

10 Recommendations for More Effective Health Care

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The preceding chapters have portrayed important inequities in the health status of Native Hawaiians compared with the other ethnic groups living in Hawaii. Yet health problems are not essentially the statistical distribution of conditions. Disease reflects the overall conditions of life among a population. Health care services, furthermore, can help to protect a group from disease and to reduce the negative effects of illness. Their effectiveness is a function of their availability, accessibility and acceptability. After offering a brief summary of the findings, this chapter will present a set of recommendations regarding how health services might be designed to improve the health status of Native Hawaiians.

A GENERAL SUMMARY OF THE FINDINGS

Each chapter has concluded with a summary of the findings regarding health needs in relation to the topic of that chapter. There will be no attempt to repeat these detailed summaries here, but instead to note the significant commonalities which provide a direction for making recommendations.

In general, Native Hawaiians experience a lower life expectancy than other ethnic groups in Hawaii. This higher mortality is due both to a higher rate of accidental deaths as well as a greater risk of significant illnesses. Native Hawaiians, furthermore, suffer disproportionately from the most significant chronic diseases which underlie disability and mortality in later life, such as diabetes, heart disease, hypertension, and cancer. Hawaiians have the greatest risk of diabetes, heart disease, and some forms of cancer while Part-Hawaiians are somewhat more likely to suffer from hypertension. The evidence suggests that Native Hawaiians, furthermore, experience the onset of diabetes, heart disease and hypertension at earlier ages than other groups, even among the young adult population. Native Hawaiians have higher cancer rates than other groups for cancers of the stomach, lung, and female breast and cervix. Furthermore, Native Hawaiians have a poorer survival rate from cancer, even when compared with persons from other ethnic groups diagnosed at the same stage of disease.

Infant mortality rates of Native Hawaiians are higher than for other groups, as are congenital abnormalities and underweight infants. Native Hawaiians have higher rates of teen pregnancy and illegitimate births than other groups. Furthermore, pregnant Native Hawaiian women rank highest in having late or no prenatal care, in smoking and alcohol consumption during pregnancy, in toxemia and urinary tract infections during pregnancy, and in complications of pregnancy among the over-35 age group.

Surveys of health awareness in regard to cancer show that Native Hawaiians are less knowledgeable about symptoms and risk factors for cancer. Although systematic data is lacking, perhaps these results suggest a general low level of health and medical knowledge among Native Hawaiians. What evidence is available also suggests that Native Hawaiians engage in behaviors which are high risk for developing diabetes, heart disease, hypertension, and cancer. For these diseases, high fat and salt consumption in the diet, being overweight, smoking, and heavy alcohol consumption and, for some diseases, a lack of sufficient exercise create a greater risk of developing the disease. In all of these respects, Native Hawaiians tend to be at higher risk than other ethnic groups in Hawaii.

Although systematic evidence about the utilization of health care services is lacking, the limited evidence reviewed in this report also suggests that Native Hawaiians receive fewer health care services. Native Hawaiians appear to participate less than other groups in health education, health promotion, and screening and referral programs, even when these programs have been intentionally made available to communities where a high proportion of Native Hawaiians live. Furthermore, Native Hawaiians are reported to enter medical treatment at the late stages of disease, only when self-care and traditional practices have not brought sufficient relief. The major problem does not seem to be the lack of available health care resources, since nearly all areas of the state are now served by some form of health services. Therefore, the reasons for underutilization probably rest on lack of accessibility due to geographic or financial barriers, and even more importantly, on the lack of acceptability of services to Native Hawaiians due to cultural differences.

PRINCIPLES UNDERLYING RECOMMENDATIONS

Before offering specific recommendations, however, it is important to address certain fundamental issues regarding the nature of health care and to establish some important principles on which to base these recommendations.

As noted by Kekuni Blaisdell in Chapter 1, the contemporary health problems of Native Hawaiians must be viewed in historical context. Native Hawaiians during the past 200 years have faced traumatic social changes. These changes have resulted in the loss of many traditions and have raised serious questions about the survival of Native Hawaiians as a distinctive people. Furthermore, the political and economic transformations of Hawaii, culminating with statehood and a modern commercial and service economy, have resulted in the loss of control over land and the loss of political power. Native Hawaiians currently are socioeconomically disadvantaged compared with other ethnic groups who have entered the Islands during the past 200 years. The combination of disculturation and low socioeconomic status is reflected in high rates of many social problems as well as health problems in the contemporary Native Hawaiian population.

