

A watercolor painting of two Native Hawaiian men. The man in the foreground is shirtless, wearing a blue loincloth, and has his arms crossed. The man behind him is wearing a white shirt and has his arms crossed. The painting is done in a loose, expressive style with visible brushstrokes. The background is a plain, light color.

# Kānehō‘ālanī

TRANSFORMING THE HEALTH OF NATIVE HAWAIIAN MEN





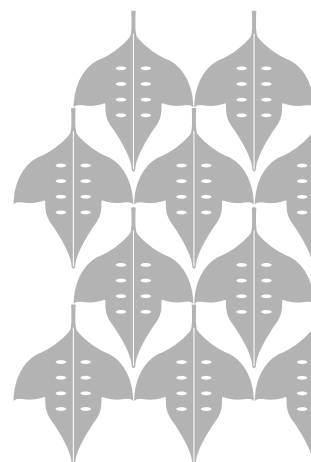






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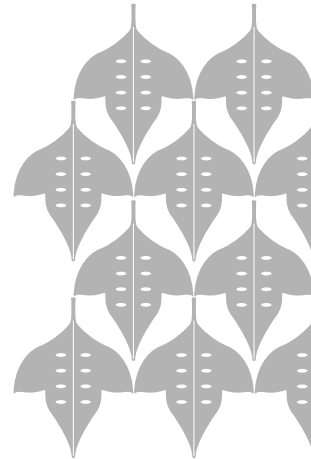
## Introduction

This report aims to provide a picture of traditional and contemporary wellbeing of *kāne*, Native Hawaiian men. Based on these descriptions, the report will also offer recommendations to support the strength of future generations of *kāne*. The focus here is on *kāne*, specifically, as we apply Hawaiian framework and methodology that incorporates a gendered perspective of both the social, spiritual, and physical word. Both the study and the recommendations are intended as starting points for additional research, discussions, and programming.

Part 1: ‘O Ka Wā Mamua [The Past] starts with a depiction of the placement of *kāne* in Native Hawaiian society. This section will explore traditional Native Hawaiian culture and historical past. It highlights strengths that contributed to the vitality of a thriving *kānaka ‘ōiwi* [Native Hawaiian] nation, and also examines historical challenges that have negatively affected Native Hawaiians. It looks at the traditional *kuleana* [responsibilities] and contributions of *kāne* in Hawaiian society as a foundation for *pono* [proper] action. This section will also examine the *mo‘ohihia*, the chronology of historical difficulties which altered the traditional roles and contributions of *kāne*. Finally, the section will include an examination of the continued resilience of Native Hawaiian *kāne*. What you will see is that Native Hawaiian men had a significant place across both the breadth and depth of Hawaiian culture, and a healthily functioning society spoke to healthy *kāne*, and vice versa. The idea of an individual’s well-being is directly reflected in a healthy society. That Hawaiian culture was able to flourish for hundreds of years, prior to western contact, is a testament to the ways Hawaiian society kept Hawaiians healthy, and in turn healthy Hawaiians were able to tend their families, gods, avocations, and the *‘āina* [land].

The second part of this overview, Part 2: ‘O Kēia Au [The Present], seeks to also create a similar narrative—but this one is based on data collected from various contemporary sources—of the health of *kāne*, in relation to his socio-economic and other disparities. Obviously, these two sections cannot be compared directly, but it is hoped that, together, they create their own narrative—one of how rapid change in so many facets of a society has had long-lasting and far-reaching effects, in ways that are both clear and can only be fully understood in relation to other, shifting forces.

Throughout, we pose questions for your consideration, about ways your organization and policymaking can affect real change for *kāne*. Although your organization may not work directly with some topics, we hope that using the social determinants of health [SDH] as a framework will create links between seemingly disconnected points. This report then become a jumping-off point for reflection and discussion. We also seek to highlight pathways of Native Hawaiian resiliency, even in the face of adversity that threatened and threatens to collapse the Hawaiian culture, as well as recommendations for future ways—in policy, practice, and data collection—to direct our energies and resources, in order to monitor, support, and enhance *kāne* health.





## Methodology

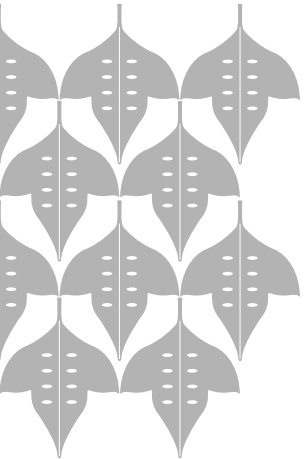
This report makes significant usage of the Kūkulu Hou Methodology, which was developed by Dr. Kamana‘ōpono Crabbe in 2009, and is rooted in the Native Hawaiian cultural practice of *umu hau pōhaku* [rock-wall masonry]. This practice was a fundamental aspect of constructing ancient temples, shrines, fishponds, houses, and other structures. *Umu hau pōhaku* required particular steps for gathering resources, site selection, construction planning, and skills training. The primary objective of the Kūkulu Hou Methodology for research and reporting is fourfold:

- To articulate the historical-cultural context of resilient and positive cultural strengths of the Hawaiian heritage as a foundation of knowledge and practice;
- To highlight the contemporary disparities in the conditions of Native Hawaiians based on available data and research;
- To provide critical analyses of systemic barriers and/or challenges with parallel solutions; and
- To make recommendations to improve the conditions of Native Hawaiians, their families and communities, as well as the broader Native Hawaiian society or *lāhui*.

It should be noted that first component of the report, *O Ka Wā Mamua*, is more narrative and historically based, as opposed to data-driven. Thus, the sources of information include traditional oral accounts that were preserved as *mo‘okū‘auhau* [genealogies], *mo‘olelo* [historical narratives], and *mele* [songs and chants]. Written historical accounts authored by foreigners at contact were also analyzed for information relative to *kāne* or societal well-being. These primary sources record the long history of Native Hawaiians and were explored to affirm that Hawaiian society consisted of thriving lands, resources, and peoples. Finally, the work of contemporary scholars and academics were exhaustively researched and referenced where appropriate.

The second component of this report, *‘O Kēia Au*, focuses on social determinates of health which have been identified within current medical and social research literature. Data from numerous sources were compiled to provide a context or overview of how social, economic, and environment factors impact Native Hawaiian men in Hawai‘i. Major sources utilized include: the U.S. Census Bureau’s American Community Survey, the Hawai‘i State Department of Education, State of Hawai‘i Department of Human Services Statistical Report on Child Abuse and Neglect, the University of Hawai‘i Center on the Family Homelessness Services Utilization Report, and the Hawai‘i State Department of Health Behavioral Risk Factor Survey System.

Finally, data on *kāne* health outcomes are explored as the physical manifestations of the social determinates of health. Major sources of this information include Hawai‘i State Department of Health Office of Health Status Monitory datasets and research from the University of Hawai‘i Cancer Research Center. From all sources, the most recent data at the time of writing for Native Hawaiian men was extracted and analyzed. In most cases, this selection includes data from 2014 or, where sample sizes were smaller, five-year estimates were used, which represents data that was collected over a five-year period, as opposed to a point-in-time count. Other findings reference data for the Native Hawaiian population at large. Unfortunately, in some cases data specific to *kāne* was not collected or was unable to be annualized due to small sample sizes. In these instances, data for the larger Native Hawaiian population is referenced, along with data for the total State male population—the populations within which *kāne* form a part. While specific data for *kāne* in regards to some topics are not available, these findings likely apply for *kāne* also.





## Part One: Historical Strengths

*Note: The following sections are an abridged account of Mana Kū Kane: Native Hawaiian Men’s Wellbeing, a report prepared by ‘Aha Kāne in 2016, as well as information about the overthrow of the Hawaiian monarchy and Hawai‘i’s annexation from a 2011 internal OHA report. ‘Aha Kāne is a non-profit organization whose mission is “to strengthen the Native Hawaiian community through nurturing and perpetuating the traditional male roles and responsibilities that contribute to the physical, mental, spiritual, and social well-being of Native Hawaiian males, their families, and communities.”*

### ‘O KA WĀ MAMUA (THE PAST)

Kāne, Native Hawaiian men, were an integral part of the systems and structures that contributed to the well-being of all Native Hawaiians. Some academics estimate that the population of Hawai‘i in the late 1700s was as large as 800,000 to 1 million people [Stannard, 1989]. This abridged chapter is a historical exploration of the traditional social, economic, and political roles of Native Hawaiian men in Hawaiian society.

The Mo‘ohihia section of this report includes a critical examination of historical events that altered or challenged the ability of Native Hawaiian men to maintain traditional beliefs and practices within the context of the transformations within Hawaiian society during the nineteenth and twentieth centuries.

This discussion will be sub-divided into five areas of focus:

- Kāne: Spirituality and Religion
- Kāne: The ‘Āina, Kai, and Resources
- Kāne: Family and Relationships
- Kāne: Education and Occupation
- Kāne: Leadership and Politics

#### **Kāne: Spirituality and Religion**

From individual prayers offered before starting everyday tasks, to formal rituals completed by chiefs and priests, spirituality and religion were intertwined into every aspect of traditional Native Hawaiian life. As compared to *wāhine*, *kāne* had very direct, active, and visible roles in ceremonial religious practices. This section explores Native Hawaiian men and traditional spiritual beliefs and practices.

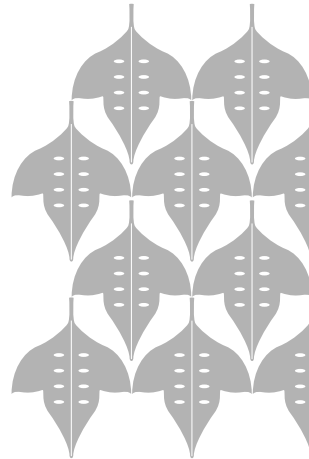
#### **The Duality between Kāne and Wāhine**

One of the hallmarks of traditional Native Hawaiian spirituality and religion is that of *pono* [balance] between complementary forces. Dualities based on light and dark, land and sea, male and female, are presented in ways that illustrate the importance of *pono* in the Hawaiian worldview [Tengan, 2008]. The word “*pono*” has many meanings depending on the context in which it is used: it can refer to excellence, wellbeing, and balance [Pukui & Elbert, 1986]. *Pono* can also refer to something’s true condition or nature, as well as something that is perceived as necessary. For Native Hawaiians, the balance embodied by *pono* could be considered to be the essential, original state of something.

Many Native Hawaiian beliefs and practices reflected the values embodied in the divine ancestors Papa and Wākea, as well as Kū and Hina. Paired, male and female *mana* represented a balance and harmony that was considered vital in Hawaiian epistemologies. Without *kāne*, *wāhine* would not be balanced, and vice versa. Both masculine and feminine *mana* were essential to wellbeing in traditional Hawaiian society.

#### **Akua and ‘Aumākua**

In addition to the divine ancestors named in familiar genealogies like the Kumulipo, many other *akua* [gods] were significant to *kāne* in ancient Hawaiian society. The great number of gods in traditional Hawaiian religion has been described by foreign scholars as a pantheon, while Native Hawaiians acknowledged the





*mano* [4,000], *kini* [40,000], *lau* [400,000] and *lehu* [great multitude, infinite] *akua* [Kanahele, 1986]. Not only were there a multitude of gods, there were rituals, prayers, and beliefs that were specific to every area of life for Native Hawaiians.

Despite the existence of countless *akua*, there were four male gods who were believed to be primary gods and who were invoked almost universally in rituals and ceremonies conducted by all Native Hawaiians. These gods included Kū, Kāne, Lono, and Kanaloa. Many gods served as models for the behavior of *kāne*. In *mo‘olelo*, the *akua* Kāne and Kanaloa travelled throughout Hawai‘i and pierced the ground in places where there was no water to form springs; they also built a fishpond in Honua‘ula [Helu 2, *Ka Nupepa Kuokoa*, January 12, 1865]. These life-giving activities were imitated by generations of *ali‘i*, many of whom sought to develop irrigation systems and build fishponds as part of their *kuleana* [responsibilities] as rulers to ensure the wellbeing of people and lands under their care.

Gods were often specific to certain activities, skills, knowledge sets, and occupations. In a newspaper article published on March 30, 1865 in *Ka Nupepa Kuokoa*, S. Ekaula listed the various *‘aumākua* specific to *kahuna ‘anā‘anā* [sorcerous priests], *po‘e kanu ‘ai* [farmers], *lā‘au lapa‘au* [medicinal healers], *kahuna heiau* [temple priests], *po‘e lawai‘a* [fishermen], and *nā ali‘i* [the chiefs]. In this way, a *kāne* was believed to have divine mentors and spiritual guidance in every part of his life.

#### **Kapu and ‘Aikapu**

*Kapu* were sacred restrictions that served as guidelines for spiritual and moral behavior in traditional Native Hawaiian society. There were many different types of *kapu*. Certain *kapu* were meant to prevent overuse of resources; for example a *konohiki* [land manager] could place a *kapu* on a specific type of plant or fish if they were not abundant or out of season [Malo, 1951]. A *kapu* could be specific to a place or a resource, but could also be specific to classes of people. *Kapu* were also put in place to protect the sacredness of gods, people, places, and objects.

The number and severity of *kapu* was applied differently in traditional Hawaiian society depending on a number of factors,

including genealogy and rank, participation in religious ceremonies, place of residence, or familial observation of an individual.

The application of *kapu* also differed according to an individual’s gender. In particular, Hawaiian society was characterized by the ritual separation of the sexes through *kapu* and social norms, which protected the spiritual differences in male and female *mana*. Because of their more active role in formal religious ceremonies, it was necessary for *kāne* to maintain their spiritual sacredness through the observation of *kapu* in ways that were not usually required of *wāhine*.

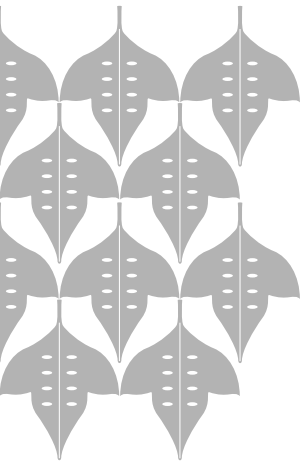
There were also specific rituals that were performed for and by *kāne*, including those that marked significant milestones or events in the lives of Native Hawaiian men. These included birth, betrothal, marriage, and death. Although celebrations and ceremonies were held for all *kāne*, their complexity varied according to a number of factors, including rank and genealogy [Valeri, 1985].

One of the most significant ceremonies in the life of a *kāne* was known as *kā i mua*, which described the transition of a young boy from taking his meals common eating house where women and young children ate to the men’s eating house [Malo, 1951]. “*Kā i mua*” can be translated to “thrust into the men’s eating house,” [Pukui, Haertig & Lee, 1972]. As part of the *kā i mua* ceremony, a boy was given his first *malo* [loincloth], which served both as a mark of his entrance to the *hale mua* and his growth into manhood [Pukui, Haertig, & Lee, 1972]. A boy was also taught to *humehume*, to tie or gird himself with a *malo* by his close male relatives. Another important ceremony in the lives of *kāne* was the incision of the penis [*kahe ule*].

#### **Kāne: The ‘Āina, Kai, and Resources**

The deep relationship between *kāne* and the *‘āina* [lands] and *kai* [sea] is well documented in traditional oral history and literature. *Mo‘olelo*, *mele*, and *mo‘okū‘auhau* were part of a large body of knowledge maintained by the rigorous intellectual traditions of Native Hawaiians, whose studied observation of their surroundings allowed for a deep understanding of the systemic physical and spiritual interactions of people, resources, and environments.

In *mele ko‘ihonua* the Hawaiian Islands





were born as a result of mating between Papa and Wākea and their respective lovers. In these chants, Papa and Wākea also had a human daughter named Ho'ohokukalani. Desiring his daughter, Wākea mated with Ho'ohokukalani and they had a stillborn son, who was named Hāloanakalaukapalili. He was buried in the earth, and from his body grew the first *kalo* [taro; *Colocasia esculenta*] plant. Wākea and Ho'ohokukalani had a second child, Hāloa, who is the chiefly ancestor of all Native Hawaiians [Malo, 1898]. For this reason, Native Hawaiians considered themselves to be the younger siblings of both the *kalo* plant and the Hawaiian Islands [Pukui, Haertig, & Lee, 1972]. These familial relationships were reflected in the beliefs and practices surrounding *mālama 'āina*, or Hawaiian stewardship of lands, waters, and resources [Kame'eleihiwa, 1997].

