Identifying the Unique Challenges Facing Kanaka Maoli Kūpuna Residing Outside of Hawai‘i

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Nā kūpuna, Native Hawaiian elders, are recognized as major sources of wisdom and knowledge in the Native Hawaiian community. Yet, due to many factors, including Western acculturation and historical trauma, nā kūpuna suffer serious health and social disparities. Although over 36% of nā kūpuna reside outside of Hawai‘i, almost no data are available on their well-being. Kūpuna, caretakers, and key informants in Hawai‘i and Los Angeles were interviewed, and the Census 2000 and 2010 Public Use Microdata Samples were analyzed to determine the particular challenges facing kūpuna outside of Hawai‘i. Kūpuna in the continental United States had a better socioeconomic status than those in Hawai‘i, but they had much less access to cultural activities and less family support. Several communities in the continental US have formed cultural and civic groups to provide this support.

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Nā Kānaka Maoli, the descendants of the aboriginal people of Hawaiʻi, have experienced a difficult past. When the first foreigners arrived in 1778, Native Hawaiians had a thriving agriculture, a complex and effective political system, and a rich culture sustained by approximately 400,000 to 800,000 inhabitants of the islands (Nordyke, 1989). Colonial economic and political exploitation, cultural oppression, and foreign diseases devastated Native Hawaiians, with their population reaching a low point of 40,000 in 1893 (Fujita, Braun, & Hughes, 2004; McCubbin & Marsella, 2009; Stoil, Murphy, & Kuramoto, 2006). Due to this historical trauma and Western acculturation, nā Kānaka Maoli continue to face significant health disparities and have the shortest life expectancy and highest rates for most chronic diseases of all major ethnic groups in Hawaiʻi (Chai, Braun, Horiuchi, Tottori, & Onaka, 2009; McMullin, 2010; Mokuau, 1990; Panapasa, Mau, Williams, & McNally, 2010). Kanaka Maoli kūpuna, Native Hawaiian elders, face the effects of these traumas accumulated over their lifetimes and suffer from poorer health, greater rates of disability, more problems with self-care, and underutilization of services compared to elders of other ethnic groups (Braun, Mokuau, & Browne, 2010; Browne, Mokuau, Braun, & Choy, 2008; Browne, Mokuau, & Braun, 2009; Mokuau & Browne, 1994). These issues are particularly damaging to the Native Hawaiian community, because kūpuna have traditionally had the vital role of acting as a link between the past and the present, passing down cultural knowledge and wisdom.

Past studies focusing on Native Hawaiian elders have been conducted on those currently residing in Hawaiʻi. However, over 36% of Kanaka Maoli kūpuna in the United States reside outside of Hawaiʻi, primarily in California, Washington, Oregon, and Nevada (U.S. Census Bureau, 2010; Choy, Mokuau, Browne, & Braun, 2008; Mokuau, Browne, Braun, & Choy, 2008). Of cities outside Hawaiʻi, Los Angeles (LA) has the greatest number of Native Hawaiian elders (U.S. Census Bureau, 2010). There is almost no published information on these elders, primarily due to limited desegregated data distinguishing Native Hawaiians from Asians and a general lack of recognition that a very significant portion of the Native Hawaiian population resides outside of Hawaiʻi (Liu, Tanjasiri, & Cockburn, 2010; Srinivasan & Guillermo, 2000; Stafford, 2010). The purpose of this study was to assess the well-being of these elders and any special challenges that they face.

Well-being can be defined in many different ways, but the definition we use here is informed by the World Health Organization's definition for health, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 2012). Based on this definition,

we identify three major areas of well-being that are distinct but closely interrelated: economic health, physical health, and mental health. Economic health is associated with financial security and job opportunities, and the ability to provide for the general needs of oneself and one's family, including adequate food, clothing, and housing. Physical health is associated with a lack of burden from disease, which is facilitated by health insurance and the ability to access and utilize health services. Mental health is associated with a lack of burden from mental disorders and general satisfaction with life, which can be facilitated by participation in social and cultural events and playing one's expected cultural role. We used this definition as a rough guide to frame our analyses of the general well-being of Native Hawaiian kūpuna in the continental US. This pilot study will serve as a platform for future research to begin addressing the unique challenges facing these elders.

Methods

For both quantitative and qualitative data, the term Native Hawaiian includes all individuals self-identifying as full or part-blooded Native Hawaiian as described by McMullin (2010).