There is a tendency today to blame low status groups who experience health problems on improper behavior and to approach improving health through efforts at controlling "undesirable" behavior, such as becoming overweight, drinking, and smoking. There is no question that these behaviors are detrimental to health. However, many of these behaviors are themselves the product of stressful social conditions and a lack of resources with which to pursue alternative satisfactions in society.

Rather than "blaming the victim," the pursuit of better health necessitates social changes which would improve the life situation of the Native Hawaiian. In this sense, any steps taken to empower this group, to increase the level of self-efficacy, and to improve their economic situation, must be regarded as important to the promotion of health. Health cannot be compartmentalized from the other conditions of well-being.

Nevertheless, addressing the present health problems of Native Hawaiians cannot wait for more general socio-economic change. Therefore, the recommendations below focus on those more immediate and direct strategies for reducing health problems through altering the delivery of health care services. However, these recommendations are made with full awareness that there will be only limited success so long as the current social and cultural deprivations remain.

Three general principles underlie the recommendations: 1) the necessity for the empowerment of Native Hawaiians in the health care system, 2) the obligation to develop targeted programs for Native Hawaiians, and 3) the need to adapt health care services to Native Hawaiian cultural beliefs and practices.

Empowerment of Native Hawaiians

The underutilization of health education, health promotion, health screening, and medical treatment services by Native Hawaiians cannot be addressed if we begin with the premise that Native Hawaiians lack concern about their physical health. Rather, underutilization is a problem in developing a suitable mode of health service delivery for this population. What many practitioners perceive as indifference, can be more accurately portrayed as alienation from mainstream organizations.

A critical condition for developing responsive health services is the empowerment of Native Hawaiians themselves in these services. Native Hawaiians are heavily underrepresented within the health professions. Therefore it is not surprising that the services do not reflect an understanding of Hawaiian culture and do not place a priority on the problems of Native Hawaiians. Programs to increase the numbers of Native Hawaiians entering the health professions are essential to the development of more responsive health care. It is also important that Native Hawaiians participate in the creation of programs targeted for their ethnic group and sit on the boards which oversee their implementation.

Targeting Programs for Native Hawaiians

Health resources should be targeted specifically for Native Hawaiians. The rationale to define them as a special population rests on the high risk of the group for many health problems, but also on claims which stem from a history which has undermined their traditional culture and base of power. Native Hawaiians have a special status in the population of Hawaii as Native Americans. The U.S. Federal government as well as the Hawaii State government have obligations to provide financial resources and programs to the Native Hawaiian community.

Although the State Department of Health recognizes the Native Hawaiian population as at high risk for many kinds of health disorders, they have maintained a position that programs are not targeted specifically to any single ethnic group.

There are two grounds for this position: 1) Residential patterns in the islands are ethnically mixed, such that even in those areas with high concentrations of Native Hawaiians, there are also many persons of other ethnic backgrounds. It is not administratively feasible to operate separate programs for each ethnic group. 2) The democratic principle that guarantees equal access to public services paid for by general tax revenues, requires that health programs be made available to any citizen in need without regard to ethnic background.

One consequence of this position is a paradox and a dilemma. On the one hand, Native Hawaiians are recognized as a high risk group, and on the other hand public policies mitigate against the development of specific programs designed to address the needs of this population within the particular framework of Hawaiian culture.

A second consequence of this "color-blind" approach, is that neither public nor private health care providers keep records based on ethnicity. There is a general ignorance regarding Native Hawaiian patterns of utilization, compliance and dropping out of health care programs. Lack of information serves to obscure the ineffectiveness of serving this population.

