is any action which demeans, diminishes and disempowers the cultural identity and wellbeing of an individual (Ramsden, 1997). Cultural safety is also contrary to cultural erasure, exemplified by efforts to erase Native Hawaiian cultural ways of being that have resulted in historic trauma, inter-generational marginalization, and poor health outcomes. To date, cultural safety has not been systematically explored in the context of community-based health research with Native Hawaiians. Therefore, attention to cultural safety with and for Native Hawaiians is needed. The following recommendations are made for equitable and culturally safe health research, social services, and education programs with Hawaiian Homestead residents.

1. Hawaiian Homestead residents are proud to live in the Hawaiian Home Lands as Native Hawaiians, but they have also struggled for self-determination, social justice, and sovereignty and continue to encounter continued Western influence and cultural hegemony. Over the course of the last few decades, Native Hawaiians have witnessed major cultural changes, such as shifts in family and social dynamics. As a result, they are engaged in efforts to preserve their old traditions such as language, hula, lomilomi, la‘au lapa‘au and other Hawaiian healing practices as integral aspects of their identity. Therefore, researchers, service providers, and educators need to utilize culturally safe practices while working with Hawaiian Homestead residents.
2. Hawaiian Homestead residents who participated in this study generally viewed research as beneficial for their communities, in that it could bring positive change and can make a

difference by improving health and wellbeing. They believed that research is likely to have some direct or indirect benefits to individuals, families, or entire communities (such as building community, improving health outcomes and identifying problems and solutions). However, aside from a few positive experiences, they were weary (and wary) of research. They thought that they were used (misused) enough already. In recent years, a more community-based research approach has been accepted widely among Hawaiian communities. Hawaiians Homestead residents believed that community-based research promotes their culture and bring benefits to the community. Moreover, CBPR provides ownership and control over the research project to the community members. They believe that achieving health equity and social justice could enhance health and wellbeing. They would like to engage with research as long as Hawaiian culture is respected and traditional Hawaiian values are incorporated. Therefore, non-resident and non-Native researchers need to understand the culture and create a trusting relationship in order to be accepted in the community for any sort of research study or intervention.

3. The participants of the study shared many negative stories concerning research participation. They have participated in many different types of surveys, allergy testing, vaccine testing, weight management and diabetes programs. A small but culturally significant gift (makana) such as pa‘akai (Hawaiian salt) was considered appropriate in order to express appreciation for their time and efforts as participants in the study. Using local community co-facilitators was an effective way to bridge the cultural gap between the researcher and the community. Therefore, this study supports the claim that cultural safety could be a key to successful research with Native Hawaiian people. Despite the negative experiences and continued unethical use of the people and communities, many Hawaiians still participate in research

studies. Yet, a small proportion of Homestead residents have refused to participate in some of them when outsiders conduct the studies. Recently, they have been engaged with some ongoing community based research projects such as PILI ‘Ohana and the Hula Empowerment Lifestyle Adaptations (HELA) study that not only emphasize cultural aspects but also combine scientific knowledge and community wisdom for effective health solutions. Therefore, research designed and conducted in culturally safe and appropriate ways by collaborating with recognized Native Hawaiian cultural experts and practitioners such as kumu hula are more likely to be successful.

Cultural safety is a resonant concept for Native Hawaiians in that it promotes safer lives and environment. It may enhance the feeling of safety and connections and deeper respect for the culture and spirituality. Cultural safety for Native Hawaiians is a moral and psychosocial concept. Therefore, a wholistic approach can be useful while working with Hawaiian people. They re-emphasized that feelings of safety and connectedness were crucial for implementing culturally safe research, health services, and education programs. Attention to the ethical values of Hawaiian culture and Homestead communities can promote cultural safety. Cultural safety is also a relevant concept to address health inequalities among other indigenous peoples. Across the life cycle, the health of indigenous peoples living in the U.S. compares unfavorably with non-indigenous populations. There is evidence that Native Hawaiian, American Indian, and Alaska Native populations are burdened by disparate rates of disability, morbidity, and mortality from cardiovascular and cerebrovascular diseases, cancer, and other serious conditions. Health inequalities commonly are linked to proximal factors with interventions focused on the health behaviors of individuals and groups, as well as access to care and other health systems barriers. However, indigenous researchers increasingly are linking health inequalities to more distal social

determinants and root causes, including the effects of Western colonization, collective trauma, intergenerational marginalization, and cultural erasure. Indeed, cultural erasure occurs when native knowledge is denigrated and when mainstream, written history expurgates the perspectives of indigenous peoples, as well as their collective efforts to survive and resist the impact of Western knowledge hegemony on indigenous wellbeing. Emergent indigenous research views cultural erasure as a means for colonizing forces to justify expropriation of native lands and resources, the very source of Native Hawaiian health and wellbeing.

CHAPTER 7. DISCUSSION

Being a non-Hawaiian and non-resident researcher posed many challenges in navigating a new culture and in working with Hawaiian Homestead residents who were initially skeptical and pessimistic about outside researchers. Identifying as an indigenous person, while expressing a genuine desire to learn about Hawaiian culture, however, worked toward my advantage, as I was able to develop warm and trusting relationships with the sample communities. As a result, the study successfully explored how Native Hawaiian Homestead residents perceived their participation in health research. There maybe other issues in understanding the Native communities but, as this study unfolded and as I learned more about cultural safety issues, several issues arise which I would recommend to address first in order to facilitate mutual understanding. I hope that cultural safety becomes part of Hawaiian and other indigenous culture especially in healthcare, academia, and social welfare professions, because it is sad when those who mean to help cause harm, and when culturally unsafe behavior perpetuates cultural trauma and structural racism to indigenous communities.

1. Limitations in Selection of Sample, Participants, and Methods

First of all, this study had some limitations. The participant selection criteria included only Hawaiian Homestead residents. The respondents were recruited from three Homestead communities on the island of O‘ahu only, and thus the results cannot be generalized to the wider Native Hawaiian population across the State. They were all adults (18 and over) Homestead residents, and some of them were self-selected. Due to their personal connections, many of them were both amenable to approach by the local co-facilitator and fairly optimistic about the study and its likely contribution to the Hawaiian people. I still feel that I was not able to reach a larger

number of Native Hawaiians who are strong advocates and active members of the Hawaiian sovereignty movement and self-determination. A second limitation was the use of a qualitative method that described but did not explain the relationship between ethnicity and research participation, and that between health behavior and services utilization. Continued research is needed to explain the relationship of Native Hawaiian ethnicity and research behavior and cultural safety. Nonetheless, the study did capture various aspects of Native Hawaiian experiences that have impacted the perception of cultural safety and the experiences of participants in research and health services.