Qualitative Data

Interviewees were selected based on recommendations from Native Hawaiian health and community organizations in Hawaiʻi and Los Angeles. Individual interviews were conducted with questions (Figure 1) adapted from an earlier study on kūpuna and health care providers in Hawaiʻi conducted by Hā Kūpuna, the National Resource Center for Native Hawaiian Elders. The questions were open-ended and impersonal to allow the interviewees to emphasize what they viewed as important issues. Mokuau and Browne (1994) described the benefits of this "oral history methodology." In Hawaiʻi, eight Native Hawaiian kūpuna or caretakers (four males and four females) and eight "key informants" (researchers or administrators of programs knowledgeable about the well-being of Native Hawaiian kūpuna) were interviewed. In LA, 13 kūpuna or caretakers (six males and seven females) and six key informants were interviewed. All kūpuna interviewed were over 65 years of age. The average age of kūpuna interviewed in LA and Hawaiʻi was

72 and 80 years, respectively. Written consent was obtained. Data collection was approved by the University of Hawai'i Committee on Human Studies. Qualitative data were analyzed as described by Browne et al. (2008).

FIGURE 1 Questions asked to kūpuna in interviews. Similar questions were asked to key informants and caregivers.

1. How do you define a kupuna?

2. What are some of the difficulties you, or someone you know, may be having taking care of your (or their) daily needs?

3. What about the needs of your 'ohana—are you aware of specific needs family may have in their abilities or willingness to provide care for elders in their family?

4. How has 'ohana supported an elder in their family? Have they provided any of the following?:

   a. Financial assistance
   b. Emotional assistance/support
   c. In-kind support (e.g., housing, help with getting and taking medications)

5. What are some of the reasons 'ohana might not be able to provide assistance to a kupuna?

6. What types of programs or services would help to provide you long-term care? What programs/services do you wish were available to help you?

7. The US is very multicultural. Do you think your needs or preferences might differ at all from the needs and preferences of non-Native Hawaiians?

   If yes, can you provide us with some examples?

8. What are some of the challenges/barriers that might hinder a kupuna from attaining long-term care?

9. Many people think that caring for an elder is a family responsibility; others think it is a responsibility of government. What is your opinion on this?

10. Where were you born? (if applicable: Why did you move from Hawai'i?)

11. If applicable: Do you think your needs or preferences are any different than what they might be if you were living in Hawai'i?

12. Is there anything else you would like to share on this subject?

Quantitative Data

The Census 2000 Public Use Microdata Sample (PUMS) was also used to analyze the well-being of Native Hawaiian kūpuna. For the quantitative analysis, kūpuna were defined as those 65 years and older. Using this criterion, the median age of kūpuna outside of Hawaiʻi and in Hawaiʻi was 72 and 73, respectively. Data on kūpuna outside of Hawaiʻi were obtained by separating the U.S. Census data by state of residence. Variables analyzed were educational attainment, mean household income, household size, military duty, and presence and care of grandchildren. The 5-year American Community Survey (ACS) 2006–2010 PUMS was also analyzed in a similar manner to see if the trends held up over time. However, the 2010 5-year ACS data is much more limited in scope,[1] so the 2000 Census data formed the base of the analyses, and the 2010 data was used as a secondary analysis tool.

Results

Throughout the interviews, the interviewees emphasized the broader framework of the lives of kūpuna and how their decisions affected their current situations in life. Due to this emphasis, our analysis focuses more on the general "life themes" of the kūpuna and less on specific long-term care issues, similar to other studies (Browne et al., 2009; Mokuau & Brown, 1994). Several common themes emerged from the data, and representative quotations will be displayed anonymously to help express these themes.

Reasons Kūpuna in the Continental US Left Hawaiʻi and Did Not Return

When kūpuna in Hawaiʻi and in the continental US were asked why Native Hawaiians leave Hawaiʻi, they almost unanimously cited economic opportunity as a primary reason. All of the kūpuna interviewed in the continental US left Hawaiʻi early in their lives (18 to 35 years old) and perceived a lack of opportunity in Hawaiʻi,

namely too few adequately paying jobs (Quotation 1). Almost all interviewees both in Hawai'i and in the continental US mentioned military service as a prominent job causing Native Hawaiians to move away from Hawai'i. Educational opportunity, both for those moving away and for their children, was also a common factor (Quotation 2). A few kūpuna also cited the possibility for career advancement in the continental US (Quotation 3), but this was less common.