Developing Culturally-Appropriate Services

Health care services will be culturally acceptable to Native Hawaiians to the extent that they are compatible with Hawaiian culture and interpersonal styles. Therefore, modes of service delivery need to be adapted in so far as possible to the central cultural concerns of Native Hawaiians. The following are three important components of Hawaiian culture which have direct implications for health care services:

Spiritual Values. The traditional culture of Native Hawaiians emphasizes the spiritual unity of the individual with the environment and the spiritual significance of events such as illness. Moreover, there are traditional healers among Native Hawaiians and a rich tradition of health care practices and rituals. Health care services will be more effective if they respect these traditional values and concerns of Native Hawaiians and are provided within the framework of important beliefs and symbols.

Outreach to Groups. The dominant American culture rests on a presumption that individuals naturally will take initiative to solve problems, either on their own or through seeking technical help. The Hawaiian culture emphasizes the preservation of harmony and the "minimization of risk." Individuals have a tendency to minimize the importance of experiences which set them apart from others or which threaten to disrupt the group. The "ain't no big thing" coping strategy often results in efforts at normalizing symptoms of illness and a delay in seeking health care.

For this reason, a system of active outreach is needed which offers health care to individuals as members of groups. This strategy will be more effective than to rely upon persons to take individual initiative to seek out services, particularly for prevention and early care, where the individual can easily ignore the possibility of facing problems.

Informal Interpersonal Style. Hawaiian culture has been described as centrally focused on affiliation, on the development of close bonds between peers, and on the reliance upon personal networks in coping with problems. Native Hawaiians are uncomfortable with impersonal, bureaucratically organized services and with reliance upon expert authorities. Therefore, health care services will be most effective if they

are offered through informal modes of interaction and utilize the natural social relationships existing among Native Hawaiians.

RECOMMENDATIONS

The general principles stated above underlie the recommendations which were developed by the Medical Task Force which undertook the research reported in this volume (NHHRC, 1985). Some steps have been taken towards several of these recommendations in recent years (See Chapter 1). Nevertheless, they are summarized intact here, since they are logically connected.

Recommendations Regarding General Structure

1. Special funds should be made available from the U.S. Public Health Service and other agencies of the Federal government in order to develop and implement needed changes in the health delivery system. These funds ought to be in the form of special contracts to accomplish specific purposes and in the form of seed money, with a gradual phase-out schedule, to modify or develop programs to be targeted for the Native Hawaiian population. These funds could be applied for by existing health care organizations, by Native Hawaiian community organizations focusing on health problems, and by the branches of the Hawaii State Department of Health.
2. The resources of the Hawaii State Department of Health ought to be reallocated to give priority to addressing the health problems of Native Hawaiians, who are already recognized as a high risk population. This recommendation involves a change in the official policy of the DOH, which has resisted the development of programs targeted at specific ethnic groups in order to avoid the appearance of inequity in public services.
3. Existing health care organizations which serve Native Hawaiian populations, including both public services as well as private health care providers, should include Native Hawaiians on their boards in order to bridge the communication gap between health services and the Native Hawaiian community. In rural communities with relatively self-contained boundaries, election of board members might be considered. In urban areas, where health services are directed to a

pluralistic clientele, Native Hawaiian representatives might be nominated by a recognized body of the Native Hawaiian community (see #4 below).

4. A Native Hawaiian umbrella agency needs to be established to monitor the health needs of Native Hawaiians, to oversee the implementation of the recommendations of the Native Hawaiian Health Needs Study, and to make recommendations to health care organizations on behalf of the Native Hawaiian community.
5. New efforts must be made to increase the proportion of Native Hawaiians in the health professions. This situation can only be resolved in a long time-frame, since the proportion of Native Hawaiians reaching higher education must first be increase. Active steps are needed to interest Native Hawaiian children in health fields in secondary school. Furthermore, an assessment is needed of current programs of recruitment and support for Native Hawaiians in the School of Medicine, School of Public Health and School of Nursing, in order to evaluate their effectiveness. Scholarship programs are needed, perhaps involving contracts with clinics serving Native Hawaiian populations, to encourage more individuals to pursue higher education and to involve them directly in the care of Native Hawaiians.
6. As an immediate solution to better outreach by health service programs, a system of Native Hawaiian Community Health Care Workers should be established in neighborhoods and rural communities where there is a concentration of Native Hawaiians. This type of paraprofessional health care worker proved to be effective in Community Health Centers under the earlier Federal program to develop health services for underserved populations. The purpose of the role is to serve as a bridge between the health services and the Native Hawaiian population in order to overcome cultural and communication barriers.