### **Fishing and Farming**

One of the most poignant ways that *kāne* were linked to the land and sea was through activities that were necessary for long term sustainability and survival; farming and fishing were foremost among these activities.

While women also fished and farmed, men were the ones who usually engaged in the heavier and more physically intensive forms of these activities. Spiritually, men were also believed to be more appropriately suited to certain types of work, because of the *mana* they embodied. In this respect, men had relationships and knowledge of the land and sea that was often specialized and different than that of women.

### **Resource Management/ Traditional Hawaiian Stewardship**

Trade and exchange between fishermen and farmers, and between the lowlands and uplands, formed the basis of the traditional Hawaiian economic system. To sustain their communities and ensure that their farming and fishing activities would not exhaust the resources of their lands, Native Hawaiian men were instrumental resource *managers* and stewards of the lands and sea. *Kāne* traditionally managed resources according to spiritual and cultural values and practices, employing extensive knowledge of physical place.

The societal Native Hawaiian cultural and spiritual values of *mālama* [to care for] and

*kuleana* [reciprocal responsibility] resulted in self-restraint in the use of resources, and also cultivated a feeling social obligation to the larger community. Ultimately, these values helped to protect land and marine resources from overexploitation.

Traditional resource *management* was characterized by extensive *'ike 'āina* and *'ike kai* [knowledge and close familiarity with the land and sea, respectively]. *Kāne* who were native to an area carried unique cultural and historical knowledge, which had been passed from one generation to the next [McGregor, 2007]. This knowledge of land and sea systems and cycles were important for gaining optimum resource yield; for this reason, certain crops were planted during specific moon phases to ensure that they would be ready for consumption in the best possible times. Fishermen would only catch fish in certain stages of growth, to ensure that new generations of fish would be born for future generations of *kānaka*.

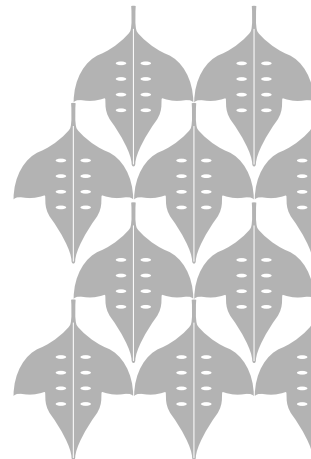
### **Kāne: Family and Relationships**

The cultural concept of *piko* [spiritual centers] demonstrated the importance of genealogy and familial relationships for *kāne* in traditional Native Hawaiian culture. Every Native Hawaiian was believed to have three *piko*, which connected him to past, present, and future generations: his *manawa* [fontanel] connected him to his ancestors; his *ma'i* [genitals] connected him to his descendants, and his umbilicus connected him to the present generation, parents, and blood relatives. Thus, the *'ohana* was one of the most important formative forces in the lives of *kāne*.

### **Family Relationships**

The importance of familial relationships is readily evident in Hawaiian culture. The Hawaiian word for family, "*'ohana*," comes from the *kalo* plant: the main stalk of a *kalo* is known as the *'ohā*. From this original plant, many new plants and clusters of *kalo* can be formed. Native Hawaiians believed families were similar to *kalo*, in that they clustered around the same root or originating source [Pukui, Haertig, & Lee, 1976].

Although shared ancestry was an important determining factor of *'ohana*, traditional Native Hawaiian families were not limited to a core nuclear unit. This expansive understanding of *'ohana* included extended



family who were blood relations. Native Hawaiians also recognized important social relationships of varying degrees with other non-related members of the community. The concept of *'ohana* also encompassed deceased ancestors, who often remained active in family affairs as *'aumākua*.

It was also the sacred *kuleana* of *kāne* to see to the physical and spiritual care of his family. Scholar Ty Tengan (2008) notes, “On all levels, the responsibility for feeding both the family and the gods fell on the shoulders of men” (p. 35). This responsibility encompassed all the processes associated with being able to provide nourishment, including farming and fishing, preparation of food [such as the building of *imu*] and learning and observing the necessary prayers and rituals involved in those activities. In the *hale mua*, *kāne* were responsible for making daily offerings and prayers on behalf of the entire *'ohana* [family], ritually feeding the gods in order to care for the ancestors [Pukui, Haertig & Lee, 1972]. In recognition of men’s roles as providers, Pukui (1986) notes that the word “*kua*,” which has connotations of a backbone or a support, was also used to refer to a husband.

#### **The 'Ohana as a Network of a Support**

One of the most important functions of the *'ohana* was as a network of support, which was present throughout the life of a Native Hawaiian men. Networks of kinship and *aloha* sustained the growth of young boys into men, perpetuating a cycle that fostered the passage of knowledge and promoted learning throughout a lifetime.

The *'ohana* played a role in the life of a *kāne* even before he was born; it was believed that the actions, health, and even diet of a pregnant woman would affect the disposition and attributes of a child. Therefore, a woman would carefully follow the strictures of *kahuna pale keiki* [midwives], with the support and care of her family and the community [Pukui, Haertig, & Lee, 1972].

The *'ohana* system provided a safe environment for learning. As a young child who ate in the *hale noa*, a boy was cared for by his mother, female relatives, and other women of the village. Once a boy had undergone the *kā i mua* ceremony, the *hale mua* became an important place of instruction and learning within the community of men. However, it

was also an important site of mentoring by male family members. In this setting, male children were guided by their fathers, uncles, grandparents, and even elder brothers and cousins in all manners of life and living. The *hale mua* allowed a boy’s learning, discipline, and modeling to occur within a close-knit community; such activities were undertaken with the support of the extended network of *kāne*, rather than in isolated nuclear family units. Thus, the *hale mua* was one of the most important facets of the *'ohana* system which shaped the lives of *kāne* [Tengan, 2008].

The family was such an important part of social organization in traditional Hawaiian society, that Native Hawaiians developed ways to maintain familial harmony and minimize discord. *Ho'oponopono* was a ceremonial familial mediation meant for conflict resolution. If *ho'oponopono* and other methods of mediation failed, a ceremony known as *mō ka piko* [cutting the navel cord] could occur; this involved cutting all ties between an individual and the family. For Native Hawaiians, *mō ka piko* was a terrible thing, because it cut a person off from the support, *aloha*, and *mana* of his family [Pukui, Haertig & Lee, 1972].

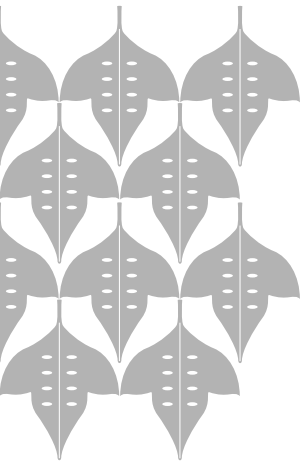
#### **Kāne: Education and Occupation**

From the time of his birth, a Native Hawaiian man was groomed for familial and societal roles. From the general knowledges and skills necessary to survive, to the more specialized knowledges that were specific to the deft practice of elevated occupations, *kāne* were part of a genealogy of knowledge that spanned generations.

#### **The Nature of Traditional Education**

Education was not only an important means of passing on traditional knowledge, but also a highly spiritual process which allowed *kāne* to gradually acquire *mana*. For this reason, *kapu* reinforced structure and protocol in education and training.

Several *'ōlelo no'ēau* illustrate Native Hawaiian educational values and methods of learning: The first, “*Pa'a ka waha, hana ka lima*,” “The mouth is shut, the hands are doing” stresses the importance of observation without question and the importance of actually working to learn.





### Settings for Learning

Because general learning began in the *hale noa*, members of the *‘ohana* were the first formal instructors of children. According to Kamakau, the child’s parents took a lesser role in the early nurturing of the child and “rearing was in the hands of the grandparents or their younger or older brothers and sisters, or other lateral relatives [*hoahānau*], or in the hands of the lateral relatives of the parents” [Kamakau, 1991, p. 26].

In contrast to Euro-American education models, young boys did not rely on a central knowledgeable authority figure, such as a classroom teacher. Instead, they learned from the community through listening to their elders and those more knowledgeable than themselves, observing particular tasks, and eventually by doing said tasks themselves. While parents were important for these educational processes, a boy’s education was conducted by the entire community. Cradled in a familial network of the village, which included extended family members, the community was responsible for the education of all children. The strong support of the extended family, as well as the specific guidance of a community of men found in villages, provided support networks of kinship and aloha were what sustained the growth of young boys into men, perpetuating a cycle that fostered safe environments for learning.

### Traditional Occupations

Traditional Hawaiian education was centered on preparing *kāne* to assume societal and occupational roles. In a fishing village or in a family of fishers for example, a boy would learn knowledge specific to fishing; the same was true of boys raised in families with other occupations.

For male *maka‘āinana*, the most common occupations were farmers and fishers; these individuals were responsible for feeding their families and communities. However, there were also bird catchers, cordage makers, wood and stone carvers, and so on. Each occupation had its own set of specialized knowledges, skills, rituals, and gods.

Translated to modern professions, the skills and knowledge needed to simply grow *kalo* for survival required *kāne* to have working and sometimes expert knowledge of various

elements of stone masonry, meteorology, hydrology, botany, architecture, engineering, and so on. The same scope and depth of knowledge was necessary for *kāne* to master any given practice, field, or occupation.

In addition to the common occupations of fishers and farmers, there were more specialized esoteric occupations. Sometimes, entrance to these occupations was limited by rank and genealogy, other times by family, and natural skill or inclination. However, if a boy demonstrated special talents or skills, he might be apprenticed to a relative or expert for training in occupations such as prophecy or healing [Pukui, Haertig, & Lee, 1972].

The complex structures of Hawaiian society both allowed for and necessitated the diversification and specialization of occupations among Native Hawaiian men. No matter a man’s occupation, however, high value was placed on deft and skilled practice and knowledge.

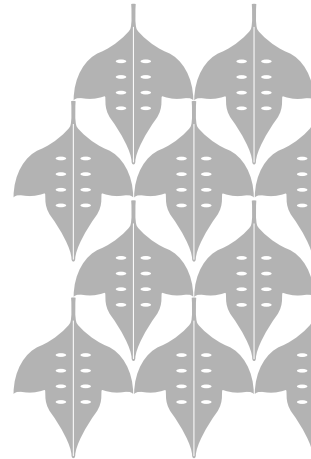
### Kāne: Leadership and Politics

In many ways, *kāne* were important leaders within Hawaiian society. For example, within the *maka‘āinana* class, the eldest son was usually provided with an education and trained in ways that would allow him to take over leadership of the family and in the *hale mua*; this included instruction in the proper observance of rituals and *kapu*, the care of others [including the ancestors and family gods] as well as problem resolution and mediation [Pukui, Haertig, and Lee, 1972]. However, within broader Hawaiian society, male *ali‘i* had important responsibilities as sacred religious and political leaders.

#### The Ali‘i

As a class, the *ali‘i* were responsible for governance over the land, resources, and people. Rank and related responsibility was stratified according to genealogy, and each class of chief had different responsibilities within the political structures of Hawaiian society. For example, the *ali‘i nui* or *ali‘i ‘aimoku* [also later known as *mō‘ī*] was the ruler of an entire island or several *moku* [districts]. Chiefs of lesser rank, known as *kaukau ali‘i* and *konohiki* were responsible for governance tasks on smaller units of land for the *ali‘i nui*.

The *‘aha ali‘i* was a body of the highest ranking chiefs who were distinguished by the use of a sacred cord called an *‘aha*. In addition



to its members being representative of the highest *mana*, the *'aha ali'i* was also a council of chiefs, which provided political advice in matters of governance, war, and diplomacy.

*Pono* leadership was tied to *mana*. An *ali'i* inherited the right to rule through genealogy, as well as a specific set of *kapu*, which sanctified him as a sacred and religious leader [Malo, 1952]. However, his decisions and actions regarding the care of his people, the expansion of territory, the apportionment of resources, were all factors which affected his ability to continue ruling. Kame'eleihiwa [1999] describes two paths to *mana* for *ali'i*. The path through Lono was accomplished through diplomacy and marriage. The path through Kū was accomplished through warfare.

As sacred religious and political leaders, Native Hawaiians believed that it was the *kuleana* of the *ali'i* to intercede in heavenly matters on behalf of the people, much as it was the *kuleana* of the *kāne* to petition the gods on behalf of a *maka'āinana* family. Famines, epidemics, or other troubles could be understood as resulting in the displeasure of the gods with the ritual observations of an *ali'i*.

Furthermore, a good chief would ensure the care of his people by facilitating the building of infrastructure, including heiau, irrigation systems, agricultural systems, and fishponds. Issues of taxation were important, and an *ali'i* would know when and how much to tax in ways that would not overburden the people. It was believed that a wise and good chief could make the land and resources themselves flourish, and that the *mana* of a good *ali'i* was essential to maintaining the wellbeing of the people.

There are many oral histories surrounding the *pono* actions of *ali'i*, who served as models for leadership for future generations.

## MO'OHIIHA

Beginning in the late 1700s, a series of changes at all levels of society would both hinder and alter the ability of Native Hawaiians to practice their culture, and in the historically short span of 100 years, Hawaiian society would be fundamentally transformed. These changes would disrupt the succession and flow of knowledge and support within Hawaiian society, creating breakages in the systems that had preserved and perpetuated Native Hawaiian culture.

Although the processes and events that

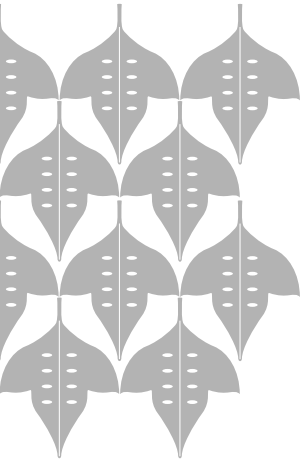
would impact Native Hawaiian men within the Islands are complex, this report will highlight a number of the economic, social, and political transformations of the nineteenth and twentieth centuries that had a particularly deep effect.

## Economic Transformations

Some of the most visible transformations of Hawaiian society are reflected in the changing structures of the Hawaiian economy during the nineteenth century. Whereas ancient Native Hawaiians maintained highly productive economies that were carefully regulated by the *ali'i*, Euro-American commercial ideals and activity would redirect the basis of the Hawaiian economy to one of capitalism and place a new emphasis on the accumulation of wealth and personal property [Hitch, 1992]. Indeed, the early commerce and industry in the islands, which consisted primarily of the trade of furs and sandalwood, would shift to whaling, sugar and pineapple production, and eventually tourism over the course of two hundred years.

The far-reaching effects of commerce in the Islands are especially apparent in the increasing urbanization that occurred during the 1800s: the concentration of new economic opportunities in commercial trading centers, such as Honolulu and Lāhaina, would prompt many Native Hawaiians to leave rural areas of the islands, a process that would ultimately alter ties among families, communities, and places [McGregor, 2007]. Such population shifts are evident in demographic statistics of the nineteenth century. In 1850, Hawai'i Island was the most populated island. By 1872, O'ahu had become the most populous island with an estimated population of 20,671, as compared to the estimated population of 16,001 for Hawai'i Island [Schmitt, 1989].

As farmers and fishermen whose labor produced the basis of subsistence, *kāne* had traditionally provided enough food for their families, communities, and the *ali'i*. However, Tengan [2008] notes that during the nineteenth century, Native Hawaiian men moved to cities and were engaged in wage work away from their traditional communities. In the growing capitalist systems introduced by Europeans and Americans, men were seen as the primary economic and political actors, and were much more directly involved in powerful mediums of imperialism. For this reason, men were often more disconnected from traditional culture,





whereas women were often the ones who preserved and reinforced it (Tengan, 2008).

Other economic activities would have large impacts on the lives of Native Hawaiian *kāne*. The introduction of goods and materials [such as flour, tinned foods, iron, glass, oil, and cloth] reduced the use of some traditional materials and tools and increased men’s integration in the wage economy. The rise of sugar cultivation in the islands would eliminate thousands of acres of forests and alter ecosystems. Sugar plantations would affect the availability of agricultural land for *kalo* cultivation by diverting both land and resources, especially water (Wilcox, 1997). Eventually the introduction of pesticides, the switch in farming to cash crops, the increasing use of monocropping, and the exhaustion of soil nutrients and would devastate native agricultural practices. It would also foster immigration for sugar labor, and intermarriage with Native Hawaiians became more common. The introduction of ranching would have similarly devastating effects.