Quotation 1

I couldn't afford to live in Hawai'i, because there weren't enough jobs, so I joined the National Guard and moved to Texas and stayed there.

—Kupuna reflecting on his life

Quotation 2

I moved to the mainland . . . so my children can be well-educated.

—Kupuna reflecting on her life

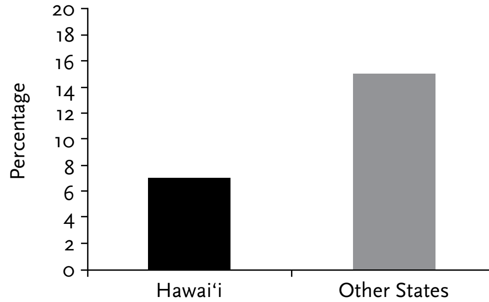
Quotation 3

We moved up here so I could have the opportunities to advance my career in the bank.

—Kupuna reflecting on her life

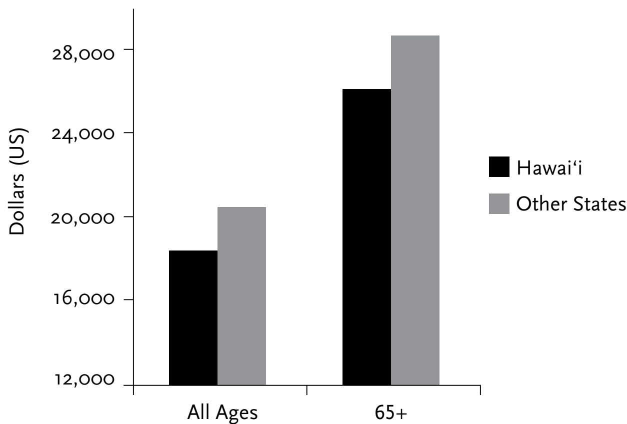
The census data demonstrated that Native Hawaiians in the continental US have indeed realized many of these opportunities. Native Hawaiian elders outside of Hawai'i had greater educational attainment and a higher mean income per person (Figures 2 and 3). Consistent with the interview data, the census data suggests that military duty caused many Native Hawaiians to leave Hawai'i. Thus, more Native Hawaiian elders outside of Hawai'i had done active military duty than those in Hawai'i (Figure 4).

FIGURE 2 Percentage of Native Hawaiian elders with bachelor's or higher degrees in 2000



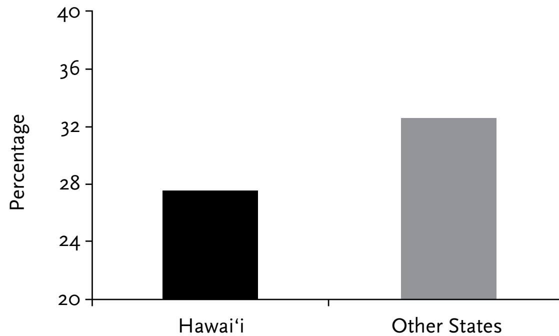
In the 2000 Census, 15.1% of Native Hawaiian elders outside Hawai‘i (1,313 of 8,723 elders sampled) had bachelor's or higher degrees, while only 6.9% of Native Hawaiian elders in Hawai‘i (1,557 of 2,2418 elders sampled) had bachelor's or higher degrees. In the 2010 census, 15.9% of self-identified Native Hawaiian alone individuals 25 years and over in the US as a whole had completed a bachelor's degree while only 12.8% of self-identified Native Hawaiian alone individuals in Hawai‘i 25 years and over had completed a bachelor's degree. The same trend is found when using individuals self-identifying as Native Hawaiian and other Pacific Islander alone or in combination with one or more races.

FIGURE 3 Mean income per person in households run by a Native Hawaiian elder in 2000



In the 2000 Census, Native Hawaiian elders outside Hawai‘i had a mean income per person of $28,703, while Native Hawaiian elders in Hawai‘i had a mean income of $26,113 (based on mean household income divided by mean household size). The same trend held when looking at all ages ($20,480 versus $18,428). In the 2010 census, the median income per person in households run by an individual self-identifying as Native Hawaiian alone was $19,833 in the US as a whole compared to $18,167 in Hawai‘i. The same trend was found when using individuals self-identifying as Native Hawaiian and other Pacific Islander alone or in combination with one or more races.