The following are significant aspects of this recommendation: a. The community health care workers should be recruited from the neighborhoods being served, be of Native Hawaiian ethnic background, and be generally knowledgeable of the families in their catchment area; b. they should work for health care organizations,

but much of their time should be spent in outreach activities in the community, facilitating health education, participating in screening, and referral to appropriate medical services; and c. special provision should be made to encourage individuals in the Community Health Care Worker program to return for higher education leading to entrance into one of the health professions.

7. Health care organizations serving Native Hawaiian communities should develop programs similar to the Hale Ola program on the Waianae Coast, where traditional Hawaiian health care practices are integrated with Western practices. Community Health Care Workers should play a significant role in delivering preventive care and health education through such a program and, in so far as possible, traditional Hawaiian healers should also be included in developing and implementing the program.
8. Many federal and state programs are in need of continued and expanded support. During the 1980's, federal cutbacks have had negative effects on many domestic social and health programs. The programs with the potential to impact on Native Hawaiian health include: family planning services; the state regional peri-natal health care system; the Life-Style Promotion-Risk Reduction Project; health education curriculum in the public schools; the health education and screening and referral services of the Chronic Disease Branch, Health Promotion and Education Branch, and Public Health Nursing Branch of the Hawaii State Department of Health; and the Hypertension Project, which coordinates information and follow-up for cases identified in hypertension screening program.

Recommendations Regarding Health Education

Health education is an important component of health care in providing the public with knowledge about illness and how to prevent and control illness. While there are many channels of health education currently available in Hawaii, the results of this investigation reveal that they do not adequately reach the Native Hawaiian population. The following measures are recommended:

1. Improve pre-natal health education, especially about the relative risk of congenital anomalies and low birth weight among Native Hawaiian

women, and the behaviors which contribute to the risk of these problems. A "talk-story" fact-book should be developed for this purpose. Also include education about breast-feeding, parenting and proper infant care. These services should be encompassed in the state regional peri-natal health care system. Models for designing programs which are effective with Native Hawaiian women include the Kupulani program and the KEEP program.

2. Federal financial grants are required to develop special educational materials and to train individuals to provide health education to the Native Hawaiian population through existing public programs, including the regional peri-natal health program and the Life-Style, Risk Reduction program.
3. The State Department of Education should provide more resources and give greater priority to adequate implementation of the health education curriculum in the public schools. Physical education programs should be redefined as an opportunity for learning the principles of health maintenance and the development of skills which promote fitness.
4. Health education programs should be aimed at such organizations as Hawaiian Civic Clubs, Hawaiian churches, canoe clubs, neighborhood groups, and organizations in the community of Native Hawaiians. Furthermore, health information should be provided by other Native Hawaiians, including the leaders of these groups, Community Health Workers, or perhaps respected Native Hawaiian entertainers or athletes. Hawaiian culture places a strong value on affiliation and programs are more likely to be effective if they are offered in the context of natural groups and by individuals whom there is close identification.

Recommendations Regarding Health Promotion

The task of changing the health status of any population is essentially a matter of social change and behavioral change. These changes include addressing those life style behaviors which increase the risk of disease. Special difficulties occur when high risk behaviors are associated with a prized life-style and also contribute to the coping mechanisms whereby individuals manage socially-based stresses. Many

of the high-risk behaviors of Native Hawaiians fall into these categories. Behaviors such as high alcohol consumption, smoking and over-eating, serve as releases from stress and occur in the context of valued social contact with others.