During the reign of King Kamehameha III, a system was developed to *māhele* [divide or portion] lands in the Islands that were once held in common under *ali‘i* and *konohiki* system. The land of Hawai‘i was divided into individual parcels that could be held as fee simple by private individuals. The body of legislation which are commonly known as Māhele Acts were actually a series of laws that were enacted in stages, which were meant to incorporate Western and Hawaiian legal frameworks into the Kingdom’s governance structures for the purpose of caring for the Native Hawaiian people. Although primarily recognized as a system of land redistribution, the Māhele also redistributed fishery rights.

The Māhele process allowed for the acquisition of private title to lands and resources; although access and resource use rights for Native Hawaiians were preserved in the laws surrounding the Māhele, these rights would be eroded by the practices of private landowners, through court cases and the enforcement of laws in the judicial systems, as well as in the transition of governance from the Kingdom of Hawai‘i to the Republic of Hawai‘i, the Territory of Hawai‘i and the State of Hawai‘i. In later years, particularly with the erosion of many of the safeguards that were in place within traditional Hawaiian society, Native Hawaiians would increasingly lose

access to the land and its resources.

### Political Transformations

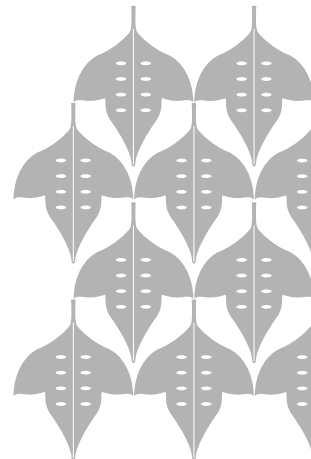
The political transformations in Hawai‘i during the nineteenth and twentieth century were indeed revolutionary, particularly when considering the scope of changes within Native Hawaiian governance structures. For example, the transition from the traditional *ali‘i* system of governance to a constitutional monarchy was astonishingly rapid. The presence of a unified political entity that spanned across the Islands was relatively new in the early nineteenth century. The formation of the monarchy within the Kamehameha lineage as a result of unification would lead to the development and strengthening of the Hawaiian Kingdom government.

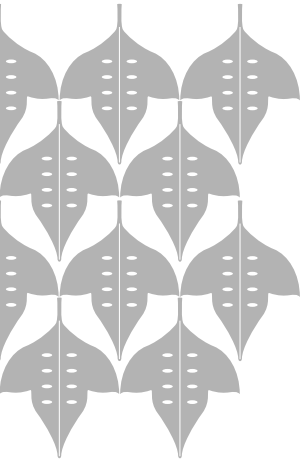
The 1819 breaking of the *‘ai kapu* [eating restrictions] and the subsequent *‘ai noa* [free eating] by Liholiho, Keōpūolani, and Ka‘ahumanu *mā* [Ka‘ahumanu and her supporters], transformed traditional sources of authority and shifted the traditional relationships between the *ali‘i* and the *maka‘āinana* [members of the general populace] (Kame‘eleihiwa, 1992).

The 1820 arrival of the first company of missionaries, who were sent by the American Board of Commissioners for Foreign Missions (ABCFM), would also impact governance; a number of Hawai‘i’s most powerful *ali‘i nui* [high chiefs] embraced the religious doctrines of the missionaries and moved to establish laws based on Christianity, including edicts against prostitution, polygamy, and adultery (Merry, 2000). To some extent, the incorporation of Euro-American frameworks within Hawaiian laws [such as voting requirements], coupled with other such factors [such as the increase in the number of non-Hawaiians in the Islands] would contribute to diminishing political participation among Native Hawaiians.

By the middle of the nineteenth century, members of the Hawaiian government also began to consciously integrate Euro-American secular legal frameworks within the Kingdom’s governance structures (Osorio, 2002, p. 13). A Declaration of Rights was adopted by Kamehameha III on June 7, 1839; it recognized a division and protection of rights between the *Mō‘ī* [King] as sovereign, the chiefs, and the common people (McGregor, 2007).

The first Constitution of the Kingdom was adopted by Kamehameha III in 1840. The





creation and adoption of the Constitution represented a voluntary shift from the traditional *ali'i* system of governance towards a constitutional monarchy. The Constitution codified existing governmental structure and practice, recognizing partially separated executive, legislative and judicial branches, establishing a Supreme Court and a bicameral legislative body [Kingdom of Hawai'i, 1840].

The Legislative Session of 1851 marked a definitive shift in the governance structures of the Kingdom [Osorio, 1999]. In particular, non-Hawaiians were able to gain control of the authority of the House of Representatives in 1851, and although they remained outnumbered by native representatives in 1851, their influence altered the form and purpose of the legislature. It introduced new elements of governance to the Kingdom structure and drastically shifted the purpose and form of Kingdom politics. For one thing, the Constitution severely limited the authority of the King and his ability to fulfill his traditional role as an *ali'i*.

In the transition of Hawaiian governance to a constitutional monarchy during the nineteenth century, men became the primary political actors; although *ali'i* women had served as *kuhina nui* [prime minister] and had been part of early House of nobles, they later would be excluded from political proceedings. Additionally, only men were franchised under the constitutions. Over time, men who could not prove they owned land paid taxes, or were illiterate, were also excluded from voting [Lydecker, 1918].

Agitation from sugar and commercial interests in the Kingdom, as well as those with American nationalist proclivities, led to increasing tensions within the Kingdom. Eventually, this resulted in the 1887 Bayonet Constitution, which would effectively strip King Kalākaua of most of his executive powers [Silva, 2004]. In an effort to restore these powers to the monarchy, Queen Lili'uokalani attempted to promulgate a new constitution in January 1893, but was illegally overthrown in a coup led by a group that included individuals heavily associated with American commercial interests in the Islands. Stevens granted the so-called Provisional Government a measure of official U.S. recognition as the legitimate government of Hawai'i [Silva, 2004]. Following a failed attempt to secure annexation by the

United States, the Provisional Government formed the Republic of Hawai'i in 1894 [Coffman, 2009]. Native Hawaiians would resist the Provisional Government and annexation by the United States during the mid- and late 1890s through forming of political *hui* [groups], collecting Native petitions and testimonies, and trying to encourage political advocacy among Native Hawaiians in Hawai'i, the United States, and internationally. Despite the illegality of the overthrow, the lack of support for annexation from the majority of the Kingdom's population, and the presence of strong resistance movements, Hawai'i was annexed through a joint resolution of the U.S. Congress in 1898, during the administration of President William McKinley. By 1900, Hawai'i would become a U.S. territory without the customary approval by a two-thirds majority of Congress [Coffman, 2009].

### Social Transformations

Many historians point to the breaking of the 1819 *'ai kapu* [eating restrictions] and the subsequent *'ai noa* [free eating] by Liholiho, Keōpūolani, and Ka'ahumanu *mā* [Ka'ahumanu and her supporters] as a seminal event in Hawaiian history that would greatly impact the practice of the formal state religion. However, despite the revolutionary nature of the event, many Native Hawaiian *maka'āinana*, particularly in rural areas, maintained and perpetuated their practices and beliefs [McGregor, 2007, p. 9].

Besides changing the demography of Hawai'i, the influx of non-Hawaiians would instigate a flood of ideas, beliefs, and practices that would not only impact the traditional practice of Native Hawaiian culture and history, but would also alter their value within the Islands. The settlement of foreigners in Hawai'i began in the late 1700s; the escalation of travel and the establishment of regular trade routes within the Pacific Ocean led to the formation of small populations of foreigners and beachcombers within the Hawaiian Islands by the opening decades of the 1800s [Kamakau, 1992]. This period also marked the beginning of an extended period of Native Hawaiian diaspora, in which significant portions of the Native Hawaiian population would move abroad [Chappell, 1997].

The growth of populations of foreign nationals corresponded to the growing



commercial activities within the Islands, and vice versa. For example, beginning in the 1850s and 1860s, the massive importation of Chinese, Japanese, Filipino, Korean, Puerto Rican, and Portuguese contract laborers for the sugar plantations would lead to the phenomenal expansion and diversification of non-Hawaiian populations in Hawai‘i [Beechert, 1985].

Missionaries would also impact the practice of Native Hawaiian culture [Hawai‘i Mission Children’s Society, 1969]. Instead of being educated by their families, boys were now educated in missionary-run classrooms by foreign teachers. Many missionaries and their descendants would become involved in Hawaiian politics and would participate in economic ventures and commercial activities, such as the purchase of land and investment in the sugar plantations [Osorio, 2002; Kame‘eleihiwa, 1992; Silva, 2004]. Some laws that were heavily influenced by Euro-American religious and social mores outlawed or discouraged the performance of certain cultural activities, such as the practices of the kahuna *lā‘au lapa‘au* [Chai, 2005] and *hula* [Silva, 2000].

While the increase of non-Hawaiian populations in Hawai‘i during the nineteenth century was remarkable, the decrease of the Native Hawaiian population was even more dramatic and rapid. The introduction and spread of highly infectious diseases, such as cholera, venereal diseases, smallpox, and leprosy, would decimate the Native Hawaiian population [Bushnell, 1993]. Population loss would complicate the transmission of *‘ike ‘āina* pertaining to specific places, and was likely a significant factor in the loss of historical and cultural knowledge.

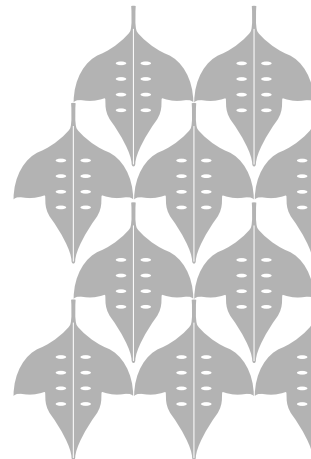
As a result of the influx of foreigners and the rapid depopulation of Native Hawaiians, non-Hawaiians would come to greatly outnumber Native Hawaiians and part Hawaiians. An analysis of the racial composition of the Hawai‘i population shows that by 1890, Native Hawaiians and part Hawaiians collectively made up about 45 percent of the total population and non-Hawaiians the remainder. By 1896, the gap was even wider. Native Hawaiians and part Hawaiians made up only 36 percent of the total population. Over time, the economic, social, and political activities of foreign nationals would dominate Hawaiian society, in large part as a result of the growth of these non-Hawaiian communities.

### Transformations in Hawai‘i during the Twentieth Century

It is difficult to pinpoint which factors most contributed to the shifting value of a traditional Native Hawaiian cultural identity in Hawai‘i, because the changes permeated society and occurred over a period of two hundred years. And, while many transformations that would affect the practice of Native Hawaiian culture in the Islands would occur during the Kingdom period in the nineteenth century, some of the greatest and most formidable would happen in the twentieth century.

The difference between the transformations of the nineteenth century and those of the twentieth is that many of the socio-cultural supports and protections that had been in place during the Kingdom period were severely diminished or fragmented during the twentieth century. During this time, fundamental paradigm shifts devalued and denigrated elements of Native Hawaiian identity, inhibiting the ability of Native Hawaiians to practice their culture as they had under the protection of the Hawaiian monarchy. These transformations occurred in all political, economic, and social aspects of Native Hawaiian life. For example, English-only instruction was established in 1896, which Kamanā and Wilson note “had devastating effects on literacy, academic achievement, and the use of standard English among Native Hawaiians” [in Benham and Heck, 1998, p. 261]. The legislation restricting the use of the Hawaiian language in schools would also have a deep impact on wider Hawaiian society and nearly extinguish Hawaiian-language fluency.

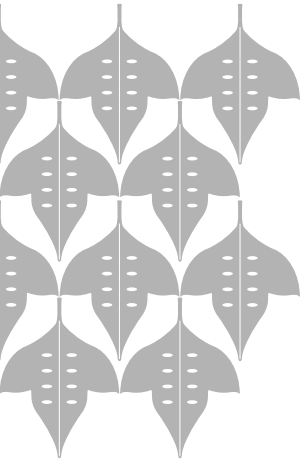
In turn, the loss of language would impact the Native Hawaiian historiography and significantly alter conceptions of Native Hawaiian culture [Nogelmeier, 2010]. The loss of the ability to practice self-governance, the presence of the American government and military, and the growing importance of tourism would have similar effects on Hawaiian society. Cumulatively, these and other changes during the twentieth century would result in the transformation of Native Hawaiian culture from one that was practiced daily to one that must be actively recovered and revitalized.



### **Native Hawaiian Resiliency**

Despite the existence of a series of historical difficulties and the impact of deep transformations within Hawaiian society, Native Hawaiians have actively sought to preserve and perpetuate their history and culture. For example, the significance of *mo'okū'auhau* was maintained into the late 1800s: a Board of Genealogy was established in 1880 by King Kalākaua and the Legislative Assembly of the Hawaiian Kingdom [Hawaiian Kingdom, 1880]. It is also important to remember that Native Hawaiians were able to rapidly adapt to many of the changes occurring within society during the nineteenth century. One of the most poignant examples can be seen in the proliferation of Native Hawaiian writings in the *nūpepa*, or Hawaiian-language newspapers, as documented by Puakea Nogelmeier [2010]:

In just over a century, from 1834 to 1948, Hawaiian writers filled 125,000 pages in nearly 100 different newspapers with their writings. While literacy was at its highest, Hawaiians embraced the Hawaiian-language newspapers as the main venue for news, opinion, and national dialogue, but also as an acknowledged public repository for history, cultural description, literature and lore.... The contents of those papers span a period when noted historians, expert genealogists, skilled storytellers, and cultural specialists were numerous, and their knowledge was intentionally recorded in writing.







## Part Two: ‘O Kēia Au [The Present]

Having examined the historical roles and responsibilities of Native Hawaiian *kāne* (Native Hawaiian men) in traditional Hawaiian society, we turn now to a discussion of the contemporary state of *kāne* health and well-being. Within this discussion the larger social, economic, and cultural context must also be considered, as these factors continue to determine the health and well-being of Native Hawaiian men today.

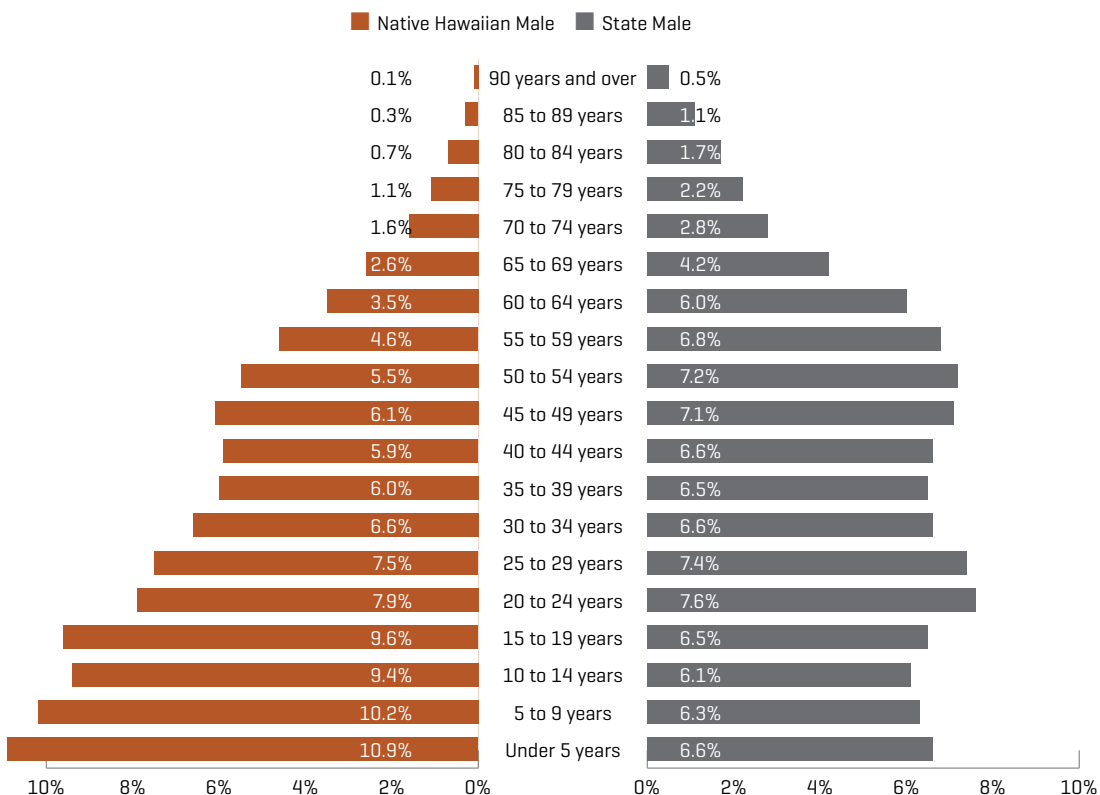
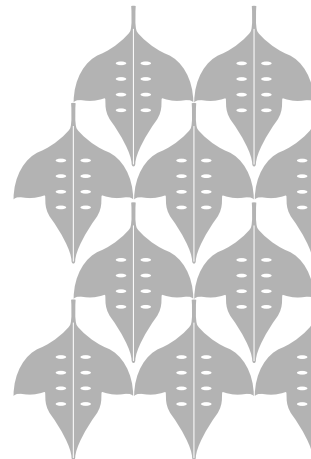
### Demographics: The Kāne Population in Hawai‘i

As previously illustrated, there was a considerable decline in the Native Hawaiian population throughout the 1800s. However, beginning in the 1900s the Native Hawaiian population began to stabilize, and then grow. Naturally, *kāne* population figures also followed this trend. While not comparable to population figures from previous years, the new population figures for 2000 and 2010 showed a further increase in the *kāne* population:

- Of the 1,360,301 State population, 289,970 (21.3%) were Native

Hawaiians. 62.8% of Native Hawaiians in the State lived in Honolulu County, 18.9% lived in Hawai‘i County, 12.7% lived in Maui County (including Kalawao), and 5.6% lived in Kaua‘i County.