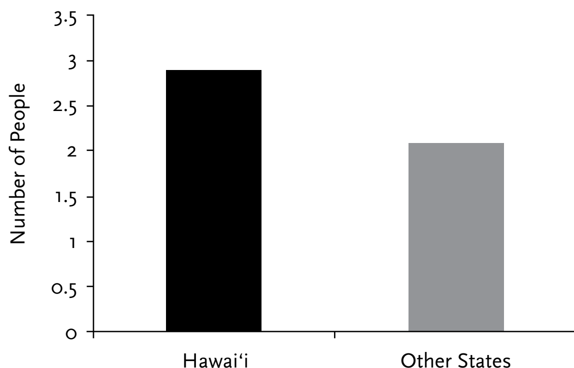
FIGURE 4 Percentage of Native Hawaiian elders who did active military duty in 2000



In the 2000 Census, 32.5% of Native Hawaiian elders outside Hawaiʻi (2,837 of 8,723 elders sampled) had done active military duty compared to 27.5% of Native Hawaiian elders in Hawaiʻi (6,161 of 22,418 elders sampled).

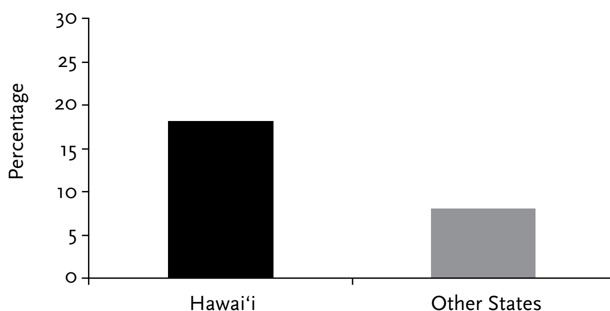
However, Native Hawaiians also left Hawaiʻi for reasons other than economic opportunity. Many interviewees both in Hawaiʻi and in the continental US cited overcrowded housing conditions in Hawaiʻi (Quotation 4). This is consistent with the census data, which showed that households in Hawaiʻi had more people than those in the continental US (Figure 5). This is also consistent with work by Kanaʻiaupuni, Malone, & Ishibashi (2005), which showed that Native Hawaiian households were more likely than other households to be family-based and include minor children. In addition, some interviewees both in Hawaiʻi and in the continental US said that Native Hawaiians sometimes left to help their grandchildren (Quotation 5). Nevertheless, it appears that, in general, kūpuna outside of Hawaiʻi have less responsibility for grandchildren than those in Hawaiʻi (Figure 6).

FIGURE 5 Mean income per person in households run by a Native Hawaiian elder in 2000



In the 2000 Census, households run by a Native Hawaiian elder in Hawaiʻi had a mean of 2.9 people compared to 2.1 for households outside Hawaiʻi. In the 2010 census, households run by an individual self-identifying as Native Hawaiian alone had a mean of 3.46 people in Hawaiʻi and 3.07 in the US as a whole. Households run by individuals self-identifying as Native Hawaiian and other Pacific Islander alone or in combination with one or more races had a mean of 3.62 people in Hawaiʻi and 3.38 in the US as a whole.

FIGURE 6 Percentage of households run by a Native Hawaiian elder with a grandchild present in 2000



In the 2000 Census, 18.2% of households run by a Native Hawaiian elder in Hawaiʻi had a grandchild present (4,087 of 22,418 households sampled) compared to 8.0% of households outside of Hawaiʻi (702 of 8,723 households sampled). Of those households with a grandchild present, elders outside Hawaiʻi had responsibility for that grandchild at a lower rate than elders in Hawaiʻi (data not shown). In the 2010 census, 11.7% of grandparents (age 30 or older) self-identifying as Native Hawaiian alone lived with their grandchildren in Hawaiʻi compared to 4.5% of those outside Hawaiʻi. Moreover, of these grandparents, fewer had responsibility for their grandchild. The same trend was found when using individuals self-identifying as Native Hawaiian and other Pacific Islander alone or in combination with one or more races.

Quotation 4

Often there are too many people in the house.

—Caretaker reflecting on the challenges faced
by Native Hawaiians in Hawai‘i

Quotation 5

I am able to help my three children and five grandchildren since they all live near me [in the continental US].