Contemporary (but not traditional) Hawaiian ethnic foods involve high fat, high salt and high calorie intake. Obesity is generally acceptable within Polynesian cultures, where large body size is associated with power and respect. The dilemma is how to foster more healthful behaviors and at the same time to avoid the perception that valued cultural practices are being lost. We recommend the following principles be followed in undertaking health promotion programs with Native Hawaiians:

1. The introduction of changes in behavior can only occur within the framework of the existing culture. For example, while changes in dietary patterns may be desirable, new patterns will need to be developed using the foods which are already acceptable alternatives in the diets of Native Hawaiians. Change does not mean the wholesale destruction of the culture, but a gradual adaptation, whereby changes in quantities of certain foods produce a more healthful overall pattern of consumption. Some foods may be limited to special occasions, such as holidays.
2. Life-style changes should be advocated by Native Hawaiians who have the general respect of the Native Hawaiian community; persons who enjoy the status of "opinion leaders." Such behaviors as stopping smoking, limiting alcohol consumption, undertaking regular exercise, and taking medications for the purpose of controlling hypertension or diabetes, will be more likely to be adopted if respected "role models" are used to advocate these practices. Native Hawaiians are not likely to respond well to outside "missionaries" who try to tell them how to live.
3. Priority should be given to introducing behavioral changes under conditions which are likely to produce success. Some types of behaviors may be more easily changed than others. A change strategy is likely to fail if it attempts to change too many behaviors at once or if it attempts to change those behaviors which individuals see as most central to their cultural identity. In this sense a gradual

- approach is more realistic. Furthermore, some individuals are more open to change than others -- perhaps younger, more educated persons or persons who are most concerned about reducing their risks of disease.
4. Health promotion programs should take place within the context of natural social groups of Native Hawaiians. Health promotion programs should be developed with the intention of using them in Hawaiian Civic Clubs, Hawaiian churches, canoe clubs, neighborhoods, and other social groups of Native Hawaiians. Individuals are likely to undertake new behaviors only in so far as those behaviors are adopted and supported by their friends and families. Working with natural groups takes advantage of these social bonds, whereas health promotion programs using outside experts in groups of unacquainted individuals are unlikely to be effective. One example of a successful model is the Kupulani program which fosters healthful behavior among pregnant Native Hawaiian women.

Recommendations for Health Screening and Referral

The identification of disease at an early stage is critical to obtaining treatment before there is major damage or disability and when the treatment is most likely to succeed in controlling the progress of the disease. In the case of cancer, delay in seeking treatment may result in death. Hypertension and diabetes often are symptomless in their early stages, but left untreated they lead to many kinds of serious disabilities and health disorders. Health screening and referral should be improved in the following respects:

1. Screening programs for hypertension, diabetes, and cancer should be expanded, especially to work contexts through the cooperation of employers. Such new screening sites might broaden the base of participation and be less subject to self-selection of individuals who are already aware of their health problems.
2. Screening programs should be provided to natural groups of Native Hawaiians, thereby reaching a broader segment of the population and providing the program in a context in which there is social acceptance of the service. Arrangements could be made, for

example, for screening at Hawaiian Civic Clubs, Hawaiian churches, canoe clubs, and other social organizations.

3. Native Hawaiian Community Health Workers should play a major role in encouraging participation in screening programs or even in administering simple diagnostic tests such as taking blood pressure. The public health nursing has had some success with asking friends to take one another's blood pressures.
4. Screening programs must include a system of referral and follow-up of individuals found to have signs of disease. Identifying these individuals through screening is of no use unless they are successfully referred and they obtain appropriate treatment. While the state screening programs have a formal system of referral, there are reports that the system is not always implemented because of shortages in staff.

Recommendations Regarding Access to Medical Care

Native Hawaiians experience a variety of geographic and financial barriers to obtaining adequate medical care. The following recommendations address some of the specific problems in making services available and accessible:

1. The legislature of the state of Hawaii should take action to establish a contingency medical care fund to cover the medical care of uninsured individuals, including the unemployed and marginally employed. Financial barriers to medical services continue to exist for many unemployed, self-employed and low income Native Hawaiians.
2. Political pressure should be exerted to ensure adequate financial support for Medicare, Medicaid, Social Security Disability, and other health care financing programs in order to be able to support the services needed for quality health care of Native Hawaiians, including the expenses associated with preventive care and monitoring of chronic conditions.
3. A review should be undertaken of the status of the Crown-based health care legacies, which were established to provide care for Native Hawaiians, in order to determine whether or not these

organizations are fulfilling their obligations. In some instances, the existing financial resources may be inadequate to provide satisfactory care and an effort should be made to expand the endowment or find another source of income. In other instances, the original mandate may not be reflected in current practice and a reordering of priorities may be called for.