The current study was co-conducted with the help of local co-facilitators because I am a neither Hawaiian nor a Pacific Islander. I was indeed aware of my limitations and cultural and linguistic barriers. There were challenges and possible misunderstanding or misinterpretation of the data. Therefore, the co-facilitators reviewed the transcripts and draft findings provided constructive feedback to validate and make sure the descriptions was correctly presented. My research on cultural safety is a modest, yet important beginning. I hope to give more visibility to the construct of cultural safety through publication, presentations, and collaboration/advocacy with others who already see the value of cultural safety. For example, an opinion/editorial piece on ‘why cultural competence isn’t enough’ might be written. Few scholars in Hawaiian have been talking about cultural kipuka, which is very close to cultural safety. Their voice needs to be heard. I want to join hand-on-hand to the scholars.

Ramsden (1997) and others have laid an empirical foundation for cultural safety, but much remains to be done—including the specification of practice values and behaviors, which demonstrate cultural safety and inclusion of cultural safety in cultural competence training for providers. I would like to be a part of research efforts to specify practice values and behaviors,

which demonstrate cultural safety with/for specific communities and groups.

In my study, I identified many factors that affect Native Hawaiians' feeling towards participating in research studies. These factors explained how they affect Native Hawaiian's feeling culturally safe in research studies. Building trust and blending and transparency; Integration of Hawaiian values and practices- show aloha spirit and engage with community, ownership and equitable partnership which are the keys to practice cultural safety.

If I have to test whether these factors matter, I need to work on developing measures in order to assess the cultural safety feeling and people's participation in research that foster health and wellbeing of people. I need further look into how my qualitative findings may apply to development of more quantitative research. I think this important and the lack of quantitative assessment has been an ongoing criticism of the cultural safety construct. I would like to be part of efforts to identify, measure, and test the key components of "cultural safety". I would like to develop indicators (quantitative and qualitative) of measures not only the number (%) of participants who participated in research, but also the level of satisfaction, and perception of quality of services or program, changes in behavior and interaction, attitude or more.

In my personal experience, how I respectfully entered to the Hawaiian Homestead communities and how I demonstrated cultural safety; that could be specified, measured, and tested for its relationship with an outcome variable such as participation in research, sustained participation in health services, treatment, etc.

2. Building Trust and Relationships

Native Hawaiians are highly sensitive about research being conducted on or about their cultural ways. Building trust and relationships are the keys to entry into the community. A

certain level of rapport should be built beforehand, and such efforts must start from the first entry into the community, continue throughout the research study, and follow through on the shared findings and subsequent evaluation and future planning. Non-resident and non-native researchers need to educate themselves about the Hawaiian culture and make connections in the communities. Trust must be built by serving with and learning from the community beforehand. Once a trusting relationship with the community is built, research can be conducted collaboratively with community members. If a researcher misbehaves or makes a mistake in the beginning or at any point of time during the study, it can be very difficult to repair the relationship and avoid lasting harm. Despite being a non-resident researcher, I was able to build strong and trusting relationships with the sample communities that were a greatest part of the successful completion of this study. I am an indigenous person from a place without a history of negative impact on Native Hawaiians. Perhaps this fact, as well as my own attitude and cultural values, together with my previous community work experience, helped me behave with the people in a culturally respectful way. I also felt that the participants did not feel any threat of misinterpretation or misuse of data and therefore shared their mana‘o and experiences openly.

3. Ownership and Ethical Collaboration through Partnerships

There is an issue of research ownership. The participants realized that most studies conducted prior to mine were likewise done by the outsiders (non-resident/non-native) researchers. Some of these outsider researchers have tried to engage local people and agencies as partners, but they still hold power and control as representatives of the mainstream majority, which Native Hawaiians find unacceptable. Similarly, the participants were skeptical whether there is a clear intent to help people to improve their health and wellbeing. Locally available

community resources and expertise must be utilized not only as a partnership, but to provide full ownership of research. Therefore, more CBPR studies should be conducted in ethical collaboration and partnership with the community. Existing CBPR studies such as PILI 'Ohana, the HELA study and the Ola Hula programs were accepted. There can be other academic-community partnership models that are congruent with and acceptable in Hawaiian culture for any collaborative research. The participants believed that CBPR promotes equitable partnerships and local relevance.

Other factors can also be responsible for hindering open participation and frank discussion of social issues. However, I argue that cultural safety can be one of the major factors in true participatory research. It is my hope that conventional Western research methods can be decolonized, using appropriate tools in the future, thereby creating a culturally safe environment. Similarly, the question still remains how to share the power and engage the community people more equitably. The Hawaiian community is well aware of the income value that the PhD, medical degree, and other degrees confer, as well as the jobs opportunities and funding that research and published studies provide the researchers, while research subjects are left behind.

4. Culturally Appropriate Approaches and Aloha Spirit

There were concerns about cultural inappropriateness in the content, method, and approaches undertaken by prior research studies. Conventional research methodologies should be changed to incorporate culturally safe and indigenous-friendly qualitative approaches. Activities and materials associated with research must be appropriate to the native people who participate in the study. Indigenous approaches and practices or solutions that are ethical and respectful to culture must be promoted. This study supported the notion that other indigenous persons will be

welcomed, particularly if the community perception is that the researchers have “the aloha spirit” and that they demonstrate a willingness to serve the community and to combat social injustices while confronting associated disparities that perpetuate oppression and marginalization. These researchers maybe welcomed and trusted if are “Hawaiian at heart”, whether they are Hawaiian by blood or not. As one participant shared a joke about a white politician who once said to some African Americans that, although he looked white, “my heart is as black as yours”.

Therefore, Hawaiian culture and values must be understood and maintained. It is of primary importance to honor the wisdom of the kupuna, and to discover and act in accord with community priorities. Local cultural knowledge and values must be acknowledged, respected, and fully integrated into research and community development efforts. Indigenous approaches and practices or solutions that are ethical and respectful to culture must be promoted. Research should bring some benefits, including benefits to the community and to the people who participate. The benefits may include simply education that leads to some positive and tangible changes in people’s life. There are arguments, of course, that offering financial incentives to the poor negates “choice” and, certainly, financial compensation can used to convince poor people to undergo risky treatments or experimental medication. Culturally appropriate incentives (makana) such as pa‘akai (Hawaiian salt) and the provision of local food are considered good, but many people have mistakenly assumed that gift cards and food are all equally valued.

CHAPTER 8. IMPLICATIONS

This chapter examines some of the implications of the study that are significant for social welfare policy, research, and practice, especially for social justice and health research participation involving Native Hawaiians living in Hawaiian Homestead communities. This study is, to my knowledge, the only one to explore Hawaiian Homestead residents' perceptions with an exclusive focus on their experiences involving participation in research. The conclusions drawn in this study have therefore focused on the policy, research, practice, and educational implications of the concept of cultural safety among Native Hawaiians. Based on these conclusions, this study postulates that CBPR results in better policies and practices for social welfare and health, together with more equitable distribution of power and ownership.