- Of the 289,970 Native Hawaiians in Hawai‘i, 145,849 or 50.3% were *kāne*, with a median age 26.3 years. The median age for the 681,243 State males was 37.2 years.
- In 2010, there were 527,077 Native Hawaiians in the United States: 45% living in the Continental U.S. and 55% in Hawai‘i.



### Male Population in Hawai‘i by Age and Native Hawaiian status

Note. Adapted from [U.S. Census Bureau, 2010a]

- 261,907 (49.7%) of Native Hawaiians in the U.S. were *kāne*. Their median age was 25.8 years.
- The *kāne* age-distribution plot resembles a pyramid with a wide base, which indicates a higher fertility rate. Percentwise, the *kāne* population was larger than the State population before it reached parity between 30–34 years of age. From that point, the trend reversed, with the largest percentage point difference (2.5%) between 60–64 years of age. The peak indicates a higher mortality rate. The State male age-distribution plot is more rectangular below 65 years and tapers at the top, indicating a more stationary population (U.S. Census Bureau, 2010a).



**Social Determinants of Kāne Health**  
*Using the lens of the social determinants of health (SDH), what are the interconnected elements your organization addresses?*

**Keiki**  
*How can your organization work to address the health and well-being of keiki kāne?*

## SOCIAL DETERMINANTS OF KĀNE HEALTH

Although individuals generally strive to achieve health and well-being, not everyone has the same opportunities to make health-promoting choices. Even with great motivation, the barriers to health can be too great for individuals to overcome. Health behaviors, quality and affordable medical care, genetic makeup, and physical and social environments are critical in understanding an individual’s ability to be healthy. These factors are better known as the social determinants of health (SDH).

The social determinants of health describe the complex and interconnected structures, circumstances, environments, institutions, and systems that contribute to the health or harm of individuals and communities. Some of the most commonly cited factors to impact long term health and well-being are early childhood experiences, educational attainment, employment, income, housing, culture, public policy, social and familial support networks, built and physical environments, and access to health care and social services. Leading national and international organizations recognize the combination of these determinants is the most important influence on individual and population health outcomes (Office of Hawaiian Affairs, 2015).

Thus, the multiple variables discussed in the following sections interact in complex and multifaceted ways; such that any lasting,

effective solution in improving the health of *kāne* will likely require targeted strategies in many of these areas. These health areas are all connected to one another, and efforts towards improving *kāne* health as a whole will likely require improvements in the various parts.

The structure of this second section of the report mirrors a *kāne*’s lifecycle, starting from prenatal and familial health through morbidity, and highlights significant health factors and figures. It concludes with examples of Native Hawaiian resiliency and recommendations for policymaking and other factors that can positively affect *kāne* health and well-being.

## KEIKI

Health begins before birth during *ho’okau-hua* (gestation); social determinants can affect health resources for the *hāpai* (pregnant) *makuahine* (mother). *Keiki* (child’s) early years can be conceptualized in three phases: infancy, childhood, and adolescence. The financial and social resources at a family’s disposal can enhance or inhibit their ability to provide *keiki* (children) with nurturing and stimulating environments conducive to cognitive and behavioral development. The effects of education and income impact health at all stages of life, but are most profound during childhood. *‘Ōpio* (adolescents) are generally a healthy group, and when *‘ōpio* experience adverse health outcomes, the causes can be preventable. (Office of Hawaiian Affairs, 2015.)

## ‘Ohana make-up

The *‘ohana* continues to be the center of Native Hawaiian identity. In 2014, there were 52,686 Native Hawaiian families in Hawai‘i. Native Hawaiian families made up 16.8% of families in the State of Hawai‘i, and had an average family size of 4.06 people (U.S. Census Bureau, 2014a).

## Larger Families

Empirical national studies have long supported the theory that family size is negatively associated with children’s education, due to the impact of decreased parental time and financial resources. Newer studies, however, indicate this association may vary by different cultural conditions, such as communities with high levels of collectivism, where parents share responsibility for raising children with many relatives (Chilhaya and Styrck, 2015).

Additional research is necessary to determine if the presence of more children in Native Hawaiian families and households is also negatively associated with education and other social determinate of health, or if these impacts are mitigated by Native Hawaiian traditions of extended family involvement and support.

- The total State average family size was 3.61, considerably smaller than those of Native Hawaiians. This figure includes members of the household who are not related by birth, adoption, or marriage.
- Of these families, 17,228 or 32.7% had children younger than 18 years, in comparison with 27.3% of the total State family households [U.S. Census Bureau, 2014a].

### Single Parent Families

The number of parents in a household can impede a family’s ability to provide resources for its *keiki*. In 2014, the Hawai’i median family income for single-father households was 68% that of a married couples, while single-mother households median family income was 56% that of married couple families [U.S. Census Bureau, 2014a]. Additionally, current research on fatherhood in Hawai’i concluded that “fathering matters because it is related to important outcomes of children, including cognitive, social, and behavioral. Both the quantity and quality of father involvement appear to be important in shaping child outcomes, above and beyond the contribution of mothers” [Lewin-Bizan, 2015]. National research suggests that “the absence of stable fathers from children’s lives has particularly significant adverse consequences for boys’ psychosocial development and educational achievement” [Autor and Wasserman, 2013]. Thus, many future social determinates of men’s health, such as education, occupation, and earnings, can be affected by the early childhood experience of family structure.

- Data on the *‘ohana* makeup for Native Hawaiian households from 2014 demonstrate that Native Hawaiian *keiki* are more likely to come from single-parent households than other *keiki* in the State of Hawai’i. 26% of families in the total State population are single-

parent, while of Native Hawaiian families 39% are single-parent. Specially, 28% of Native Hawaiian families were single-mother and 11% were single-father.

- Additionally, in 2014, of the 4,201 Native Hawaiian women who had given birth in the past 12 months, 2,514 or 60% were unmarried. This figure compares with 32% of the total State [U.S. Census Bureau, 2014a].

### Multi-Generational Living

Since the Great Recession of 2008, multi-generational living across the United States has grown in popularity. In Native Hawaiian communities, however, these household structures are consistent with traditional practices which emphasized the importance of *‘ohana* and *kūpuna* [grandparent]. Current research indicates three-generation living as a protective factor in early childhood experiences [Kamehameha Schools, 2014]. This setting includes the *keiki*, *mākuā* [parents], and *kūpuna* living together in one home, as opposed to “skipped-generation” households in which *kūpuna* are the primary caregivers and the *mākuā* is absent. National research on skipped-generation households indicates that these children might face additional risk factors, which can negatively impact their future health [Scommergna, 2012].

- In 2014, 8.6% of the Native Hawaiian population over the age of 30 lived with their *mo‘opuna* [grandchildren].
- 37.2% of these *kūpuna* were financially responsible for their *mo‘opuna’s* basic needs, such as food, shelter, and day care. This responsibility may indicate a skipped-generation household.
- By comparison, of the total State population over the age of 30, 6.4% lived with their grandchild[ren]; 25.3% of whom were responsible for the child[ren]’s basic needs.
- Additionally, 19.1% of Native Hawaiian households included other relatives not related to the householder by birth, marriage, or adoption, compared to 14.2% for the State [U.S. Census Bureau, 2014a].



### Single Parent Families

*In what ways can your approach change or vary towards improving the situation of single parents?*



### Abuse/Neglect

Countless national and international studies confirm that sustained childhood experiences of abuse or neglect also have long-term consequences for mental and physical health, as well as for social adjustment, academic achievements, and subsequent employment histories. Adults with a history of childhood abuse have been found to suffer from significantly more health conditions, and mental health effects include depressive disorders, anxiety disorders, drug abuse, and suicidal behavior [Moore, McDonald & McHugh-Dillon, 2015; Cashmore & Shakel, 2013; McLeod et al., 2014; Macmillan, 2009; Norman et al., 2012; Reeve & van Gool, 2013; Zielinski, 2009].

Limited research points to links between boys' experience of abuse or neglect in childhood and increased rates of substance abuse, sexual transmitted diseases, and perpetration of domestic violence in adulthood. Far more studies focused on the effects of child abuse and neglect in women, making it difficult to compare differences between men and women as less is known on the effects of child abuse and neglect on men [Springer, 2007].

Although Native Hawaiian *keiki kāne* (boys) experience increased protective factors due to cultural values and traditional practices, current social, economic, and political conditions [such as financial insecurity and unemployment] create disproportionately high levels of child abuse and neglect within Native Hawaiian households [Kamehameha Schools, 2014].

- In 2014, 31% of all children in Hawai'i were Native Hawaiian, yet Native Hawaiian *keiki* constituted 42.6% of all confirmed victims of abuse and neglect in Hawai'i [*State of Hawai'i, Dept. of Human Services, 2014*], a dramatic over-representation [U.S. Census Bureau, 2014a].
- Notably, though, confirmed cases of Native Hawaiian child abuse and neglect have decreased from 1,456 cases in 2000 to 600 in 2014 [*State of Hawai'i, Dept. of Human Services, 2014*].
- Although data are not available specific to Native Hawaiian boys, in the total State population boys constituted 46.8% of confirmed victims [*State of Hawai'i, Dept. of Human Services, 2014*].

### Education

There are many long-term health effects of education that reach into adulthood, including improved cognitive development, improved social-emotional development, and general health knowledge. Improved cognitive development is associated with greater academic achievement, which translates into better employment opportunities and higher earning potential. Improved social-emotional development is associated with decreased propensity for risk-taking, stress, absenteeism from school, and self-regulation. General health knowledge informs students of health promoting and risky behaviors. High educational attainment predisposes the recipient to a higher health trajectory. These individuals report lower chronic and acute disease burden, independent of basic demographic and employment indicators [Office of Hawaiian Affairs, 2015].

#### School Enrollment in Kindergarten through Twelfth Grade

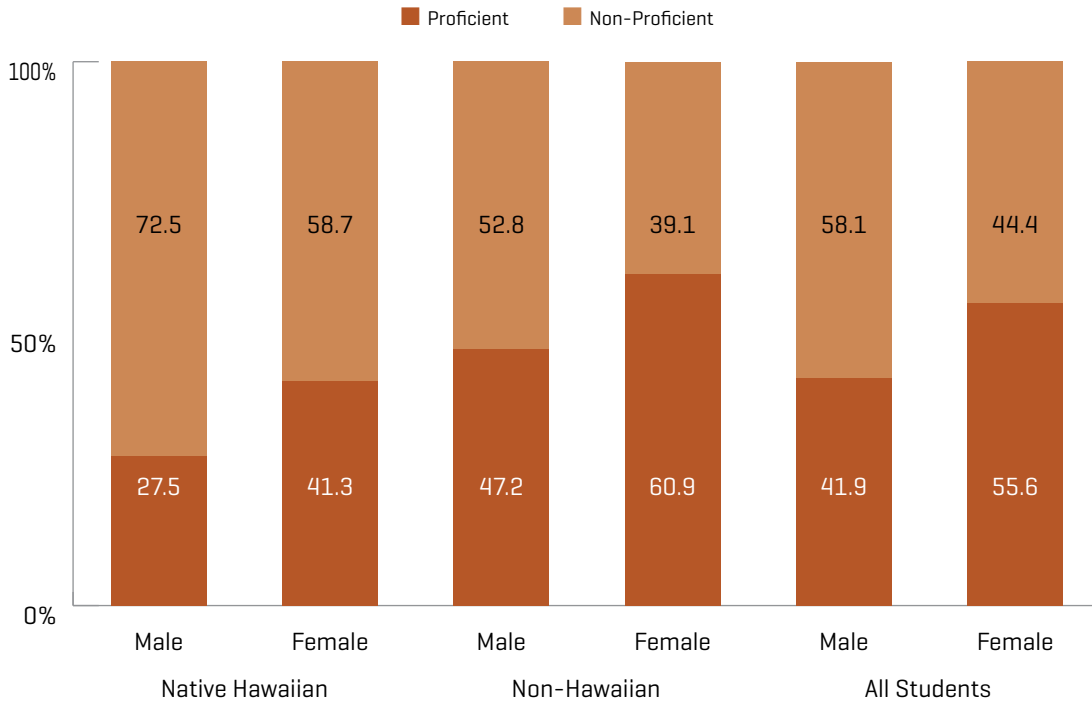
Historically, the State of Hawai'i has one of the highest percent of students enrolled in private schools nationwide. Factors which may influence a student's school enrollment may include family income, parent educational attainment, race, ethnicity, religious affiliation, and Hawai'i State Department of Education [DOE] School Quality rating. The long-term impact of private education in comparison to DOE education has not been determined.

- In 2015, Native Hawaiians constituted 26.1% of male students in the DOE system, including charter schools [24,659 of 94,590 male students] [DOE, 2015].
- Of these Native Hawaiian male students, 70.2% were classified as economically disadvantaged, as indicated through their eligibility for the federal free/reduced lunch program [DOE, 2015].
- Although not directly comparable with the information from 2015, data from the 2010 U.S. Census indicated that 14.8% of Native Hawaiian male students in kindergarten through twelfth grade were enrolled in private school and 85.2% were enrolled in DOE schools [calculated from U.S. Census Bureau, 2010b].



### Abuse/Neglect

How can your organization address the need to reduce the incidence and prevalence of childhood abuse and neglect?



**Reading Proficiency, by Gender and Native Hawaiian Status, SY2015**

*Notes. Calculated from [DOE, 2015].*

- In comparison, 18.1% of non-Hawaiian male students in Hawai‘i were enrolled in private schools, and 81.9% were enrolled in DOE schools. Across the nation, 10.3% of male students were enrolled in private schools, and 89.7% in DOE schools [calculated from U.S. Census Bureau, 2010].

Kamehameha Schools is the largest Native Hawaiian-serving private school in the State. Within a comparable time period, an annual average of 5,369 Native Hawaiian students were enrolled at Kamehameha Schools campuses [calculated from Kamehameha Schools, 2011]. If 50% of these students are assumed male, these averages equate with 7.5% of Native Hawaiian male students statewide and 50.9% of Native Hawaiian male private school students.

**Standardized Educational Achievement Tests**

In school year 2014 – 2015 the Hawai‘i State DOE fully implemented a new standardized achievement test system: The Smarter Balanced Assessments. This system was designed to align the new Hawai‘i Common Core Standards and measure whether students are “on track” for college and career readiness. These tests are administered in grades three through eight and 11. Like previous standardized tests used in the DOE,

the new system reports results within four categories, including Exceeded Standard, Met Standard, Nearly Met Standard, and Did Not Meet Standard. As in any evaluation based on standardized achievement tests, this discussion must consider the inherent limitations of this form of assessment. Many education scholars suggest that standardized assessment methods are culturally bias and skew results by actually measuring test-taking skills rather than educational achievement. The following data on Native Hawaiian student test results is presented within the larger context of these debates.