—Kupuna reflecting on her life

Special Challenges Facing Kūpuna in the Continental US

Despite the apparent increased economic welfare of Native Hawaiian elders in the continental US, several special challenges were identified. Smaller households, greater distances between places, and a more dispersed Native Hawaiian population contributed to many of the issues. Due to these factors, kūpuna in the continental US have less family support, often inhibiting kūpuna from participating in social or cultural events and attending health appointments (Quotations 6 and 7). Several interviewees said that the smaller households and more dispersed Native Hawaiian population also minimize opportunities for kūpuna to fulfill their traditional roles of passing down their wisdom through story telling (Quotation 8). The difference between kūpuna in Hawai‘i and those in the continental US also manifested itself in the interviews. While kūpuna and key informants in Hawai‘i often focused on the economic difficulties faced by kūpuna in Hawai‘i, kūpuna and key informants in the continental US were, in general, more focused on the cultural difficulties facing kūpuna in the continental US as opposed to any financial problems.

Quotation 6

What [kūpuna outside of Hawai‘i] gain in economic means, they [often] lose in terms of social support.

—Key informant reflecting on the challenges faced
by Native Hawaiians outside of Hawai‘i

Quotation 7

Elders don't want to bother their children to take them to social activities.

—Key informant reflecting on the challenges faced by Native Hawaiians in LA

Quotation 8

It's hard for kūpuna to find opportunities where they can tell stories and fulfill their roles as kūpuna.

—Key informant reflecting on the challenges faced by Native Hawaiians outside of Hawaiʻi

Most interviewees felt that there is less acknowledgement or awareness of Native Hawaiian culture and historical background in the continental US. This invisibility especially manifested itself in the barriers to establishing culturally appropriate or specific programs, since the programs were often perceived as unnecessary (Quotation 9). Furthermore, some kūpuna and key informants said that Native Hawaiian kūpuna in the continental US are challenged by a lack of culturally competent physicians (Quotation 10). In contrast, no kūpuna in Hawaiʻi mentioned difficulties with health care providers who did not understand or acknowledge their culture. Since other studies have indicated that Native Hawaiian patients in Hawaiʻi do indeed suffer from cultural insensitivity, it is likely that the relative absence of this complaint from the kūpuna in Hawaiʻi does not necessarily reflect that this problem is absent in Hawaiʻi but rather highlights the even greater relevance of this problem for kūpuna in the continental US (Kamaka, Paloma, & Maskarinec, 2011). Key informants believed that this is one possible reason many Native Hawaiians in the continental US, despite having adequate health insurance, access health services at lower rates than other ethnic groups (Brach & Fraser, 2000; McEligot et al., 2010; Tanjasiri et al., 2007; Tran et al., 2010). Consistent with this, the census data also demonstrated that Native Hawaiian kūpuna have only slightly lower rates of health insurance than the general population (data not shown), and all kūpuna interviewed in the continental US indicated that they had adequate health insurance coverage. The decreased utilization of health and social services by Native Hawaiians is an area that must be further investigated.

Quotation 9

When we started Pacific Islander Health Partnership, we had to convince the government that there are Native Hawaiians outside of Hawaiʻi.

—Key informant reflecting on programs for Native Hawaiians outside of Hawaiʻi

Quotation 10

Physicians [in the continental US] don't know the history, culture, or issues of Native Hawaiians.

—Key informant reflecting on the challenges of Native Hawaiians outside of Hawaiʻi

The last major challenge for kūpuna in the continental US is the difficulty of obtaining traditional/holistic medicine. While some kūpuna in the continental US had traditional medicine transported from Hawaiʻi, for most it was difficult to obtain (Quotation 11). In contrast, none of the kūpuna in Hawaiʻi mentioned difficulties in obtaining traditional medicines, and several of them used traditional medicines they obtained from others or prepared for themselves. Some key informants believed that kūpuna would be helped by a holistic health clinic similar to Waiʻanae Coast Comprehensive Health Center (Quotation 12). Indeed, most interviewees believed that culturally appropriate methods of healing could improve health service utilization for many kūpuna in the continental US.

Quotation 11

We have no access to plants or traditional practitioners on the mainland.

—Kupuna reflecting on his difficulties living in LA

Quotation 12

We need a [holistic health clinic] customized to Los Angeles.

—Key informant reflecting on the needs of Native Hawaiians in LA

Importance of Cultural Groups for the Well-Being of Kūpuna

Almost all of the kūpuna in the continental US described the value of participating in cultural groups for their mental health and well-being, especially as they aged. Cultural groups provided kūpuna an avenue to connect with their culture. Moreover, the groups provided a support structure for them that acted as "extended family." Many of the kūpuna learned of medical opportunities, such as cancer screenings, through these groups, and they could often rely on group members for transportation to social events and appointments. It appears that these cultural groups provide the kūpuna much of what they lost in leaving Hawaiʻi in terms of emotional, social, and cultural support, helping to alleviate many of the special challenges they face in the continental US.