The National Association of Social Work (NASW) Code of Ethics (2008) holds cultural competence and social diversity as a critical value for social workers. However, our professional organization has yet to recognize the cultural safety construct. Cultural safety extends the definition of cultural competence to one of honoring a group's values and purposefully working to remediate asymmetrical power relations. The lack of U.S. based research on cultural safety hinders its use by NASW, Council on Social Work Education (CSWE), and other professional organizations. While this dissertation study is a modest one, it serves the purpose of bringing more visibility to the evolution of cultural competence to cultural safety. These results also indicate that corresponding revisions to the NASW Code of Ethics should be considered. Although the current NASW Code of Ethics requires all social workers to understand and respect the cultures of the clients, and although cultural competence is well covered by the Code of Ethics, it does not go far enough in detailing how social workers might address the balancing of asymmetrical power relations, the honoring of cultural traditions, and the raising of indigenous

ways of knowing to parity with Western ways of knowing. Together, these constitute the whole idea of cultural safety.

There is an urgent need to move beyond Western ethical principles that focus on individuals and to move toward ethical principles that reflect collectivist values of Native Hawaiians and other indigenous communities. Such a change would necessarily require the accountability of researchers to communities, including the lessons learned through “scolding” and the need for researchers to check in with community members to see how they are doing in terms of demonstrating cultural safety. This study facilitates revisions that work toward stronger cultural safety, and calls for cultural safety to be added as an expectation of ethical practice, written into the code similar to how it is written into policy in New Zealand. Therefore, this kind of study would not only promote health, culture, and civic engagement, but also help bring hope and dignity to people, combatting cultural erasure. The results and recommendations of this study can be used in designing research projects and social services aimed at enhancing the health and wellbeing of Native Hawaiians and other indigenous people. In addition, cultural safety can be practiced during the development of ways to assess and measure cultural safety, with community members being the final arbiter of what is perceived as culturally safe or, in the case of the Hawaiian Homestead communities sampled in this study, what is perceived as culturally safe “pono” behavior on the part of the researcher. Though measuring asymmetrical power relations is not easy, it can be possible, so long as Homestead residents are engaged beginning from the first steps of design and development.

Among the participants’ responses, the following are the suggested ideas that have direct implications to social welfare policy, practice and health research in Hawai‘i.

1. Social Welfare, Health Policy, and Practice

Culturally safe research provides evidence and direction for locally appropriate policies and practices, and it informs researchers how to design and implement such programs. Therefore, every social welfare and health policy, and all research projects, should be translated into programs and professional practice ethically. Social work, welfare practices and health interventions to be implemented in Native Hawaiian communities must be culturally relevant, and they can be best implemented when the people feel they are culturally safe. Communities and families may not engage or share information openly if they do not feel safe culturally. Similarly, Native Hawaiians are less likely to utilize social and health services that are not appropriate to their culture. This suggests that current healthcare and insurance plans could benefit from incorporating Hawaiian healing traditions. The provision of culturally safe social and health policies is perhaps the most important strategy for increasing the service utilization by Native Hawaiians. This is also crucial when enacting social policies that are meant to redress past wrongs and to support programs aimed at reducing social and health disparities.

Native Hawaiians are sensitive to cultural issues, and culture impacts health, but active community participation is also necessary for other social services and economic development activities. Native Hawaiians who perceive that a program or research project is culturally unsafe are less likely to participate or fully engage. Promoting cultural safety when implementing social services and health policies and practices can enhance the wellbeing of the Hawaiian people and can help in recovery from the effects of colonization and historical trauma. Community-based research and programs must be designed to restore cultural institutions that are perceived to be part of Hawaiian culture. Thus, it is critical to develop interventions that adhere to principles of

CBPR and meaningfully involve Native Hawaiian communities in identifying barriers and assets to intervention development and delivery (Ka'opua et. al., 2011).

2. Research

Recognition of unequal power relationships and the rightful ownership of research studies is crucial. More research is needed so as to include the perspectives of various groups of Native Hawaiians living on all islands, and continuous efforts should be made to define and determine whether cultural safety is a valid and relevant concept. Obtaining a larger sample size would yield more generalizable and reliable findings within the multiple dimensions of cultural safety. A limitation of this study was that participants were exclusively selected from the Homestead residents. The participants generally expressed that CBPR was accepted in their communities. Legitimate ownership of research is often questioned: who conducts the study, who selects the partners, and how are they selected? How the community and partner agencies engage with each other can make a highly significant difference in the conception and completion of any social and health research. Similarly, who writes the grant, who reviews it, and who is likely to be funded? Can community and agency representatives write grants for themselves, or are outsider grant writers involved? Color and culture make a significant difference when it comes to funding and conducting research. Who benefits the most when implementing a research project? Related issues include how money is allocated for salaries, especially for people who already have another source of income such as faculty or doctors, and very few if any funding dollars go to the community members who are actually supposed to benefit the most. These are the keys to future research that engages community participants in

research endeavors more actively and meaningfully. This suggests that it is better when the participating people and the community own the research, ensuring a greater chance of success.

Participants also had critical views on their participation and the benefits that research would bring to their communities. There were instances of Native Hawaiians misused and abused in research before. They were also especially skeptical when a research study involves invasive methods. In their experiences, many research studies were not only inappropriate and disrespectful; some of them were not even clearly intended to benefit the communities directly. Thus, any research study should be assessed for potential to bring positive changes in the communities. Then studies may facilitate participatory, power-aware, and culturally safe research for social change.

3. Education, Training, and Capacity Building

Education, training and culturally appropriate communication are crucially important in partnerships. Education and training curricula for researchers should extend beyond mere gestures toward cultural sensitivity; they must be inclusive of the emic perspectives of Native Hawaiians in terms of cultural safety. Cultural safety training will be useful for building the capacity of healthcare professionals, researchers, professors, social workers, counselors, and graduate students who conduct CBPR and other research involving native peoples. Similarly, sustainable community capacity building must likewise be an integrated part of research projects and health interventions. Academic institutions can design and implement culturally-based programs that value culture and can accommodate the needs, ways of learning, and experiences of native students, so that they can complete their degrees on time. Timely attainment of a degree is a measurable outcome, and universities have a vested interest, since time to graduation is tied

to funding streams. Tribal college education systems can serve as a model for Native Hawaiians. For example, in the continental U.S., for Native Americans, there are 34 tribal colleges, enrolling a total of 30,000 students (representing 250 tribes) at 77 different campuses. They offer four masters programs, 46 bachelors programs, 193 associated degree programs, 119 certificate programs, five apprenticeship programs and 23 dual degree programs (American Indian College Fund, 2014).

Most indigenous communities, including Native Hawaiians, are now facing culturally unsafe situations while taking part in research activities. How can we advocate for the provision of training to researchers and service providers who work with the indigenous groups? Should cultural safety training be made mandatory for research organizations and colleges, as well as professionals who work with indigenous communities? This might change the behavior and attitudes of the researchers and service providers in the fields of health and education who serve indigenous peoples by promoting greater cultural safety and concomitantly more meaningful participation.