- Reading
  - In 2015, 27.5% of all Native Hawaiian male students tested were proficient in reading.
  - A higher percent of Native Hawaiian female students tested proficient in reading than Native Hawaiian male students, by 13.8 percentage points.
  - A higher percent of non-Hawaiian male students tested proficient in reading than Native Hawaiian male students, by 19.7 percentage points. [DOE, 2015]
- Math
  - In 2015, 26.3% of all Native Hawaiian male students tested were proficient

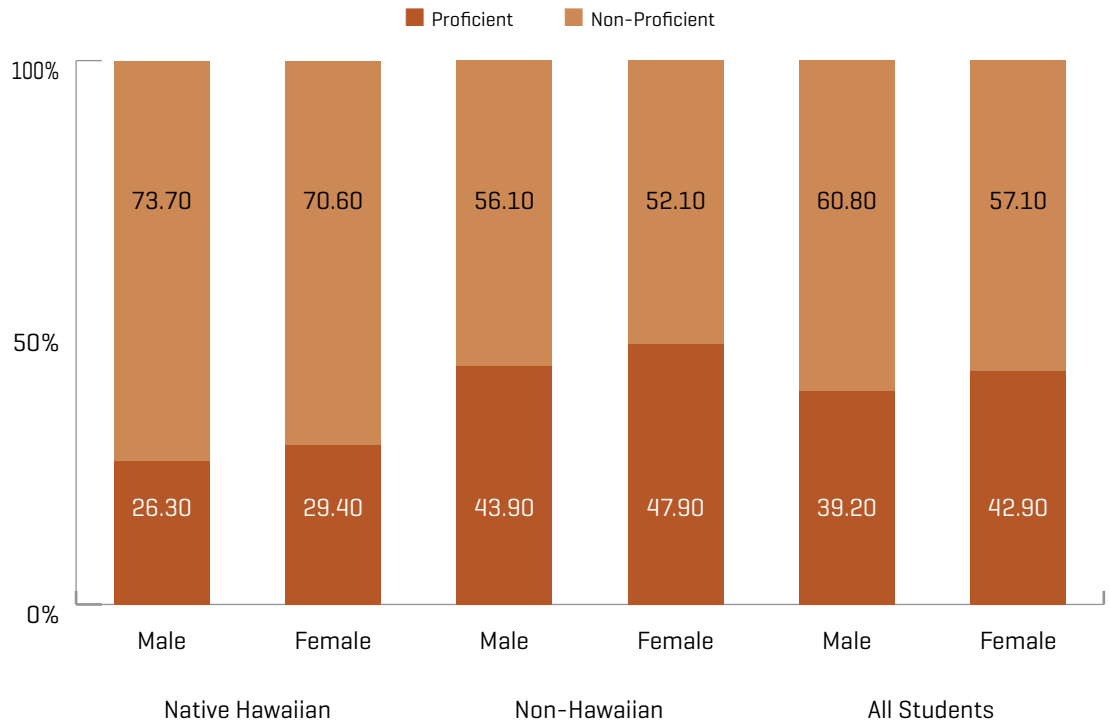


**Standardized Educational Achievement Tests**

*How can your organization impact kāne youth within Hawai‘i’s educational system?*

**Math Proficiency by Gender and Native Hawaiian Status, SY2015**

Notes. Calculated from [DOE, 2015].



in math.

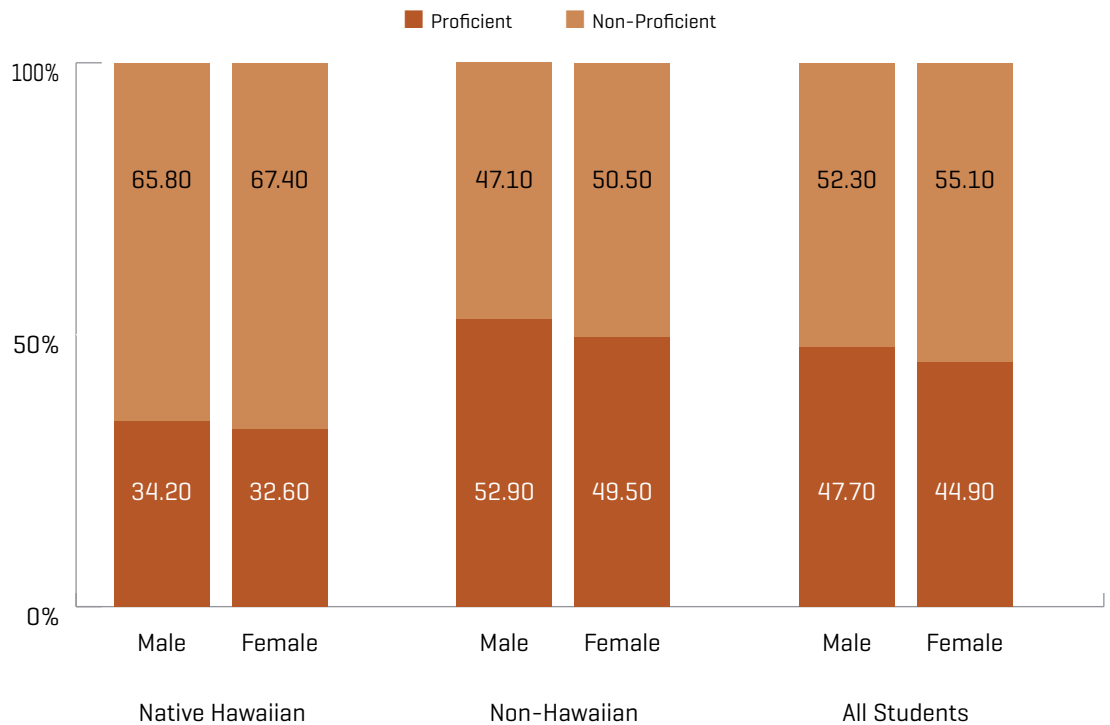
- A higher percent of Native Hawaiian female students tested proficient in math than Native Hawaiian male students, by 3.1 percentage points.
- A higher percent of non-Hawaiian male students tested proficient in math than Native Hawaiian male students, by 17.6 percentage points.

[DOE, 2015].

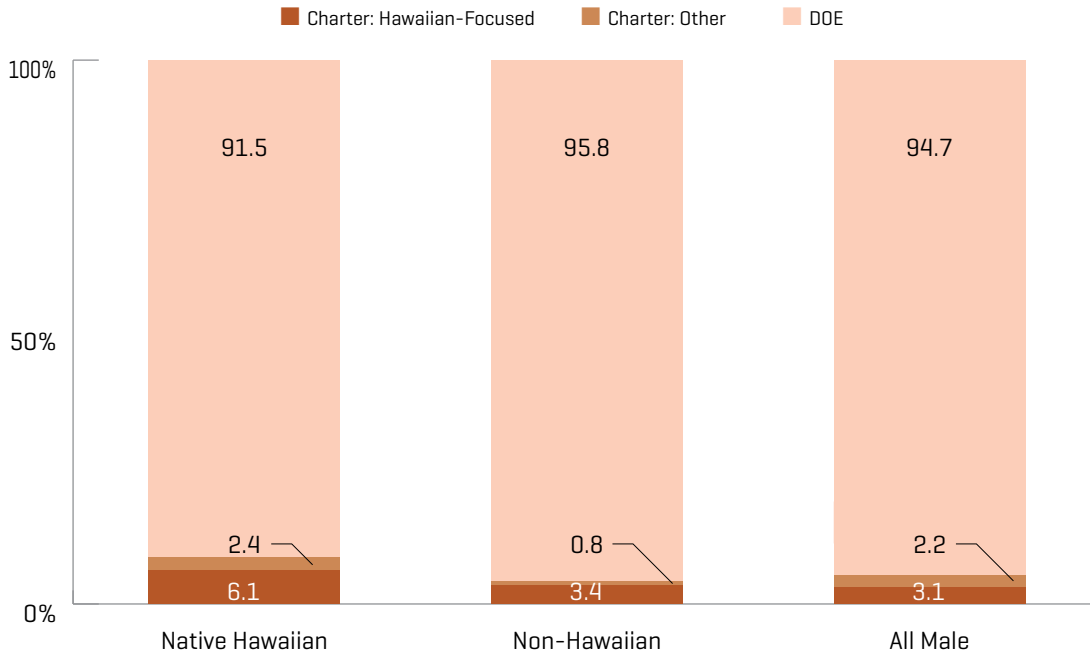
- Science [The Hawai‘i State Assessments are still used for science and are administered in grades 4 and 8]
  - In 2015, 34.2% of all Native Hawaiian male students tested were proficient in science.
  - A higher percent of Native Hawaiian

**Science Proficiency, by Gender and Native Hawaiian Status, SY2015**

Notes. Calculated from [DOE, 2015].







**Enrollment of Male Students, by School Type and Native Hawaiian Status, SY2015**

Notes. Calculated from [DOE, 2015].

male students tested proficient in science than Native Hawaiian female male students, by 1.6 percentage points.

- A higher percent of non-Hawaiian male students tested proficient in science than Native Hawaiian male students, by 18.7 percentage points. [DOE, 2015]

**Graduation from High School**

According to research from the U.S. Centers for Disease Control, education is one of the strongest predictors of health. There are numerous ways completing a high school education can impact health outcomes. First, it has a direct correlation of levels of future income, as high school completion is also the gateway into college, which offers even greater benefits than high school alone. Second, high school education facilitates healthier behavior choices by offering learners access to health information and tools to acquire help and resources, such as smoking cessation programs. Third, people are able to acquire social support, strengthen social networks, and mitigate social stressors; simply put, the more education people have, the more social support they have. Finally, education helps people to gain a sense of control over their lives, an outcome associated with better health [Freudenberg and Ruglis, 2007].

- Data on graduation rates are reported by ethnicity or gender, not as a combination. In 2014, Native Hawaiian students in the Hawai‘i State DOE had a graduation rate of 77.8%, in comparison to the total student rate of 82.1%. In 2014, male students in the Hawai‘i State DOE had a graduation rate of 79.1%, in comparison to the female student rate of 85.2% [DOE, 2016].
- When considering the total population of Hawai‘i of 25 years or older, however, an equal portion of Native Hawaiian men have attained a high school diploma or higher. In 2014, 92.9% of Native Hawaiian men had attained this level of education. This rate is comparable to 92.2% of Native Hawaiian women and 92.5% of the total male population [U.S. Census Bureau, 2014a].
- These results may suggest that Native Hawaiian male students are not completing high school on time, but do eventually gain their diploma by age 25.

**Connection to Native Hawaiian Epistemology and Traditional Practices**

Although by several measures of academic achievement, Native Hawaiian male students appear to be lagging behind their peers in the Hawai‘i DOE system, alternative systems

provide educational opportunities which may address these disparities. Many Hawaiian-focus charter schools offer cultural-based education, which can be defined “as a holistic and comprehensive application of culturally relevant education and referred to education approaches that are ground in a particular cultural worldview” [Kana'iaupuni, 2010]—in this case, a Native Hawaiian worldview.

Recent studies found that the use of culture-based education strategies by teachers and school systems is linked with education outcomes of Native Hawaiian students. First, strategies positively impact student socio-emotional well-being, which are directly related to current health outcomes, including identity, self-efficacy, social relationships. Second, enhanced socio-emotional well-being, in turn, positively affects math and reading test scores, which is a predictor of future health outcome.

- 8.5% of all Native Hawaiian male students (or one out of every 12 students) is enrolled in a charter school, in comparison to 4.2% of non-Hawaiian male students.
- 6.1% all Native Hawaiian male students are enrolled in a Hawaiian-focused charter school, over twice the percentage of non-Hawaiian male students (3.4%).
- The vast majority of Native Hawaiian male students, however, are enrolled in a mainstream DOE school (91.5%). [DOE, 2015]

### Juvenile Crime

Juvenile crime can be seen as both an outcome of early childhood social determinates of health, and a factor contributing to adult barriers to well-being. Recent research demonstrates the over-representation of Native Hawaiians in the criminal justice systems [Umamoto et al., 2012]. These disparities are reportedly the effect of the social, political, and economic conditions which increase the prevalence of antisocial and criminal behavior among Native Hawaiian youth, as well as the results of institutional bias.

- In 2014, 391 Native Hawaiian juveniles—representing 31% of total arrests—were arrested for Part I

offenses on the Crime Index (murder and non-negligent homicide, forcible rape, robbery, aggravated assault, burglary, motor vehicle theft, larceny-theft, and arson). The majority of the arrests were for crimes related to larceny-thefts.

- Between 2000 and 2014, however, there was a 61% decrease of Native Hawaiian juveniles arrested for Part I offenses.
- In 2014, 1,750 Native Hawaiian juveniles were arrested for Part II offenses, which represented 30% of total arrests. Crimes related to runaways accounted for the highest number of these arrests (34%).
- From 2003 - 2012, Native Hawaiian youth accounted for:
  - The highest number of individual juvenile arrests (26,788 or 34% of all juvenile arrests).
  - The highest number of total juvenile arrests (60,685 or 37% of 161,901 total juvenile arrests).
  - The highest number of juveniles confined to the Hawaii Youth Correctional Facility (802 or 55% of 1,470 total juveniles).

[Hawai'i State Department of the Attorney General, 2003 - 2014]

### MĀKUA

Aging can also be viewed as two phases, adulthood and elderhood. *Mākua* (adults) and *kūpuna* (older adults) are also vulnerable to stressors and social conditions—in their case, though, the concern becomes how the accumulation of these circumstances over time lead to chronic diseases, which then have to be managed. Some stressors common among *mākua* include working long or irregular hours, dealing with daily parental responsibilities, or caring for older family members. Long-term exposure to these stressors can put *mākua* at higher risk for injuries, digestive problems, hypertension, obesity, or heart disease. The social determinants of health impact individuals in similar ways, but manifest themselves differently at each stage of life.

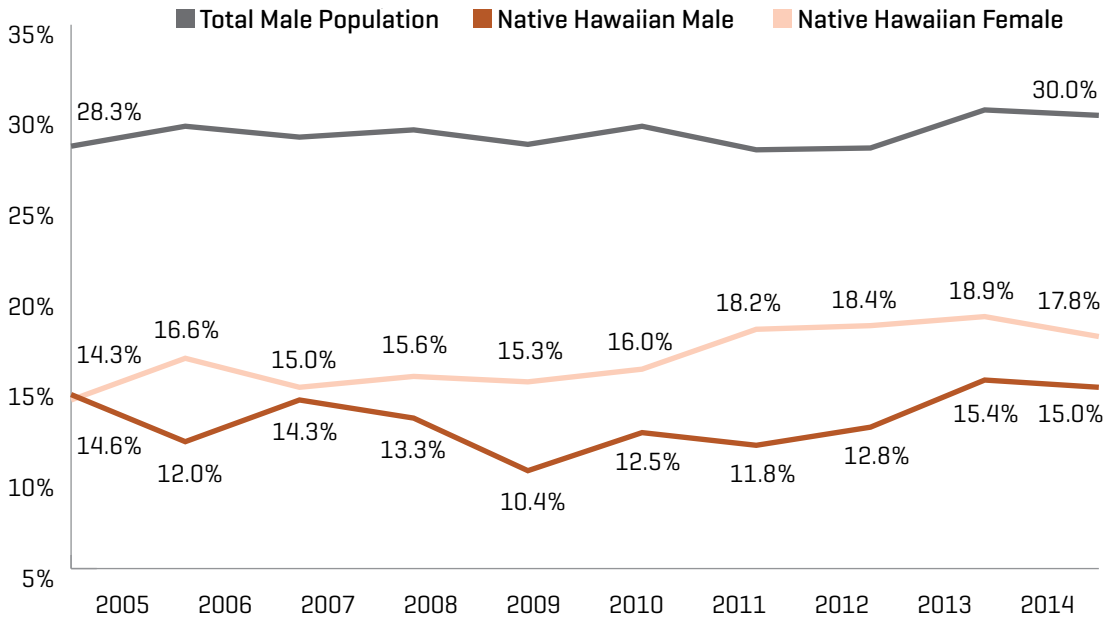
### Post-secondary Education

One of the most significant factors in the future of a young adult is their level of educational attainment. Research has shown that there are



### Juvenile Crime

*In what ways can your organization combat the prevalence and incidence of keiki kāne involvement in the criminal justice system?*



Population of Hawai‘i with a Bachelor’s Degree or Higher, by Gender and Native Hawaiian Status, 2005-2014 [as a percent of the population 25 Years and Older]

Notes. Adapted from [U.S. Census Bureau, 2014a]

not only economic advantages for individuals who obtain college degrees in comparison to those with high school diplomas only, but also increased well-being in terms of health and civic engagement [Day and Newburger 2002; Dee 2004; Ross and Wu 1996]. The higher the level of education an individual attains, the higher their future income, enabling them to purchase better housing in safer neighborhoods, healthier food, better medical care and health insurance; each of these factors is associated with improved health.