4. The state Legislature must undertake to solve the malpractice insurance crisis in medicine. A variety of strategies are possible, including a state insurance fund, restricting the limits of settlements, or adopting a system of mediation to replace litigation. The present crisis is making it impossible for many physicians to continue to practice, particularly in rural areas where many Native Hawaiians reside.
5. Every major health center and clinic should develop an active outreach program to reach Native Hawaiians using Native Hawaiian Community Health Workers. Due to a complex of cultural and historical factors, Native Hawaiians are reluctant to seek help and therefore active outreach is necessary, preferably through individuals known within the community. Community Health Workers can provide a bridge of communication between physicians and the community and can improve continuity of care by serving the functions of referral and follow-up of patients in the community.

Recommendations Regarding Medical Treatment

Medical treatment occurs in the context of a professional-client encounter which is outside of the everyday social reality of most individuals. Native Hawaiians resist medical treatment, as evidenced by the late stage of seeking the help of physicians. Given the tenuous nature of trust towards an outside authority figure, compliance with physician advice is also likely to be poor. Studies of other populations suggest that as high as 30 - 50% of individuals under treatment for chronic disorders such as diabetes and hypertension, do not follow the prescribed medical regimen. Health care professionals perceive Native Hawaiians as more "uncooperative" and "irresponsible" in following a medical regimen than others.

Providing effective medical treatment to Native Hawaiians requires addressing a complex of issues regarding the interpersonal context within which care takes place. The culture of Native Hawaiians emphasizes avoidance rather than confrontation with authority figures. Physicians who assume patients understand instructions or agree to advice just because they do not object or raise questions, are likely to be misled. The often-heard response that Native Hawaiians are indifferent to health, is also a "blaming the victim" rationale which sidesteps the issues.

Resistance to medications may be based on a misunderstanding of the need for continuous treatment even if symptoms appear to subside, or on unacceptable side-effects such as dizziness, depression, and impaired sexual performance. Patients often discard drugs for these reasons without consulting their physician, and physicians often fail to inform patients about dealing with side-effects or ask about such difficulties in order to adjust medication. Medical advice about alcohol consumption or dietary changes may not be given in a form which is feasible to carry out within the social context of Native Hawaiians.

In order to improve the effectiveness of medical treatment, it is necessary to adapt physician behavior to take into account the culture of Native Hawaiians. The following measures are recommended:

1. The Hawaii Medical Association should develop a professional training program in consultation with Native Hawaiian health practitioners in order to familiarize physicians who have Native Hawaiian patients with the following aspects of Hawaiian culture: a) traditional beliefs about health and health care, concepts of illness and appropriate rituals and methods of healing; b) the interpersonal style of Native Hawaiians in order to more effectively communicate with and understand Native Hawaiian patients; and c) Hawaiian dietary preferences, attitudes towards sexuality, customary social and recreational patterns and any other matters which might enable physicians to better adapt their advice to Native Hawaiians.
2. Rural health centers, where there are a large number of Native Hawaiians who still practice traditional Hawaiian medical care, should develop programs designed after the Hale Ola program on the Waianae Coast. These centers should bring together traditional

Hawaiian concepts of health care and medical concepts of health care, in order to develop more culturally acceptable forms of treatment and manage disease.

3. Traditional Hawaiian healers should be integrated into the health care of Native Hawaiians, especially in rural areas where traditional practices are still preferred by many Native Hawaiians. A program should be developed which brings together the traditional healers and medical practitioners serving the same population in order to familiarize one another with their approaches and to build mutual trust and respect. Similar programs have been successfully tried in some other non-Western societies. A cooperative relationship would enable traditional healers to know when to refer a patient to the medical center, and the physicians at the medical center could rely upon traditional healers to provide appropriate spiritual care and traditional medicines.
4. Finally, medical centers should develop a system of follow-up for individuals identified with chronic conditions. The present system relies upon the individual to take initiative for follow-up care and monitoring of conditions. The high rate of drop-outs and non-compliance with treatment is an indication that this system does not work, especially with Native Hawaiians. A register of individuals with chronic illnesses should be created for the purpose of systematic follow-up by the medical center and, when appropriate, contact by a Community Health Worker.