4. Organizational and Program Development

Individuals and agencies working with Native Hawaiians need to be informed of specific geo-political and historic colonial contexts as well as Native Hawaiian socio-cultural traditions, health belief, and spirituality. Organizations and individuals must develop the capacity to advocate for and facilitate services on behalf of Native Hawaiians who are underserved. Organizations such as universities and non-profit service agencies working with and for Hawaiian people need to ensure that they are exemplary culturally safe organizations. The question, then, is how to make an organization a culturally safe place to work. This can be done

not only by recognizing the diversity and differences that the people bring but also by addressing the power relations between and among the executives, staff, and board members. Introducing cultural safety in an organization may help to sensitize its team members to adopt culturally safe behaviors and attitudes in order to respect diversity, co-existence and maintain harmonious work cultures. A safe work environment is crucial for high productivity and healthy interpersonal relationship among staff members. Morale, and recruitment and retention can be bolstered by the increased sense of pride that would be associated with recognition as a culturally safe organization. Culturally based programs and services should be developed and delivered to address the specific health and social welfare needs of Hawaiian people. Dis-empowering non-indigenous mainstream institutions (e.g., University, schools and hospitals) is empowering to Native Hawaiian communities in order to designing and implementing unique program that addresses the needs of Native Hawaiians.

In summary, culturally safe research provides evidence and direction for how to design appropriate policy and practice. Cultural safety training would be useful for building the capacity of policy makers, researchers, and professionals who intend to work with Native Hawaiian communities. Researchers and professionals who are trained will pay closer attention to cultural safety aspects, becoming more respectful and sensitive to the culture. Non-indigenous institutes such as universities, hospitals, and schools that become culturally safe organizations themselves will be better placed to develop culturally safe policies and programs. By recognizing their responsibilities of readdressing “unsafe” policies and practices by redistributing the power and resources, they will be able to design unique programs that meet the needs of Native Hawaiians and other indigenous people.

APPENDICES

Appendix A: Social Demographic Survey

TITLE OF THE STUDY:

NATIVE HAWAIIAN HOMESTEAD RESIDENTS' PERCEPTIONS OF CULTURAL SAFETY IN COMMUNITY- BASED HEALTH RESEARCH.

Please help us get to know you by providing the following information.

Date: ____/____/____ (MM/DD/YYYY) Zip code: _____

Mahalo for answering the following questions. Your answers are very important to us, so please place a check mark (✓) next to the answer that best fits for you.

1. How old are you?

- 18- 25 years 26-40 years 41-60 years 61 years or older

2. What is your gender?

- Female Male Transgender Not Disclosed

3. What is your primary ethnicity? (✓ *Check one*).

- | | | | |
|---|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Micronesian | |
| <input type="checkbox"/> Other (<i>Please specify</i>): _____ | | | |

4. Which primary culture you identify with? (✓ *Check all that apply*).

- | | | | |
|---|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan | <input type="checkbox"/> Tongan | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Marshallese | <input type="checkbox"/> Micronesian | |
| <input type="checkbox"/> Other (<i>Please specify</i>): _____ | | | |

5. What is your educational background?

- Some High School GED or High School Degree Some college
 College Degree *Specify field of study:* _____

6. What is your main occupation for income? e.g., carpenter, minister, caregiver, native practitioner, self-employed, student etc.)

Please specify: _____

7. What do you do for practicing Hawaiian culture? (e.g., kumu hula, hula dancer, lei maker, salt gatherer etc.)

Please specify: _____

8. How long have you been lived on O‘ahu?

- Less than 5 years 5 -10 years 10-20 years 21 years or more

9. Have you ever lived on an island other than O‘ahu?

- YES NO

If yes, which island? (✓ Check all that apply).

- Hawai‘i Kaua‘i Maui
 Moloka‘i Lana‘i Ni‘ihau

10. Have you ever lived in the continental US (Mainland)?

- YES NO

If yes, specify which State? _____ For how long? (Check one).

- Less than 5 years 5 -10 years 10-20 years 21 years or more

11. Have you ever participated in any community-based health research/intervention studies aimed at improving Native Hawaiian’s chronic health?

- YES NO

If yes, for how long ago?

- Less than 2 years 2-5 years 5-10 years Over 10 years

12. Do you have health insurance? YES NO

If yes, do you think it is sufficient (or adequate)? YES NO

YOU HAVE COMPLETED THE SURVEY. HAHALO FOR YOUR KOKUA!

Appendix B: Focus Group Protocol

**UNIVERSITY OF HAWAI‘I AT MĀNOA
Myron B. Thompson School of Social Work
PhD in Social Welfare Program
1800 East West Road, Henke Hall, Honolulu, HI 96822**

Detailed Focus Group Protocol

Title of the Study:

NATIVE HAWAIIAN HOMESTEAD RESIDENTS’ PERCEPTIONS OF CULTURAL SAFETY IN COMMUNITY- BASED HEALTH RESEARCH

PRINCIPLE INVESTIGATOR (PI):

Suresh Tamang, Doctoral Candidate, Myron B. Thompson School of Social Work

1. Welcome	<p>Aloha, First of all, I would like to thank you all for coming today.</p> <p><i>“Hello, I am Suresh Tamang, I was originally born in Nepal but I have been living in Hawai‘i for the past 5 years. I live in Makiki (near Papakolea) with my wife and a daughter who is a student of hula. In Nepal, we indigenous people have badly experienced domination by non-indigenous people. After coming to Hawai‘i, I noticed that many Hawaiian cultural values; spiritual beliefs and practices are similar to ours. I believe that health is a basic human right and everyone should be able to get same level of healthcare. I want to hear your experience today”</i>.</p> <p>I will be the facilitator for today’s focus group session. This is my friend..... S/he is froma co-facilitator to help us.</p>
2. Opening Introduction (5 minutes)	<p>Opening prayer ‘pule’ if appropriate and acceptable to the participants.</p> <p>Let us introduce ourselves to each other by sharing our name, family background, and area of your family home.</p> <p>My name is Suresh Tamang; I am a social work student at University of Hawai‘i at Mānoa. I was born in Nepal; I live in Honolulu (near Papakolea) with my wife and a daughter. (Next persons to introduce themselves).</p>
3. A brief presentation on Community-Based Participatory Research (CBPR) (8-10 minutes)	<p>Prior to each focus group session to set the ground.</p> <p>Objectives:</p> <ol style="list-style-type: none"> a. to provide a general overview on what is CBPR, b. to assess what is the basic understanding of the participants about CBPR and, c. to share how it should be done in Native Hawaiian context
4. Ground rules	<p>Before we begin, I would like to remind/explain some of the ground rules for today’s focus discussion session.</p> <ol style="list-style-type: none"> a. I am going to ask you few questions. We do not have to go in