- In 2014, 15% of Native Hawaiian men 25 and older had a bachelor’s degree or

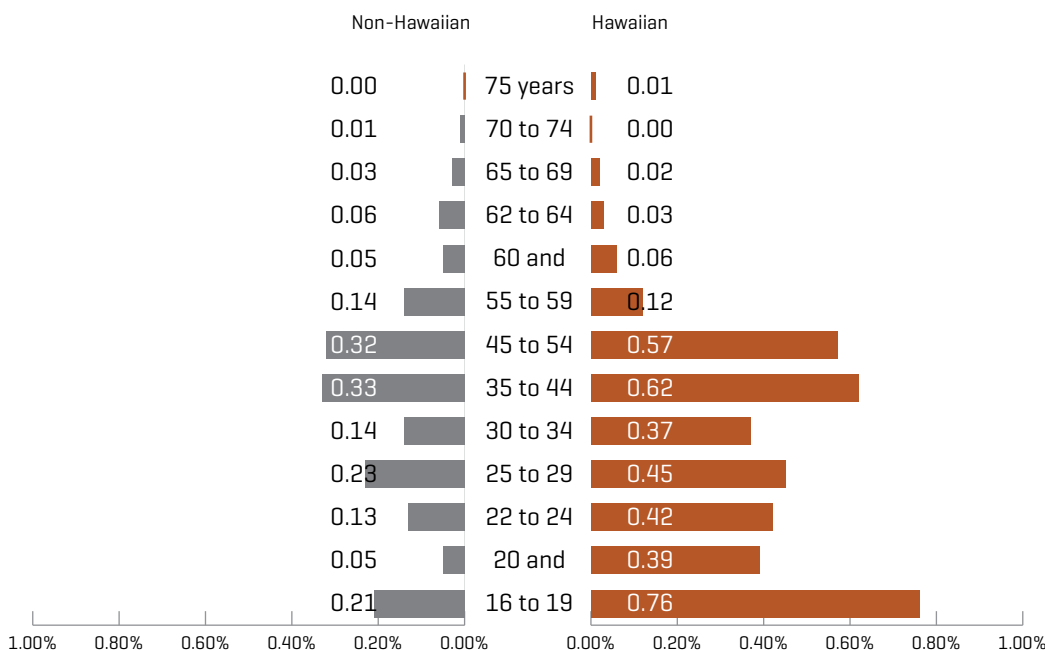
higher, half as many as the total male population in the State.

- The percent of Native Hawaiian men 25 years and over with a bachelor’s degree or higher increased by only 0.4 percentage points from 2005, while the percent of the total male population increased by 1.7 percentage points.
- The percent of Native Hawaiian men 25 years and over with a bachelor’s degree or higher continued to be lower than the Native Hawaiian female population from 2006 to 2014. [U.S. Census Bureau, 2014a]



### Post-secondary Education

*In what ways can your organization help promote post-secondary education amongst kāne?*



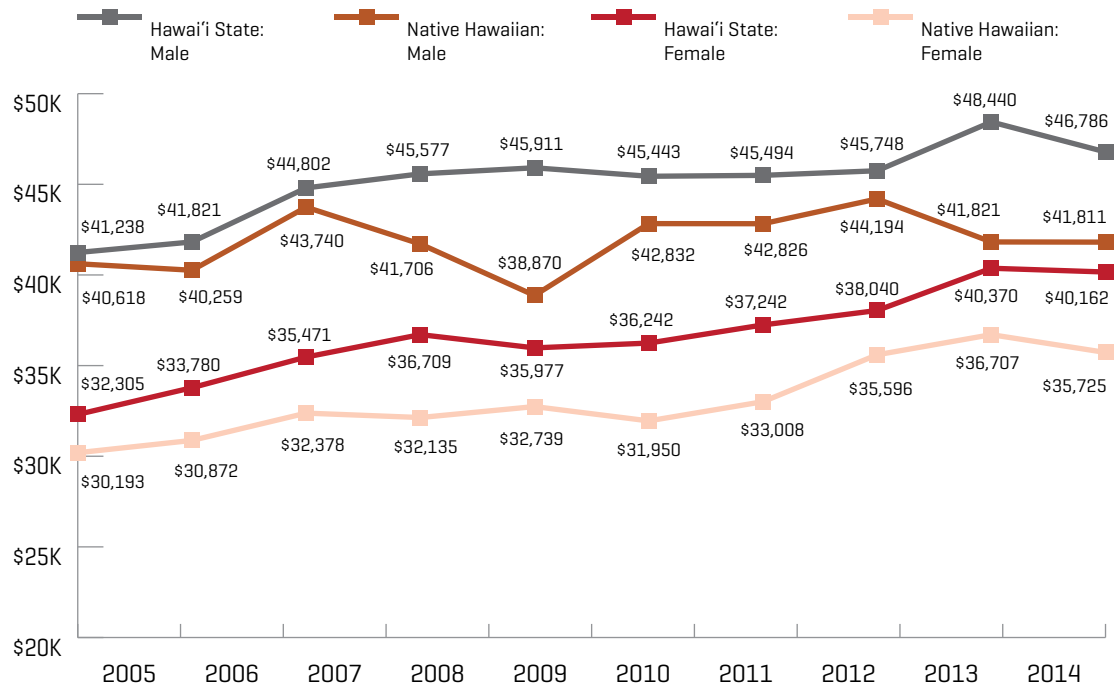
### Male Unemployment in Hawai‘i, by Age and Native Hawaiian Status, 2006-2010

Notes. Adapted from [U.S. Census Bureau, 2014a]



**Median Individual Earnings in Hawai‘i, by Gender and Hawaiian Status, 2005 - 2014**

Notes. Adapted from [U.S. Census Bureau, 2014a]



**Economic Stability**

*In terms of economic shifts over time, how can the State address the report findings that are linked to kāne health?*

**Economic Stability**

Because of its high cost of living, Hawai‘i poses a great economic challenge for not only Native Hawaiians, but all residents. With the nation’s highest food and electricity costs, householders must make difficult choices to select which bills get paid every month. Parents working long hours may be too exhausted from working a long shift to cook nutritious meals, and instead rely on cheap, high-calorie food. Individuals without health insurance cannot receive preventive services or seek care when they fall ill. The closest primary care physician may be an hour away by bus, making the visit costly and time-consuming. Families unable to pay monthly mortgages or rent are left to move in with other family members or seek other shelter, creating crowded living spaces. With barely enough financial resources for daily living expenses, planning for the future becomes nearly impossible, leaving people with the ability to only respond to urgent needs. Research findings on unemployment rates, earning levels, occupation, commuting times, poverty rates, and homelessness indicate that Native Hawaiian men are disparately affected by economic factors.

**Unemployment**

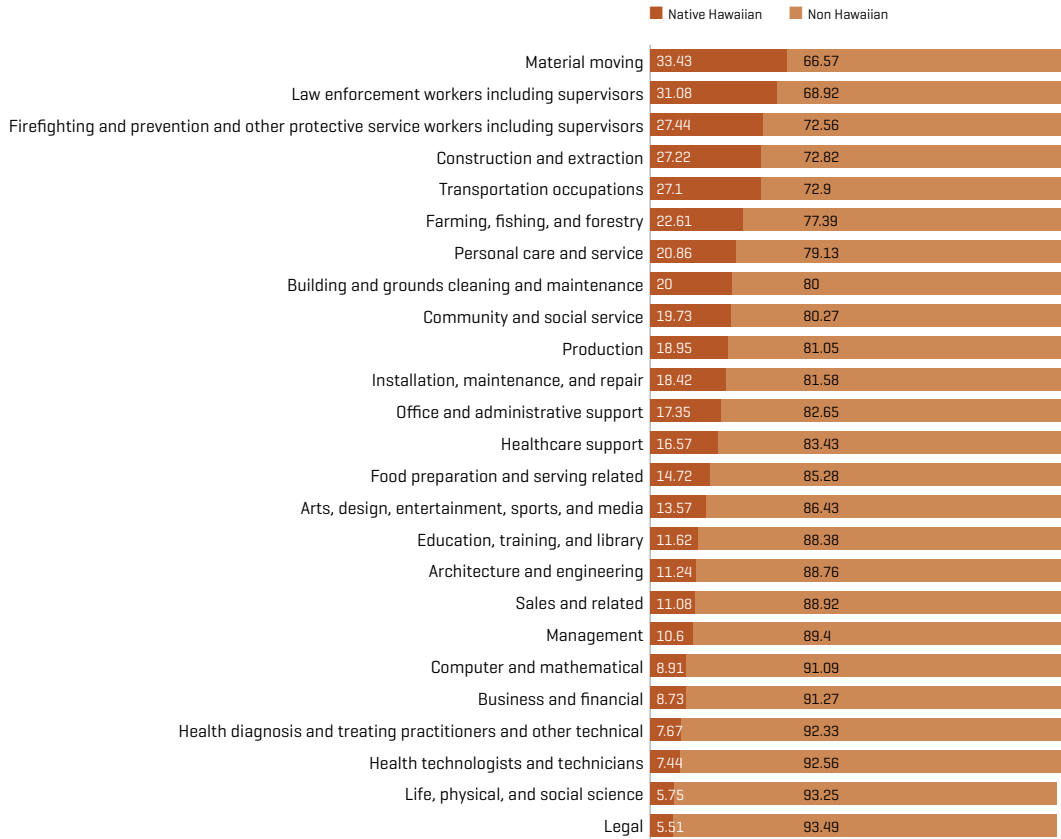
In the most recent data, from 2006 through 2010, 3.8% of Native Hawaiian men were unemployed, compared with 2.1% of all men in Hawai‘i [U.S. Census Bureau, 2010c].

**Earnings**

- In 2014, the average annual earnings of Native Hawaiian men was \$41,811; this figure is 89.4% of the average of all men statewide [\$46,786].
- From 2005 to 2014, Native Hawaiian male average annual earnings increased by 2.9%, while the earnings of all men statewide increased 13.5% and the earnings of Native Hawaiian women increase 18.3%. [U.S. Census Bureau, 2014a]

**Occupation**

- In the most recent data, from 2006 through 2010, Native Hawaiian men comprised 17.6% of the total male populations but were over-represented in moving materials [33.4%], law enforcement [31.1%], firefighters [27.4], construction and extraction [27.2%], and transportation [27.1%] occupations.
- During this same time period, Native Hawaiian men had the lowest representation in legal [5.5%], life/physical/social service [6.8%], health technologists and technicians [7.4%], health diagnosis and treating practitioners [7.7%], and business and



**Male Occupational Representation in Hawai'i, by Native Hawaiian Status, 2006 -2010 as percent of all men in occupation in Hawai'i]**

*Notes. Adapted from [U.S. Census Bureau, 2010d]*

financial occupations [8.7%].  
[U.S. Census Bureau, 2010d]

**Commuting**

- On average, Native Hawaiian men spend 30.1 minutes a day traveling to work. Therefore, it can be estimated that they spend 60.2 minutes traveling to and from work, which equates to 5.1 hours a week and 260.9 hours, or over 1.5 weeks a year.
- On average, Native Hawaiian men spend 3.4 more minutes a day traveling to work each day, than non-Hawaiian men. Therefore, it can be estimated that they spend an additional 6.8 minutes traveling to and from work, which equates to an additional 34 minutes a week and 29.5 hours a year.  
[U.S. Census Bureau, 2014b]

**Housing**

The Department of Housing and Urban Development definition of affordability is for a household to pay no more than 30% of income

on housing costs. Households that spend more are considered cost-burdened because they have less to spend on other necessities [HUD, 2014], such as nutritious food and health care.

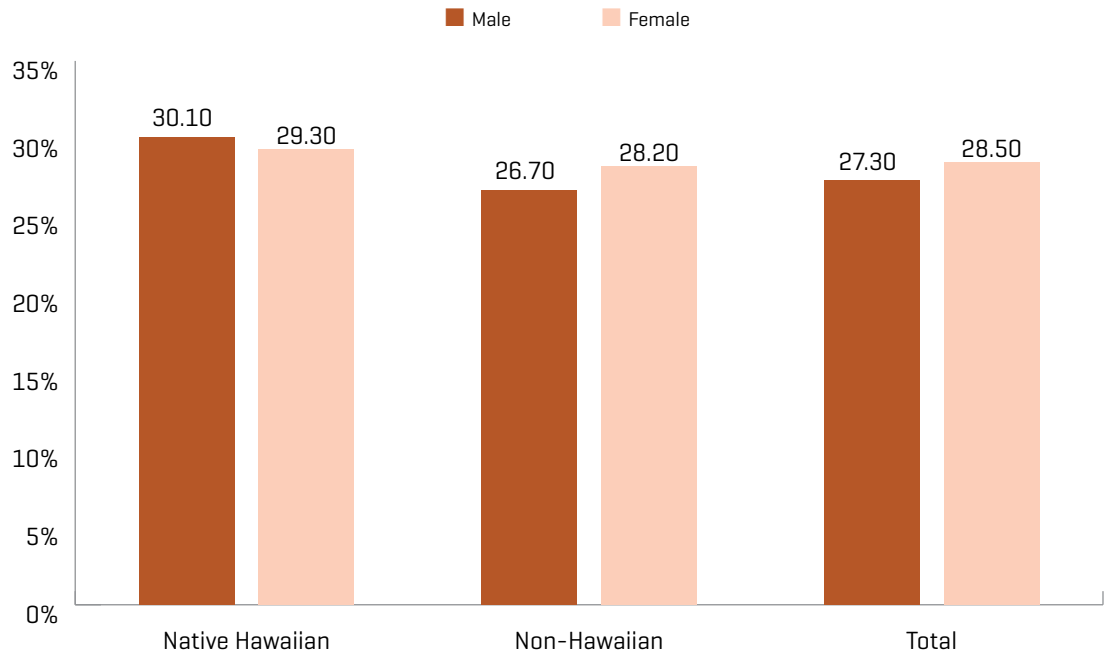
In 2014, 55% of Native Hawaiian households who rent their homes were considered cost-burdened and 35% of those who own their homes [U.S. Census Bureau, 2014a]. These figures were lower than total State percentages, even though as previously mentioned Native Hawaiian household income was considerably less. These differences may be attributed to the higher rates of Native Hawaiian households “doubling-up” [multiple families living together to share costs] and the selection of housing in lower cost neighborhoods. Thus, although income is saved on direct housing costs, Native Hawaiian household may experience related negative health outcomes due to factors such as lack of appropriate green space for activity and longer commuting times.

**Poverty Status in the Past 12 Months**

Between 2006 and 2010, 12.1% of Native

**Average Travel Time to Work in minutes, by Gender and Native Hawaiian Status, 2014**

Notes. Adapted from [U.S. Census Bureau, 2014b]



Hawaiians had income in the past 12 months below the poverty level. Of these, 45.8% were *kāne* and 54.2% were *wāhine* [U.S. Census Bureau, 2010e].

**Homelessness**

Data on Native Hawaiian male homeless service clients are not currently reported within the Homeless Service Utilization or the State Point-in-Time Count Reports. Generally speaking, Native Hawaiians in total were over-represented in the population of homeless service clients: they comprised 30.5% of clients in 2015 as compared to 20.8% of the population.

- Over 5 years [2011 - 2016] the number of total homeless service clients has increased by 5.3%, while the number of Native Hawaiian homeless service clients has increased by 14.6%.
- Male homeless service clients are also over-represented; they comprise 57.0% of the total homeless service client population in 2015. [Yuan, 2014]

**Marital Status**

In 2014, there were 108,091 *kāne* age 15 and older [50.5% of Native Hawaiian population, 15 and older]. 47.1% were never married, 40.5% were now married, 9.6% were

divorced, 1.9% were widowed, and 0.9% were separated. Percentages for total State male were 9.2 percentage points lower for never married, 9.8 percentage points higher for now married, and comparable for divorced, widowed or separated [U.S. Census Bureau, 2014a].