Recommendations Regarding Data Collection and Research

Knowledge about factors in the etiology of disease and health care behaviors among Native Hawaiians is severely limited at the present time by the inadequacies of existing data. The development of programs should be based on sound information. The following recommendations are offered regarding data collection and research:

1. Research projects should undertake to investigate in more detail the etiological factors which account for higher disease among Native Hawaiians. Examples of needed research include assessing the role of pesticides in accounting for higher congenital abnormalities among Native Hawaiians; identifying the factors which account for higher

birth abnormalities on the island of Molokai; and examining the role of environmental and genetic factors in explaining the greater susceptibility of Native Hawaiians to heart disease and cancer, and the poorer survival rates from cancer.

2. Health protective behaviors and traditions among the Native Hawaiians also need to be identified and assessed. The Native Hawaiian population is highly diverse in living circumstances and in degree of assimilation into the larger society. At present, there is little systematic information about the important health consequences of life-style differences among Native Hawaiians.
3. Furthermore, research needs to include clinical assessment through health examination surveys. While it is important to know, for example, that Native Hawaiians report higher rates of hypertension and diabetes, from the standpoint of assessing health care needs, it is necessary to know the following: a) what proportion of persons have unrecognized disease; b) what proportion are not currently under treatment; c) what proportion of persons have their disease effectively under control; and d) what proportion are failing to comply with the medical regimen of taking drugs and restricting dietary intake.
4. The collection of health service utilization data should be systematic for all state programs and services and should be encouraged among all private health care providers. None of the health service programs apparently collect adequate data about their clients in order for them to be able to assess their services to different segments of the population. At a minimum, systematic records should be kept of the utilization of services by individuals including information about their ethnic background and geographic place of residence. Without knowing the ethnic background and geographic residence, it is impossible to evaluate whether a health care service is reaching its target population and to determine whether there are underserved areas or segments of the population.
5. Special surveys, focusing on the Native Hawaiian population, are needed in order to assess level of health knowledge, attitudes towards health services, and cultural values which affect their health-related behaviors. Studies of this nature are needed as background

information for knowing how to design more effective programs for the Native Hawaiian population.

6. Evaluation studies should be required in relation to all programs which target the Native Hawaiian population. Such studies should be required by funding agencies as a condition for receiving support. Furthermore, these evaluation studies should reflect state-of-the-art methodology in evaluation research, with systematic measurement and experimental or quasi-experimental designs. It is only through systematic evaluation that the effectiveness of a program can be known and weaknesses discovered which required program change.

CONCLUSION

In conclusion, the health needs of Native Hawaiians reflect a complex set of factors involving the socio-cultural conditions of their lives as well as shortcomings of our contemporary health care system. Consequently, there are many avenues of needed response to address these problems. The recommendations in this report are aimed at promoting a more responsive health care system. They are aimed at many different agencies and audiences, including the Federal government, agencies of the state government, health care providers, and the community of Native Hawaiians.

New resources are required in order to undertake many of these recommendations -- to think it could be otherwise would be wishful thinking. On the other hand, new resources in themselves are not the only answer. The substance of these recommendations has instead focused on the need to change the mode of health care delivery in order to improve its accessibility and its acceptability to Native Hawaiians. Change will only be possible with a sincere commitment to improve the well-being of Native Hawaiians and flexibility on the part of the many involved parties, including Native Hawaiians themselves.

Improving the health status of a population involves effort on many fronts, and not all the necessary changes can occur in a short time. Nevertheless, the authors of these chapters believe that now is the time to begin a process which requires the good will and cooperation of every sector of our community.

REFERENCES

Native Hawaiian Health Research Consortium. 1985. *E Ola Mau Hawaiian Health Needs Study: Medical Task Force Report*. Alu Like, Honolulu.