	<p>any particular order but we want everyone to take part in the discussion. So, we ask that one person speak at a time.</p> <ul style="list-style-type: none"> b. This is like a “talk story” so you can listen and talk to each person. You may agree or disagree what is being said. There are no right and wrong answers. We are asking for your mana‘o (opinion) based on your own personal experiences. We are here to learn from you. c. Do not worry about having a different mana‘o (opinion) than someone else. But please do respect each other’s answers or opinions. d. If there is a particular question you do not want to answer, you do not have to answer. You may choose to pass on answering any question asked. e. We will treat your answers as confidential. We are not going to ask for anything that could identify you and we are only going to use first names during the discussion. f. We are audio recording the discussion and also taking notes because we do not want to miss anything you say. However, once we start the recorder, we will not use anyone’s full name, and we ask that you do the same. <p>Is everyone OK with this session being recorded? Has everyone checked for permission on the consent form?</p> <p>(Get verbal consent to record (audio) discussion; if any participant decides that he/she does not want to be recorded and wants to leave, the person should still be given the entire honorarium). Remind everyone that whoever is willing to permit the discussion to be recorded, make sure to have checked the appropriate box in the consent form.</p> <ul style="list-style-type: none"> g. We will not include your names or any other information that could identify you in any reports we write. We will destroy the notes and audiotapes or digital records after we complete our study and publish the results. h. Finally, the discussion is going to take about 1- 1.5 hours and we ask that you stay for the entire meeting. We will give you a makana—a \$ 10 gift card that you can use at ___ and a small packet of Hawaiian salt (pa‘akai). <p>Do you have any questions, so far?</p>
5. Introduction - for recording purpose (5 minutes)	<p>[START AUDIO RECORDING NOW] Welcome again to the focus group discussion, I would like to go around the table starting on my right and have each person say your name (first name only) again.</p>

6. Focus group discussion	I have 3 main questions to ask today, roughly 10 minutes is allocated for each question. Before that may I have some of your opinion on what does “safety” and “culture” mean to you? Let us have a word association icebreaker.
7. Word Association/Ice-breaker (5 minutes)	<p>Can you name the first word that comes to mind when you hear the word “safety”? (<i>Go around the group 2-3 times, and then summarize words given</i>).</p> <p>Can you also name the first word that comes to mind when you hear the word “culture”? (<i>Go around the group 2-3 times, and then summarize words given</i>).</p>
8. Developing an etic definition of cultural safety (5 minutes)	<p>Now, putting the two words together—what helps you to feel that a person is culturally safe? What helps you feel that a place is culturally safe?</p> <p>Example: <i>If you were entering someone’s home for the first time, what would help you to feel culturally safe? or unsafe? Any ideas?</i> <i>If you were entering a health clinic or hospital, what would help you to feel culturally safe? or unsafe? any opinion?</i></p>
9. Group Discussion- Question 1 (10 minutes)	<p><i>In the past Native Hawaiians have had both positive and not so positive experiences with health research.</i></p> <p>Question 1: How culturally safe do you feel when participating in a research aimed at improving Native Hawaiian health?</p> <p>Examples: <i>If someone approached you about participating in a health research study--what would you need to know, to experience in order to feel safe enough to participate?</i></p> <p>PROBES:</p> <ul style="list-style-type: none"> • If you have participated in a health research study, what is the most positive experience you have had? What is the least positive experience you have had? <p>Scenario: <i>Suppose a researcher comes to your community to ask some questions about your health; also ask you to fill some questionnaires.</i></p>
10. Group Discussion- Question 2 (10 minutes)	<p>Question 2: <i>Earlier we talked about cultural safety and the group said that cultural safety is.....</i></p> <ul style="list-style-type: none"> • How do you feel about it and how do you respond? <p><i>Now, we want to ask you to think about some concerns you have about participating in community-based health research studies.</i></p>

	<ul style="list-style-type: none"> • What are your concerns about “cultural” safety? What would prevent you from taking part? <p>PROBES:</p> <ul style="list-style-type: none"> • Why would you take part or deny in such research? • What do you expect or do not expect from the researchers? • What cultural values and issues, the researchers should be sensitive to while working with Native Hawaiian communities? • Can you give some cultural reasons why do Native Hawaiians (other native people) distrust the traditional (conventional/Western) research?
11. Group Discussion- Questions 3 (10 minutes)	<p>Question 3: How can Native Hawaiians be culturally safe and be engaged actively in health research studies?</p> <p>PROBES:</p> <ul style="list-style-type: none"> • What makes you feel safe and easy to take part in health research? • What do you suggest how Native Hawaiian’s can be more actively involved in such research studies? • If you were able to give one piece of advice to a researcher entering your community, what would you say?
12. Final Thoughts (5 minutes)	<p>Those were all the questions I wanted to ask.</p> <p>Is there anything else that anyone wants to share?</p>
13. Review and Warp up (5 minutes)	<p>I would like to summarize the main points that I learned from this session..... Is this summary accurate? Did I miss anything?</p> <p>Thank you for coming today and for sharing your experience and opinions with us. We hope you enjoyed the “talk story” time today.</p> <p>[Turn off the recording]</p>
14. Closing	<p>Closing prayer (pule) if appropriate.</p> <p>Thank you for your active and full participation and I would like to invite you to contact me if any questions come up OR if you would like to add something to your comments.</p>

Appendix C: Key Informants Interview Questions

TITLE OF THE STUDY:

NATIVE HAWAIIAN HOMESTEAD RESIDENTS' PERCEPTIONS OF CULTURAL SAFETY IN COMMUNITY- BASED HEALTH RESEARCH

	Main Question	Probe Questions
1	Have you (ever or recently) participated in any health research or intervention study that was aimed to improve Native Hawaiian health?	<ul style="list-style-type: none"> • What was it about? • When/where did you participate? • Why did you decide to participate?
2	In the past Native Hawaiians have had both positive and not so positive experiences with health research. What do you think of a health research aimed at improving Native Hawaiian health? What was your experience?	<i>If you've participated in such health research study:</i> <ul style="list-style-type: none"> • What is the most positive experience you have had? What is the least positive experience you have had? • What did you think of the study? How do you feel about your participation? What did you like? • What you did not like? How did the researchers encourage you to take part in the research or interventions?
3	Could you please share some of the cultural safety concerns and issues that are important for conducting research studies with Native Hawaiians?	<ul style="list-style-type: none"> • Why would you take part or not in such research? • What do you expect or do not expect from the researchers? • What cultural values and issues, the researchers should be sensitive to while working with Native Hawaiian communities? • Can you give some cultural reasons why do you distrust the conventional/Western research?
4	How can Native Hawaiians be safely engaged in such research studies?	<ul style="list-style-type: none"> • What makes you feel safe and easy to take part in health research? • What do you suggest how we can promote Native Hawaiian's involvement in such research studies? • If you were able to give one piece of advice to a researcher entering your community, what would you say?
	Some of our 'talk story' participants have told us that.....	
	<ul style="list-style-type: none"> • What do you think this means? Tell us more about why you agree (or disagree). 	
	I would like to summarize the main points that I learned from you today.....	
	<ul style="list-style-type: none"> • Is this summary correct? Did I miss anything? Do you have anything to add on what you have said before? 	
	Thanking you again for your participation.	