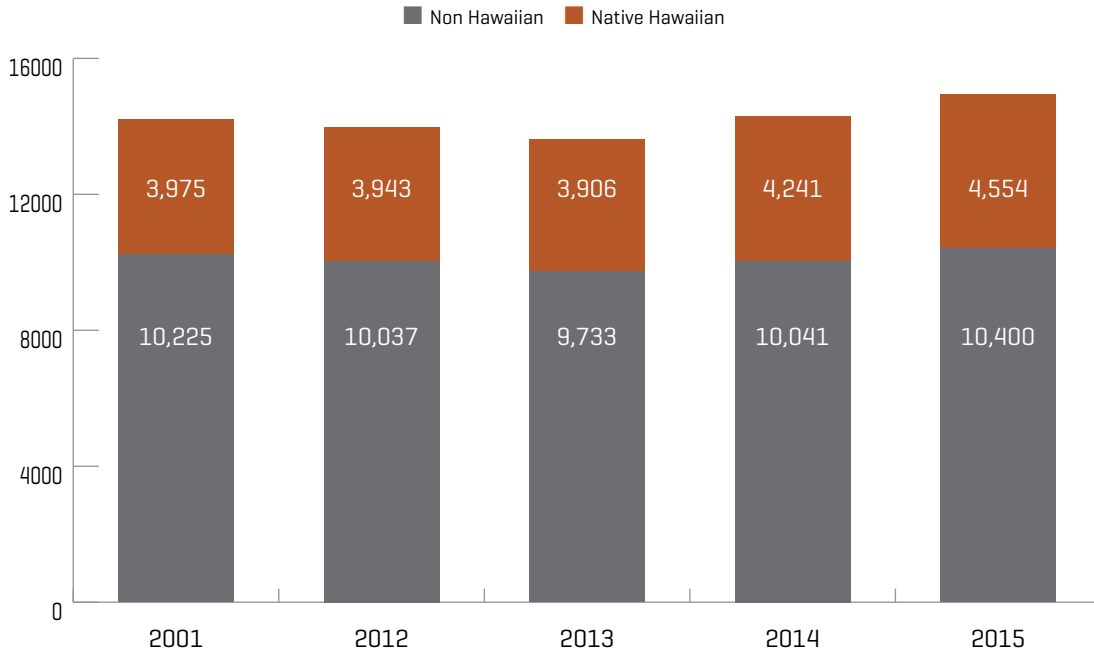
**Behavioral Risk Factors**

Several lifestyle behaviors can, over time, lead to a variety of health issues. This section explores these behaviors.

**Nutrition**

The Behavioral Risk Factor Surveillance System [BRFSS] collects and reports on these nutritional data for Native Hawaiians, including fruit, vegetable, and soda consumption, which assist in analyzing behavioral health choices.

- Daily frequency of total vegetable consumption for 2015 did not show differences between *kāne* and all men statewide, with 17.4% of *kāne* consuming the recommended three or more vegetables per day [HHDW, 2016b]. Further data indicated no considerable differences across races for daily frequency of fruit consumption.
- However, *kāne* did have one of the higher rates of soda consumption as



**Homeless Service Clients in Hawai'i, by Native Hawaiian Status, 2011 - 2015**

Notes. Adapted from [Yuan, 2014]

compared to the other racial/ethnic groups in the State of Hawai'i: 24.6% of *kāne* consumed one or more sodas per day [HHDW, 2016b].

**Tobacco Use/Smoking**

Native Hawaiians have historically been challenged with high rates of tobacco use. 2015 data from the three category smoking report from the Behavioral Risk Factor Surveillance Survey (BRFSS) classifies individuals into one of three categories: Current Smoker, Former Smoker, and Never Smoked.

- As of 2015, the *kāne* rate of 21.6% current smokers exceeded the total male rate of average of 17.7% [HHDW, 2016b].
- Through a comparison across gender of the 2015 data, it can be seen that within the Native Hawaiian community the *kāne* rate [21.6%] also exceeds the *wāhine* [18.5%] [HHDW, 2016b]. There is evidence that smoking behaviors [as may be the case with many detrimental health behaviors] are being transmitted across generations. The high rate of tobacco and smoking prevalence with Native Hawaiian adults persists within Native Hawaiian youth. In 2015, Native Hawaiians under the age of eighteen were the second highest group to smoke in high school [19.2%]—and

the highest group to use e-cigarettes [30.3%] [HHDW, 2016a].

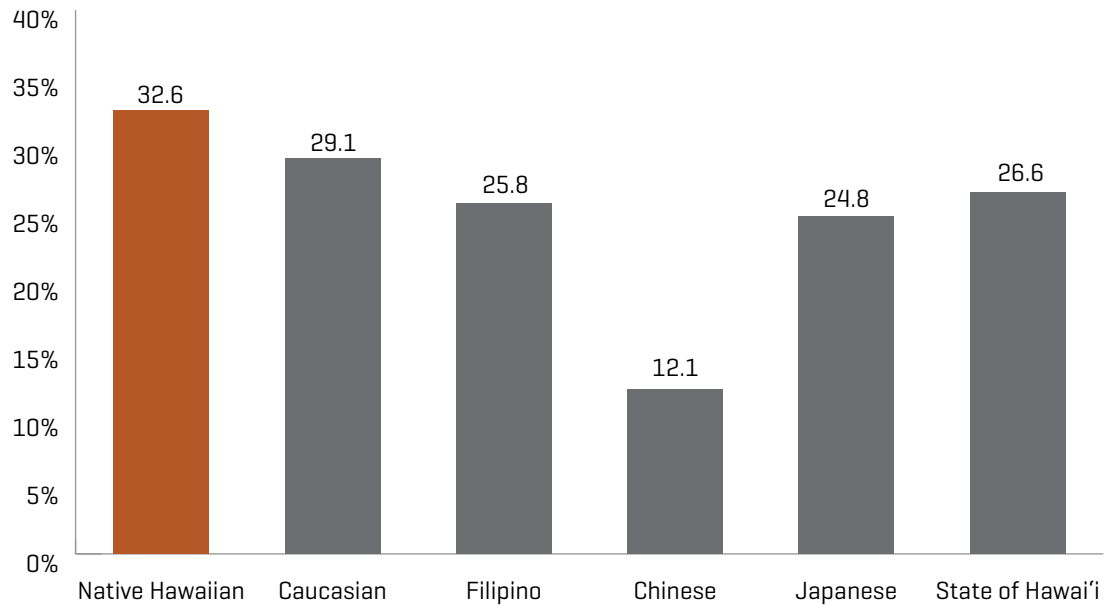
**Alcohol Use/Drunk Driving**

Existing studies regarding the way alcohol consumption affects years of life by race and sex have found that interventions need to be specifically suited to the targeted subgroups of the population.

- Binge drinking is defined by the U.S. Centers for Disease Control and Prevention as four or more drinks for women and five or more drinks for men on an occasion in the past thirty days. In 2015, *kāne* had the highest risk behaviors for binge drinking [32.6%] among all major ethnic groups—six percentage points higher than all men statewide.
- Additional data from 2015 show that *kāne* have higher rates of heavy alcohol consumption [drinking more than two drinks per day for men]. 13.5% of *kāne* experienced heavy alcohol consumption.
- In 2014, 10.2% of *kāne* reported having driven under the influence, as compared to 5.3% for the total State. [HHDW, 2016a].



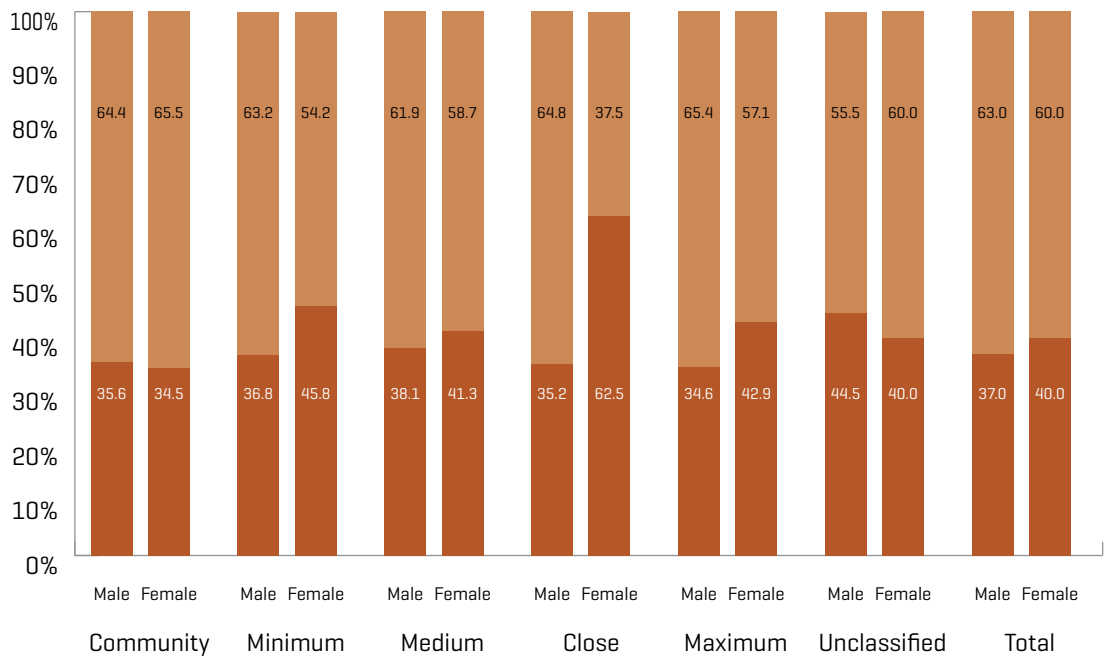
**Risk Behaviors by Race-Ethnicity in Hawai'i – Binge Drinking: 2015**  
 Source: HHDW, 2016a



**Incarceration of Native Hawaiians as a percentage of the State prison population, by custody classification and sex, 2012**

Source: Ka Huaka'i: Native Hawaiian Educational Assessment, 2012.

	Community		Minimum		Medium		Close		Maximum		Unclassified		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Native Hawaiian	35.6%	34.5%	36.8%	45.8%	38.1%	41.3%	35.2%	62.5%	34.6%	42.9%	44.5%	40.0%	37.0%	40.0%
Non-Hawaiian	64.4%	65.5%	63.2%	54.2%	61.9%	58.7%	64.8%	37.5%	65.4%	57.1%	55.5%	60.0%	63.0%	60.0%



Note: The five custody levels shown are defined by the Hawai'i Department of Public Safety (2012) as follows: **Community:** "for inmates who have 24 months or less to serve on their sentence and are eligible to participate [in] furlough programs, extended furlough, or residential transitional living facilities." **Minimum:** "for inmates with less than 48 months until their parole eligibility date; who have demonstrated through institutional conduct that they can function with minimal supervision in a correctional setting, or in the community under direct supervision." **Medium:** "for inmates who have more than 48 months to their parole eligibility date; whose institutional conduct and adjustment require frequent supervision/intervention." **Close:** "for those who have minimum sentences of 21 years or more, who are serious escape risks or have chronic behavioral/management problems." **Maximum:** "inmates who are chronically disruptive, violent, predatory or are a threat to the safe operation of a facility."

- Native Hawaiians are over-represented in the Hawai'i prison population. In 2012, Native Hawaiians constituted 17.7% of the total adult population in Hawai'i, while in the male prison population Native Hawaiians accounted for 37.0% and in the female prison population 40.0%.
- Even within more secure custody levels of close to maximum, Native Hawaiian men account for a lower percent of the population than Native Hawaiian women.
- These findings are consistent with those of the 2006 Disparate Treatment of Native Hawaiians in the Criminal Justice System report, which concluded that while both Native Hawaiian men and women are disproportionately represented in the criminal justice system, the disparity was less for women. In these data, 44% of incarcerated women were Native Hawaiian, while 37% of incarcerated men were Native Hawaiian.

## Involvement with Criminal Justice System

- In 2014, 1,962 Native Hawaiian adults were arrested for Part I offenses on the Crime Index [i.e., murder, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson]. This was 31% of the State's 6,300 arrests; the second highest racial group after Whites [2,215 or 35%]. Larceny-theft accounted for 1,100 or 56% of arrests, followed by aggravated assault [259 or 13%]. Arson was lowest [2%]. Larceny-theft was consistently the highest for both Native Hawaiians and the State arrest populations from 2000 - 2014.
- In 2014, 9,837 Native Hawaiian adults [27%] were arrested for seven categories of Part II offenses. These comprise all other offenses characterized by type: violent, property-related, drug manufacturing/sale, drug possession, gambling, and other crimes. This was the second highest of 11 racial groups after Whites [35% or 12,902 of 36,587 State arrests].
- From the most recent incarceration reports available by ethnicity and gender (2012), Native Hawaiians were over-represented in Hawai'i's prison population. While Native Hawaiian men accounted for 17.7% of total adult population in Hawai'i, they were 37% of the male prison population.
- Of the five classes of custody [i.e., Community, Minimum, Medium, Close and Maximum], Native Hawaiians make up 35.6%, 36.8%, 38.1%, 35.2%, and 34.6% of the population, respectively. [Kamehameha Schools. 2011]

## KŪPUNA

*Kūpuna kāne* [male Native Hawaiian older adults] hold a unique and highly respected place in Native Hawaiian communities today as leaders of the *'ohana*, as well as keepers of knowledge and traditions. *Kūpuna*, however, often experience increased health, social, and economic vulnerabilities. Many of these concerns can be traced to social determinants of health, which *kūpuna kāne* were exposed to earlier in their lives, and many are related to *kūpuna's* current needs. Many of these needs are related to high poverty rates,

high healthcare costs, low retirement rates, increased dietary complications due to health conditions requiring nutritional support or multiple medications, and the desire to "age in place" with limited financial resources. *Kūpuna kāne* have a life expectancy shorter than the total State population.

## Household Context

Many *kūpuna kāne* in Hawai'i continue to live in their communities, outside of institutions, and rely on themselves, family, and services to keep them healthy; and this lifestyle is considered to be the most desirable. Studies have shown that nearly one out of every six adults is a caregiver to an older adult, but these studies also acknowledge that there is very limited information about the needs of these *kūpuna* and their family caregivers [Browne et al., 2011].

- As recorded in the most recent U.S. Census in 2010, Native Hawaiians 65 years and older constitute only 7.3% of the total Native Hawaiian population in Hawai'i. However, 23.7% of Native Hawaiian households include a *kūpuna* member. Although the total State population had almost twice the percentage of older adults [14.3%] as the Native Hawaiian population, the percentages of households to include an older adult member was only 6.6 percentage points higher [30.3%]. These figures indicate that Native Hawaiian *kūpuna* are living in households at greater rates than the total State population.
- A larger percent of Native Hawaiian *kūpuna kāne* lived their *mo'opuna* [8.4%], in comparison to the total State older adult population [5.3%]. 2.6% of Native Hawaiian *kūpuna kāne* were also financially responsible for their *mo'opuna's* basic needs, such as food, shelter, and day care, which is twice the percentage of the total State adult population [1.3%].
- Conversely, Native Hawaiian *kūpuna kāne* living alone comprised 1.8% of Native Hawaiian households; less than the percent total State male older adults [2.7%] and *kūpuna wāhine* [3%].



## Age and life expectancy

*How can we, as a lāhui, raise the life expectancy for all kāne? What would be needed to reform in the current health care system to improve kāne health?*

### Preventive Services

To keep Native Hawaiian *kūpuna kāne* healthy, services that provide preventive care must be accessible. Core preventive care services include a flu shot within the year, pneumonia vaccination ever, and either a colonoscopy/sigmoidoscopy in ten years or Fecal Occult Blood Test (FOCT) within the year.

- In 2014, 30.6% of Native Hawaiian male *kūpuna* (65 years and older) received the necessary core preventive health services. This percentage compares with 37.8% of the total State male older adult population and 27.6% of *kūpuna wāhine* (for whom core services include a mammogram within two years). [HHDW. 2016a]

### Age and life expectancy

For *kūpuna*, mobility, or the ability to effectively and safely move in the environment is essential to health and well-being. Impaired mobility can cause mental distress from the inability to independently perform daily activities, access goods and services, and interact with *ʻohana*. The physical problems associated from limitations in mobility include depression, cardiovascular (heart) disease, cancer, and injuries.

- The *kāne* population had 40% (26% State) under the age of 20, 15.4% between the ages of 20-29 (15.0% State) and 6.4% (13% State) 65 and older, signifying high birth and death rates and lower life expectancies.
- In 2013, of the total Native Hawaiian resident deaths (1,693), 54% or 918 were *kāne* and 46% were *wāhine*. Resident males died at a higher rate [AAMR – Age Adjusted Mortality Rates] than females.
- In 2000, life expectancy at birth in Hawai'i was 80 years, compared to the

U.S. average of 77 years. This trend of higher life expectancy in Hawai'i versus the U.S. was established since 1950.