Discussion

To our knowledge, this is the first published study focused on the special challenges facing Kanaka Maoli kūpuna in the continental US. The interviews and quantitative data reveal the basic reasons Native Hawaiians leave the islands and why they do not return. Moreover, the data present a broad overview of the well-being of Native Hawaiian kūpuna in LA, which we can view in the categories of economic, physical, and mental health. Native Hawaiian kūpuna in the continental US appear to have improved economic health compared to kūpuna in Hawaiʻi, but they face several challenges that could hinder their physical and mental health. The decreased social and cultural support of kūpuna in the continental US compared to those in Hawaiʻi prevent the kūpuna from participating in social and cultural events that contribute to their mental health. This lack of support, a lack of culturally competent healthcare providers, and other factors cause kūpuna in the continental US to access health services at lower rates than other ethnic groups, which could lead to problems in their physical health.

We found that cultural groups in the continental US have alleviated many of these challenges by supporting the kūpuna as "extended family." Multiple studies have indicated the importance of family and organizational networks in overcoming adversity and increasing participation in healthy practices. For example, barbershops primarily serving African American clientele have been excellent locations for the distribution of prostate cancer screening awareness programs among African American men, a population that disproportionately suffers from the

disease (Luque, Rivers, Gwede, Kambon, Green, & Meade, 2011). Although there are clear distinctions between African American and Native Hawaiian communities, including differences in historical background and culture, both communities have suffered historical trauma that contributes to the current health disparities affecting these communities, so it is plausible that programs helping African American communities could also help Native Hawaiian communities. Indeed, in Native Hawaiian communities, diabetes and cancer prevention programs were most successful when they involved participation by the whole family (Ka'opua, Mitschke, & Lono, 2004; Mau et al., 2010; Mokuau et al., 2008). Thus, increasing awareness of and access to cultural groups for Native Hawaiians is intimately tied with improving mental and physical health, especially when health information is disseminated through these networks. The interviews and quantitative data in this study suggest the need for the continued support and maintenance of cultural groups and increased efforts to improve awareness of them among Native Hawaiians outside Hawai'i.

We intended our work to serve as a platform for future research to further elucidate the special challenges facing Kanaka Maoli kūpuna and the feasibility and efficacy of any interventions. As such, the scope of the study was limited in that we performed our surveys on a relatively small group of elders and care-takers, our interviewees were not chosen randomly, and the challenges faced by the kūpuna we interviewed in the continental US might be specific to LA. However, since Native Hawaiians in the continental US primarily reside in cities larger than those in Hawai'i and are more dispersed, it is likely that these problems are broadly applicable. Overall, we believe our study accomplished its designed purpose in providing a general picture of the challenges faced by Kanaka Maoli kūpuna in the continental US as well as some of the ways they have dealt with these challenges. Research must be done to investigate further the role of cultural groups in providing social and "family" support to kūpuna in the continental US. The programs and services available to Native Hawaiians in the continental US must be surveyed to determine if they are adequately meeting the needs of kūpuna. For example, Orange County Transportation Authority runs a Senior Mobility Program that offers transportation services for seniors (Orange County Transportation Authority, 2012). Studies must be conducted to assess whether these services are being used by Native Hawaiian kūpuna. Furthermore, strategies for increasing access to and awareness of cultural groups must be devised and tested. Finally, more research must be done to identify the particular barriers to accessing health

care faced by kūpuna and how these barriers can be overcome. Such research will allow administrators and policy makers to develop appropriate strategies for providing the necessary services for Kanaka Maoli kūpuna outside of Hawaiʻi.

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Conflicts of Interest

None of the authors identify any conflict of interest.

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Notes

1 The 2006–2010 5-year ACS PUMS only contains data on individuals self-identifying as “Native Hawaiian alone” or “Native Hawaiian and Other Pacific Islander alone or in combination with one or more other races” (rather than Native Hawaiian alone or in combination with one or more other races). Moreover, it does not contain data on military duty relevant to this study, and many of the relevant variables could not be separated by age and/or geography to attain the desired analyses. Thus, we used the 2000 Census for the core of our analyses and found the closest corresponding variables in the 2010 5-year ACS PUMS, conducting secondary analyses on these data.