Appendix D: Informed Consent Form

**UNIVERSITY OF HAWAI‘I AT MĀNOA
Myron B. Thompson School of Social Work
1800 East West Road, Henke Hall, Honolulu, HI 96822**

Informed Consent Form

TITLE OF THE STUDY:

NATIVE HAWAIIAN HOMESTEAD RESIDENTS’ PERCEPTIONS OF CULTURAL SAFETY IN COMMUNITY- BASED HEALTH RESEARCH

PRINCIPLE INVESTIGATOR (PI): Suresh Tamang, Doctoral Candidate
Contact Tel: (808) 675 8019, e-mail: tamang@hawaii.edu

RESEARCH SUPERVISOR: Dr. Lana Sue Ka’opua, PhD, DCSW, LSW Associate Professor,
Chair of the MSW Program & Chair of the MSW Health Concentration Contact Cell: **(808) 286 1586**, e-mail: lskaopua@hawaii.edu

1. WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to understand Native Hawaiian Homestead residents’ experience of participating in health research. The study will explore the meaning of “cultural safety” to Native Hawaiians. We want to know if cultural safety is relevant to research with Native Hawaiians.

“Cultural Safety” addresses the power relations between health researchers and the communities. Cultural Safety was developed by the Maori, the indigenous Polynesians of Aotearoa/New Zealand. Other indigenous communities have developed “Cultural Safety” guidelines for researchers.

These guidelines include:

- (a) Demonstrate respect for all ways of knowing,
- (b) Prevent assault or challenge to community member’s cultural identity,
- (c) Strive to learn from community members, as well as to teach them,
- (d) Continuously monitor for negative biases and judgments in what is said and done.

Cultural safety has not been well examined in case of Native Hawaiians health and research context.

Specific aims of this study are:

- (a) Describe Native Hawaiian Homestead residents’ perceptions of health research, including benefits and harms experienced through study participation; and
- (b) Identify values, practices, and approaches that facilitate cultural safety in the community-based health research endeavor.

2. WHO WILL BE IN THIS STUDY?

Native Hawaiian adults (18+ years of age) who live in a Homestead community i.e. Papakolea, Waimanalo, and Wai‘anae are eligible to participate in this study.

3. WHAT WILL YOU BE ASKED TO DO IN THE STUDY?

You will be asked to take part in a focus group and/or one-to-one interview. You will be asked for your opinions and past experiences. We may ask you to share your experience with health research projects that you have participated. In a focus group discussion, there will be 6-8 other Native Hawaiian adults who have to share their experiences too. A researcher will ask questions, and each participant will have the opportunity to talk or listen. Another researcher will also be listening and taking notes about what have been said. In order to get everyone’s words on paper, the focus groups will be recorded. Additionally, some of you will be asked to provide an interview 3-4 weeks after the focus group sessions. The purpose of the interview is to know from you in depth about the ideas and opinions shared during the focus groups. It is also to share and verify the information recorded was correct and complete. This will also be recorded.

4. HOW LONG WILL YOU BE IN THE STUDY?

The focus groups will take about 1-1.5 hours. You will also be asked to complete a social demographic survey. The survey will take about 10-15 minutes. The interview will take about 45-50 minutes.

5. WHAT ARE THE FORESEEABLE RISKS OR DISCOMFORTS?

If you participate in a focus group or interview, it is possible that there maybe some loss of privacy even though the research team will stress the need for confidentiality among the participants. Whatever you share in either the focus group or in an interview will be confidential to the extent allowed by law.

Discussion of personal experiences with the issues related to health, culture and research might cause feelings of psychological distress, such as anxiety, depression, anger, and sadness. These feelings may cause you discomfort, but likely, will not endure. Please remember that you may refuse to answer any questions asked and that you may stop your participation at any time. All discussions and sharing are specific to your experiences with the research participation.

6. WHAT ARE THE BENEFITS?

You may or may not benefit directly from being in this study. However, by serving as a participant, you will help us to better understand what is like for Native Hawaiian Homestead residents to participate in health research. The Native Hawaiian community will be enriched by the information from the study. The findings from this study may also provide helpful considerations for researchers who want to conduct health research with Native Hawaiians in the future. This study will provide moral support to the Native Hawaiian advancement and cultural revitalization.

7. WHAT ARE THE ALTERNATIVES TO BEING IN THE STUDY?

You do not need to participate in this study and whatever you choose will not affect you.

8. WILL YOUR INFORMATION REMAIN CONFIDENTIAL?

The research team will take notes during the focus groups or interviews. To ensure confidentiality, your name will not appear on any written reports, articles for publication, or publicity related to the research. The only place where your name will appear is on this consent form that will be secured in a locked file in the office of the Principal Investigator.

The electronic data will be stored in a password-protected computer and hard copies will be secured in a locked file cabinet in Principal Investigator's office. The focus groups and interview recordings will be only used for this research.

The Principal Investigator, Research Supervisor Dr. Lana Sue Ka'opua, and the Co-Facilitators will analyze the data. The team will listen to the records (audio) and transcribe them. We will only write what we learned in the report. However, the research project and its findings might be shared with interested people such as doctors, nurses, social workers, public health workers, research institutions, and state and federal organizations.

Principal Investigator and the Research Supervisor Dr. Lana Sue Ka'opua will destroy all data by June 30, 2017. All the paper copies of the data and transcriptions will be shredded. The electronic information will be deleted from all computers, hard drive, or memories.

9. ARE THERE ANY ADDITIONAL COSTS TO YOU?

There are no costs associated with participating in this study.

10. WILL YOU BE PAID FOR YOUR PARTICIPATION?

If you decide to participate in the study, you will receive small makana (\$10 gift card) and a small bag of pa'akai (salt). We give this gift to you in appreciation of your time, your mana'o (opinion) and kokua (helping).

11. WHAT ARE YOUR RIGHTS AS A RESEARCH PARTICIPANT?

Your participation in this study is voluntary. If you do participate and later change your mind, you may quit at any time without penalty or loss of any benefits to which you are otherwise entitled. You will be given a copy of the consent form.

12. WHO DO YOU CONTACT WITH QUESTIONS?

If you have any questions about the study, you may contact **Suresh Tamang, Principal Investigator, Myron B. Thompson School of Social Work at (808) 675 8019 or e-mail tamang@hawaii.edu** or Dr. Lana Sue Ka'opua, Research Supervisor, Myron B. Thompson School of Social Work, at **(808) 286 1586** or email: lkaopua@hawaii.edu

If you have any questions or concerns about your rights as a research participant, you may call Denise A. Lin-DeShelter, Director of the Human Studies Program Office, University of Hawai'i at Mānoa, 1960 East-West Road, Biomedical Building, Rm. B-104, Honolulu, HI 96822, at (808) 956 5007, or Fax (808) 956 8683, email: uhirb@hawaii.edu or Ms. Mei-Ling Isaacs, IRB Program Director at the Native Hawaiian Health Care Systems, Institutional Review Board, at (808) 597 6558, extension- 211, 894 Queen Street, Honolulu, HI 96813.

PLEASE TAKE THE TIME TO REVIEW THIS CONSENT AND FEEL FREE TO ASK ANY QUESTIONS. DO YOU HAVE ANY QUESTIONS OR CONCERNS?

If you are willing to participate, please sign this agreement. We appreciate you sharing your valuable time and experience with us.

Mahalo a nui loa.

Participant's Statement

I understand the above description of this research and risk and benefits associated with my participation as a research participant. I agree to take part in the research voluntarily. I know that our conversation will be recorded, and I have agreed to be recorded.

Participants Signature: _____ Date: _____

Print Name: _____

Did you receive a *makana* for your participation in this study? If so, please check:

___ I received a makana of \$10 for gift card for participating in the study.

___ I received a makana of a packet of Pa'akai for completing the social-demographic survey

Print Name: _____ Signature: _____

Researcher's Statement

The participant named above had sufficient time to consider this information, had an opportunity to ask questions, and voluntarily agreed to be in the study.

Researcher's Signature: _____ Date: _____

Print Name: _____

Appendix E: Key Hawaiian Terms Used In The Dissertation

Pukui & Elbert (1992) and Osorio, (2002)

ahu	shrine, offering stone, pile
ahupua‘a	a political and economic division of land running from the mountain to the sea
‘aina	the land, the island itself and everything upon it, the child of Papahanaumoku
akamai	smart, clever
akua	God, Goddess, spirit, image, idol, divine, supernatural, Godly
alaea	red or orange clay (iron oxide)
ali‘i	chief, king, royal
aloha	love, affection, mercy, charity, compassion, greeting, sympathy, pity, kindness, sentiment, grace, salutation, regards, sweetheart, lover, loved one, to be fond of, to greet, hail, Hello! Goodbye! Farewell! Welcome. (Positive, open mind)
ano	character, nature, a sincere desire
‘aumakua	spirit of the family, guardian, source, personal God
awa	the kava, sour, better
haole	a stranger, a foreigner,
haumana	apprentice, student, pupil
ho‘oponopono	conflict resolution, talking/listening, forgiving, Hawaiian way of healing and reconciliation, make things work
ho‘okupu	gratitude, makana, offering
hukihuki	tug of war (game)
halau	long house, as for canoes or hula instruction
hula	to dance, song (to sing) or chant (to chant) used for a hula.
ihe pahe‘a	throwing spears
inamona	relish made of the coked kernel of candlenut (kukui) mashed with salt
kahu	keeper of the land, master, caretaker
kahuna	genealogists, healers, priests, practitioners of traditional care and sciences
kalo	taro- a tropical plant with a starchy, edible root
kanaka maoli	true or real person, Native Hawaiian
kane	major God, male, husband,
kapu	ancient Hawaiian code of conduct, “Prohibition or forbidden” or taboos
kauwa	slaves
keiki	children
kekua	Universal Creator
kino	body, person, self, individual, bodily, physical
kinolau	many forms taken by a supernatural
kokua	proactive helping, help each other, help something done (without being asked)
ku	stop, hult, one of the great Hawaiian Gods
kuleana	acceptance of responsibility and outcomes, right, claim, authority
kukini	foot race, swift runner, messenger
kupuna	elders, a teacher, highly skilled person
kumu	teachers of Hawaiian arts and skills
lahui	gathering, nation, race, tribe, nation, community, people, nationality, spices
la‘au	herbal, tree, plant, wood, medical

lapa‘au	medical practice, treatment with medicine, cure, heal, medical/medicinal
laulau	wrapped package, individual serving of pork, beef, fish or taro, steamed or boiled
laua‘e	fern, ti-leaf,
Lono	the God, guardian of agriculture, rain, health, and peace
lokahi	unity, agreement, peace, harmony, looking for ways to agree, creating unity, working together, teamwork and cooperation, living side by side
lo‘i	taro patch, irrigated terrace
lokoi‘a	fish pond
lomi	to rub, press, crush, massage
lomilomi	Hawaiian massage therapy
lua	traditional Hawaiian martial art, laying on of hands
lua‘u	feast
mahalo	thanks, gratitude
mahi‘ai	farming
mahina	moon, month, to farm
makahiki	year, annual, yearly harvest festival
makai	ocean side
makana	gift
maka‘inana	common people of the land, general citizen
makua	we, us, parents, relatives
malama	to care of, nurture, and nourish, reciprocal responsibility
maoli	native, indigenous, genuine, true, real,
mana	personal spiritual power and efficacy, spirit or life, life force, to worship
mana‘o	thoughts and feelings or opinion, concern, wisdom, learning
mauka	mountain side
mele	a traditional song or chant that could be accompanied with hula or poetry
moku	district
mo‘o	lizard
oha	roots
‘ohana	blood relation and extended family, relative, kin group (‘aumakua and ancestors)
oli	a traditional song or chant (not accompanied by hula)
ola	life
olelo	language, speech, word
pa‘akai	salt (Hawaiian)
pai‘ai	hard (thicker) pounded kalo
Papa	mother earth
piko	the naval, center
poi	a paste like substance made form taro root by pounding, a staple food
pono	proper, good, balance or perfect order, fair/just, doing the right thing, righteous
pule	prayer
pue‘o	owl
uhane	spirit, soul
‘ulu maika	Hawaiian lawn bowling
uma	arm wrestling
wai	fresh water
wakea	father sky

Appendix F: Co-Facilitator Recruitment Flyer

Are you a Graduate Student and looking for a research credit; you can work in a doctoral research as a Focus Group Co-facilitator.

WE ARE HIRING IMMEDIATELY.

Position: *Focus Group Co-Facilitator*

Purpose:

To assist in a doctoral dissertation field research (qualitative) in conducting focus groups involving participants from Native Hawaiian Homestead communities in O‘ahu.

Eligibility:

1. Knowledge of Native Hawaiian culture and community engagement
2. Graduate student in social work and/or a community member within the sample communities.
3. Previous training on qualitative research would be a plus (but not required)

Primarily job responsibilities:

- Attend the training and other meetings with Principal Investigator (PI).
- Help PI visit the community, contact key persons & potential participants of the study.
- Complete the enrollment procedure (including social-demography survey, informed consent, incentive and makana distribution) prior to the focus groups (talk story) sessions.
- Take notes and manage groups as necessary during focus group (talk story) sessions.
- Provide cultural guidance to the PI and bridge between PI and the community
- Assist in transcribing, initial coding and preliminary analysis of data
- Assist in the community forum/dissemination meeting in the local Homestead communities

Total Required: 3 (one each for Waimanalo, Papakolea & Wai‘anae communities)

Start of work: February 2013 (for 2-3 months)

Total Days/Hours: 2-3 days/week during weekdays and/or weekends 4-6 hours a day.

Compensation: \$12/hour cash or appropriate research credits for graduate students.

Transportation will not be provided but the PI can give a ride to and from the community if you are traveling from University of Hawai‘i or Honolulu.

For details contact:

Principal Investigator: Suresh Tamang, PhD Candidate

MBT School of Social Work, Cell: 808-675-8019; e-mail: tamang@hawaii.edu

Research Supervisor: Dr. Lana Sue. Ka‘opua, PhD, DCSW, LSW, Associate Professor, MBT School of Social Work, e-mail: lskaopua@hawaii.edu

Appendix G: Basic Characteristics of the Study Participants

Table 10:

Basic Characteristics of the Participants

		Counts (N=27)	%
Age	18-25 Years	1	4
	26-40 Years	6	22
	41-60 Years	13	48
	61 Years and up	7	26
Gender	Male	8	30
	Female	19	70
Primary Ethnicity*	Native Hawaiian	25	92
	Others mixed heritages	7	26
Cultural Identity*	Native Hawaiian	27	100
	Others mixed cultural roots	8	30
Education	Some High School	3	11
	GED/High School Degree	7	26
	Some College	8	30
	College Degree	9	33
Main Occupation	Clerical/Secretarial/Tax Prep.	4	
	Educator/ECE/Education Support	3	
	Community Organizer/Outreach	3	
	Self-Employed	3	
	Case Manager	3	
	Retired/None	3	
	Unemployed/Disabled	2	
	Kahu/Spiritual Leader	2	
	Director/Policy Advocate	2	
Cultural Practices	Lei (Flowers/feather)	7	
	Hula (kumu/ceremonial)	6	
	Ho‘oponopono/lomilomi, la‘au	5	

lapa‘aau	
Kahu/ /makahiki presenter	3
Planting/Nature Whisperer	3
PILI ‘Ohana	3
Canoe Paddling/Surfing	2
Chanting/Singing	2
Helping Other Hawaiians	2
Education/Media	2
Salt Gathering/Inamona making	2
Gatekeeping/Genealogy/Writing	2
Cooking/Food Preparation	1

* *more than one option was permitted.*

Appendix H: Summary Theme Table

Table 11:

Summary of Findings: Themes, Sub-Themes and Exemplary Quotes

Themes	Sub-Themes	Exemplary Quotes (Additional quotes are in the appropriate sections of the detailed findings.)
Theme 1: Ethnicity, education, and other upstream social determinants influence perceptions of cultural safety (n=83 responses).	Positive: <ul style="list-style-type: none"> • Ethnicity Matters (9) • Hawaiian Pride (5) Negative: <ul style="list-style-type: none"> • Education is Key But Has Failed for Hawaiians (18) • Western Invasion and Loss of Identity (17) • Changing Culture, Lifestyle, and Diets (13) • Cultural Disconnection and Lack of “Aloha” (12) • Sovereignty and Power Relations (5) • Native Struggles for Social Justice (4) 	It is easier if a service provider [doctor/researcher] is a Hawaiian who understands the kind of hardship our people [Hawaiians] went through. We feel more comfortable with that person who has the basic understanding of things that we value, such as family, friends and being compassionate towards others. We as indigenous people are not as educated as those in power. As a group, Hawaiians struggle with the basic needs. Look at us here in the West side [Wai‘anae], many of our people struggle with money because they do not have jobs; with jobs because they do not have the education; and with education because they have failed families, it is a vicious circle.
Theme 2: Attention to ethical values of Hawaiian culture and Homestead communities	<ul style="list-style-type: none"> • Building Trust, Blending and Transparency (21) • Unethical Exposure in Research (15) • Integration of Hawaiian Values and Cultural 	They have to trust you before they share anything with you. Once you have attained that trust you can ask them anything. Many studies on Native Hawaiian health are not run by Hawaiians and that is the major cultural safety issue.

promotes cultural safety (n=69 responses).	<p>Practices (14)</p> <ul style="list-style-type: none"> • Culturally Inappropriate Practices (8) • Ownership and Equitable Partnership (7) • Sustainability and Follow Up (4) 	<p>We are weary of research. We are being used [abused] in the past. People [researchers] have taken advantage of us. Before 1960, immunization, needles, shots, medicines; they tested it on us because they were not sure about the fever, the plague, measles and mumps. I went through a 1000 needles, allergy testing, when I was younger.</p>
Theme 3: Culturally safe research reflects “culture” as multi-dimensional (n=52 responses).	<ul style="list-style-type: none"> • Identity, Way of Life and Traditions (23) • Practice of Wholistic Medicine (10) • Diversity, Coexistence and Harmony (10) • Malama ‘aina (Taking Care of the Land) (5) • Tracing Genealogy and Respecting na kupuna (4) 	<p>What we value is our culture. “Aloha” is the culture that takes care of and it covers everything.</p> <p>Culture is a way of life. We have to embrace our culture to understand our kupuna and each other, to understand the ‘aina, what we are eating, what we are breathing.</p> <p>An integrated relationship with the akua and ‘aina, great respect for other living beings, without that there is no culture anymore.</p>
Theme 4: Community empowerment intricately linked to cultural safety (n=36 responses).	<ul style="list-style-type: none"> • Community Benefits (21) • Empowering to Residents and People with “Aloha Spirit” (8) • CBPR and Community Control in Research (7) 	<p>CBPR will involve giving something equitable back for your equitable time.</p> <p>You take the control of that process of how that happens and you can say no, stop and you can walk away.</p>

<p>Theme 5: Cultural safety is relationally- based (n=20 responses).</p>	<ul style="list-style-type: none"> • Respect for Culture with Strong Spiritual Belief (9) • Feeling of Safety and Connections (8) • Lifestyle and Environment (3) 	<p>They are trying to be culturally sensitive [safe].</p> <p>We need somebody who is culturally sensitive to us, who understands the Hawaiian culture, when he/she is dealing with us.</p> <p>People are open to sharing when a safe environment has been created for us, and more people outside of whatever cultural group they are entering when they partner with someone from within [The community], it helps to create a safe environment.</p>
<p>Theme 6: Safety is wholistic with systemic and community factors influencing personal perceptions (n=20 responses).</p>	<ul style="list-style-type: none"> • Protection of Self, the ‘Ohana and the Neighborhood (10) • Psychosocial, Cultural and Spiritual Aspects (5) • Environmental, Geopolitical and Societal Issues (5) 	<p>Safety is a family thing, so everybody takes care of everybody. Neighbors taking care of each other to protecting each other.</p> <p>The climate warming, ozone, and the pollution, changes the whole perception of all. Safety is about the water because of the pollution from the military and industry, the ships, the planes, the cars, motor oil and pesticides.</p>

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