- Native Hawaiian life expectancy was 74.3 years; *kāne* 71.5 years and *wāhine* 77.1 years. Of six race-ethnicities, Native Hawaiians had the shortest life expectancy. [Health Trends in Hawai'i, 2003-2013]

### HEALTH OUTCOMES

The physical manifestations on an individual of the social determinants of health can manifest in many ways. This section explores some of the leading serious adverse health effects afflicting the Hawaiian community.

#### Obesity

Generally speaking, the Native Hawaiian community is particularly challenged with being overweight and obese. A greater understanding of the Native Hawaiian obesity problem is complimented by recent academic research. One such study, published in the *Hawai'i Journal of Medicine and Public Health*—conducted by Dr. Laura McCubbin, PhD. and Mapuana Antonio M.P.H.—investigated whether social stigmas as manifested in perceived discrimination is a contributing factor to the adverse health outcome of being overweight or obese. This study also explains that the variability in health risks of obesity/overweight Native Hawaiians may be more fully understood and addressed as the combination and interacting influence of both risk and protective factors rather than a single negative causal influence of discrimination complemented by “controlling” other variables.

- The obesity rates for both Native Hawaiian *kāne* and *wāhine* are high, but the obesity rates of *kāne* much higher [45.7%] [outside of the margins of error] relative to *wāhine* [36.1%].



### Health Outcomes

What are good examples of existing approaches that should be drawn upon in the development of a framework to create positive health outcomes?

- Logistic regression analyses confirmed a negative influence of overt discrimination in explaining the variability in obesity/overweight in Native Hawaiians. There were statistically significant demographic predictors which varied in the nature of their association, but could be used to present an “at-risk” profile. Specifically, being male [OR=2.73], between the ages of 35 and 54 [OR = 1.29], having a household income of \$35,000 or less [OR = 2.45], and living in the Hawaiian Islands 6-20 years [OR = 1.29] were positively related to being obese/overweight. Thus, *kāne* may be particularly susceptible to obesity if they have lived in Hawai‘i for a considerable time, are poor, and are between 35 and 54 years of age [McCubbin & Antonio].

Data from 2015 reflects that *kāne* continue to have a higher prevalence of being overweight or obese than other racial groups in the State of Hawai‘i, with the exception

of “Other Pacific Islanders.” In this year of measurement, 82.7% of *kāne* were considered overweight or obese, based on the body mass index [BMI]; in comparison to 66.0% of all men Statewide [HHDW, 2016b].

**Asthma**

A related outcome connected to high tobacco use is asthma.

- The most recent data from 2012 documents Native Hawaiians with the highest prevalence of asthma in the State of Hawai‘i at 16.3%. While specific data about *kāne* with asthma is not currently available, combined male/female data demonstrates that asthma prevalence among Native Hawaiians generally is higher [as a percentage] when compared to all other races within the State of Hawai‘i.
- Data from the aggregated years 2011-2014, show that *wāhine* are more likely to currently have asthma compared to *kāne*.

**Hypertension**

Compared to the rates from the State of Hawai‘i, *kāne* had slightly higher rates of hypertension in 2011 and 2013. However, because the confidence intervals do overlap, it is difficult to ascertain with absolute certainty that the *kāne* rate for hypertension.

**2011 – 2013 Combined Data**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
Hypertension	Male	Native Hawaiian	33.6%	28.8%	38.4%
	Male	State of Hawaii	29.2%	27.6%	30.7%



**High Cholesterol**

Compared to the rates from the State of Hawai'i, *kāne* had slightly lower rates of high cholesterol for 2011 and 2013. The difference is marginal, and once again, the confidence intervals overlap.

**Diabetes & Pre-Diabetes**

**2011 & 2013 Combined Data**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
High Cholesterol	Male	Native Hawaiian	36.1%	30.5%	41.6%
	Male	State of Hawai'i	37.7%	35.8%	39.6%

Both *kāne* and *wāhine* diabetes and pre-diabetes rates are relatively comparable to one another for both categories, for the aggregated years 2011 through 2014.

**Heart Attack**

**2011-2014**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
Diabetes	Male	Native Hawaiian	10.6%	8.3%	12.8%
	Female	Native Hawaiian	11.2%	9.4%	12.9%

**2011-2014**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
Pre-Diabetes	Male	Native Hawaiian	11.9%	9.7%	14.0%
	Female	Native Hawaiian	11.7%	9.8%	13.6%

Data from the aggregated years 2011-2014, show that *kāne* are only slightly more likely to have ever had a heart attack compared to *wāhine*. Differences may not be notable or significant, given that the confidence intervals overlap.

**Stroke**

**2011-2014**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
Coronary Heart Disease [ever]	Male	Native Hawaiian	4.7%	3.6%	5.9%
	Female	Native Hawaiian	3.5%	2.5%	4.6%

Data from the aggregated years 2011-2014, show that *wāhine* are only slightly more likely to have ever had a stroke compared to *kāne*. Differences may not be notable or significant, given that the confidence intervals overlap.

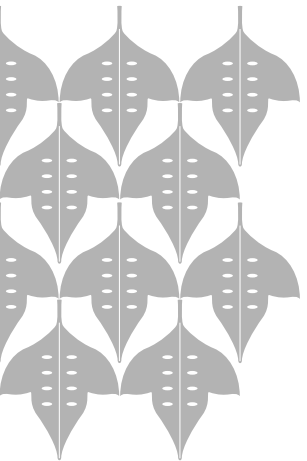
**Cancer**

**2011-2014**

Health Indicator	Gender	Race/Ethnicity	Percent	Lower CI [95%]	Upper CI [95%]
Stroke [ever]	Male	Native Hawaiian	3.4%	2.5%	4.4%
	Female	Native Hawaiian	3.6%	2.6%	4.7%

Although data exists for both incidence—any diagnosis of contracting cancer—and for mortality—a scenario where cancer leads to death, the data for cancer specific to *kāne* are available for the State of Hawai'i, but have not been updated in nearly a decade.

The *kāne* incidence rate becomes particularly troubling when the mortality rate for *kāne*



Race-Ethnicity	Incidence			
	Male		Female	
	Incidence Count	Incidence Rate	Incidence Count	Incidence Rate
Native Hawaiian	369	479.6	441	447.8
White	980	542.4	767	413.6
Chinese	186	423.5	166	317.3
Filipino	403	466.8	336	341.4
Japanese	842	476.3	776	363.9
<b>Total, All Races</b>	<b>2,967</b>	<b>485.7</b>	<b>2,684</b>	<b>382.2</b>

**Table 7.122a Average Annual Incidence & Mortality Counts & Rates for All Cancer Sites by Gender and Race-Ethnicity**

Source: Hawai‘i State, University of Hawai‘i, Cancer Research Center of Hawai‘i, Hawai‘i Tumor Registry, Hawai‘i Cancer Facts & Figures 2010.

Race-Ethnicity	Mortality			
	Male		Female	
	Mortality Count	Mortality Rate	Mortality Count	Mortality Rate
Native Hawaiian	173	231.7	162	171
White	336	198.2	252	133.6
Chinese	68	154.4	61	107.2
Filipino	158	178.7	95	98.3
Japanese	337	187.1	273	109.9
<b>Total, All Races</b>	<b>1,158</b>	<b>192</b>	<b>912</b>	<b>124.7</b>

Note: Invasive cases only, in-situ cases are excluded. Counts are 6 year average annual, rounded to the nearest whole. All races include race/ethnic groups listed plus all other race/ethnic groups combined. Rates are average annual and are per 100,000 population, age-adjusted to the 2000 U.S. standard population.

is also considered. Taken together, we get a clearer picture. For whatever reason, *kāne* are contracting cancer at the second highest rate, but dying from it with the highest mortality rate of all groups broken down by race and sex (in 2010).

Perhaps shedding a little light on why incidence and mortality rates may be so high is one statistic on prostate cancer. Compared to all other ethnic groups, *kāne* have the lowest rate of early stage prostate cancer, and the highest rate of late stage prostate cancer. One potential reason for explaining this outcome lies in detection. If detection happens later for *kāne*, then cancer is likely more advanced. Admittedly, drawing broad conclusions on one outcome must be done with caution. Nevertheless, this trend is particularly instructive. If this trend were reversed, it could potentially lead to parity with other ethnicities regarding early, late, and un-staged cancer rates. Understanding why *kāne* are not as participatory in detection will be an important component to determining and strategizing potential solutions.

- Data from the aggregated years 2011–2014, show that *wāhine* are more likely to have ever had cancer compared to *kāne*. This is keeping with the general trend of men having lower rates of ever having cancer compared to women, throughout the State of Hawai‘i overall.
- The five leading cancer sites for mortality for *kāne* from the most recently recorded years of 2000–2005: Lung and Bronchus (31.3%), Colon and Rectum (10.1%), Prostate (6.1%), Pancreas (5.6%), and Liver (5.3%).

- Trends for lung and bronchus cancer during the years 2000-2005 indicate that this type of cancer kills more *kāne* than any other. In fact, this trend had remained unchanged since 1975.
- Referring to incidence, the event when cancer is contracted and detected, *kāne* have a higher rate of incidence than every female group, and every other male group with the exception of White males, who have the highest incidence rate of all (from 2010).
- *Kāne* had the second lowest rate of “Ever Had a Prostate-Specific Antigen (PSA) Test” (Among Men Age 40+) in 2013 and have the lowest rates among all other ethnicities for PSA tests within the past two years. This is specific evidence demonstrating that *kāne* are not as engaged in cancer detection behaviors.



### **Morbidity**

*How can your organization help with early detection of health risks and illnesses amongst kāne? What effective interventions can improve their health and well-being?*

### **Mental Health**

- Data from 2015 shows that *kāne* are more likely to report six or more days of bad mental health in the past 30 days [18.6%] than total men statewide [12.9%]. (HHDW, 2016b) *Kāne* also have slightly higher rates of depression disorder [12.4%] as compared to total men statewide [9.0%] (HHDW, 2016b).
- In the State of Hawai‘i, both the entire male population (nearly double that of the female) and the Native Hawaiian population and Other Pacific Islander generally (nearly double that of the second highest ethnic group) are both much more likely to commit suicide, as measured by the Age-Adjusted Mortality Rate per 100,000 (AAMR). *Kāne* susceptibility to suicide and the factors that influence such negative outcomes need to be better understood, and promptly addressed from a prevention lens (HHDW, 2016c).

### **Morbidity**

There are many health challenges facing the *kāne* population. Data specific to *kāne* demonstrates that the *kāne* population has grown over time and stabilized, that *kāne* have high suicide rates, and high rates of heavy alcohol consumption. In regards to cancer, the leading cancer site for *kāne* is lung and bronchus cancer—which *kāne* contract more than any other race; *kāne* also have the second highest incidence rate of cancer and the highest mortality rate of cancer. *Kāne* have the lowest rate of early stage prostate cancer, and the highest rate of late stage prostate cancer. In regards to cancer prevention, *kāne* have the lowest rates among all other ethnicities for Prostate Specific Antigen (PSA) tests within the past two years, with *kāne* overall being significantly less likely to participate in both cancer prevention and treatment trials.

Clinical trials also confirm that *kāne* cancer prevention behaviors can be improved. A recent 2015 study by Bantum, et. al found that *kāne* were significantly less likely to participate in both cancer prevention and treatment trials than *wahine* (Native Hawaiian females), and that both groups—*kāne* and *wahine* alike—had the lowest proportion of participation in cancer clinical trials in comparison to White and Asian American men and women in Hawai‘i. These findings identify both gender and ethnic/racial gaps in clinical trials conducted in the State of Hawai‘i with cancer participants. This serves as another piece of evidence indicating the need for future cancer research to investigate the relationship between factors like race and culture with distinct participation demographics. Such research may inform promotional strategies that increase trial participation, with the hopeful prospect of decreasing cancer incidence and increasing quality of life for *kāne* diagnosed with cancer.



## Conclusion and Recommendations

In many ways, the situation looks grim. Native Hawaiians are more likely to come from single parent homes; have high rates of child abuse and neglect; a higher prevalence of being overweight or obese with the highest risk factors associated with obesity; and with high rates of tobacco use.

Complicating a deep understanding of *kāne* health is the absence of holistic research that would otherwise complement already-existing information. There is much that we do not know. For example, there is little data on illicit drug use. Diet and nutrition data could be expanded to include comprehensive nutritional examination surveys of traditional diets. It would be especially helpful to understand the “why” that motivates many of these outcomes. For example, why are *kāne* behaviors sometimes at odds with their own best interests, especially in cancer prevention and treatment?

Support from schools, government, and other institutions could include the following:

### **Better policies**

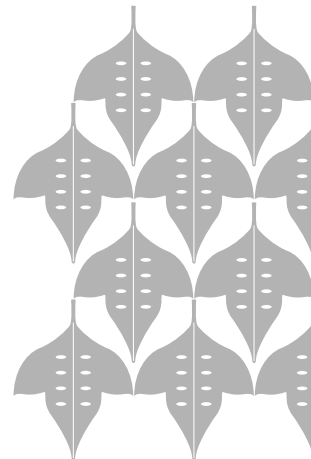
- Basic public health research methodologies and indigenous ways of knowing should be incorporated into State policy planning.
- Policies that address children and adolescents should be improved to go “upstream,” to consider causal and associated risk factors.
- HRS §226-20 should be implemented in specific policies. The Hawai‘i State Planning Act was amended to codify a commitment to addressing the health disparities and social determinants of health (SDH) of Native Hawaiians, other Pacific islanders, and Filipinos.

### **Better programs**

- Public-private partnerships can be created, which convene to outline a “master plan” for the well-being of *kāne*. This plan will focus on reducing *kāne* inequities through policies, programs, and practice for the State of Hawai‘i.
- Expand *‘ohana*-based programming that looks at prevention and interventions through a family-based model, especially to address multigenerational patterns of SDH disparities.

### **Better research/evaluation or data**

- Advanced research, assessment, and evaluation can be conducted, to understand Hawaiian indicators for connectedness to traditional interventions, especially those outlined in ‘O Ka Wā Mamua.
- Estimates suggest that investments to improve educational achievement can save more lives than can medical advances. According to a recent review by Cutler and Lleras-Muney [3], policies that increase educational attainment could have a large effect on population health. To realize these possibilities, public health researchers need to develop new conceptual and analytic approaches to studying the reciprocal relationships between health and education and consider education as an arena for intervention as well as a marker or moderator for social position [Office of Hawaiian Affairs, 2015].
- The above work could be conducted with non-profit, culturally based organizations [such as ‘Aha Kāne].





***Better collaboration***

- We can showcase how collaborations between OHA and 'Aha Kāne show *laulima* and collective effort to uplift the community needs. This report is an example of how a collective effort can make important progress.
- State agencies can improve data sharing and data disaggregation for advanced analysis, to make data-informed decisions and deployment of resources.

***Better practice***

- A statewide study could produce a complete, statewide data set [which included information on cultural practices and values, etc.], which then would enable researchers to start making correlations between various SDH. This study could include data collection by age group and gender, as this report is outlined, and could be conducted cross-agency [for example, by: OHA, DOH, DOE, DHS, DPS, UH, and DBEDT].

This report is somewhat unique as it begins to paint a more complete picture of the Native Hawaiian male experience in Hawai'i. If we were able to include indicators of cultural connection, this picture would become even clearer. This report might be able to lend some insight into how and why *kāne* health needs more holistic interventions, departing from a more traditional, siloed approach of education, early detection, and treatment. In fact, it goes back to the fact that we need to support the whole person and positive experience throughout his entire life.



## Further Discussion Questions

*Which aspects of kāne well-being are of interest or apply to your organization?*

*After reading this report, what ecological factor is the most important to address about kāne well-being?*

*How does having healthy kāne positively affect the entire State?*

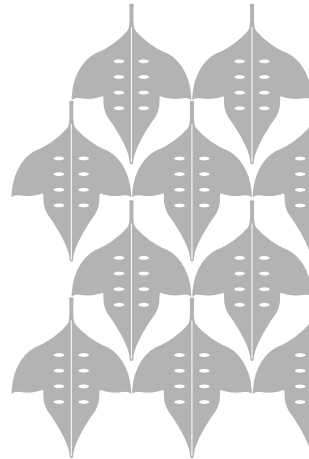
*How can your organization address kāne well-being for kāne of all ages?*

*In what ways can you work with outside organizations on Native Hawaiian men's health?*

*In what ways can this report be used by your organization to achieve greater health outcomes for Native Hawaiian males?*

*Who or what organizations need to be part of your planning for next steps towards greater kāne health?*

*What should be the next steps for the current administration to develop and implement a shared outcomes framework for 'ohana-centered wellness?*

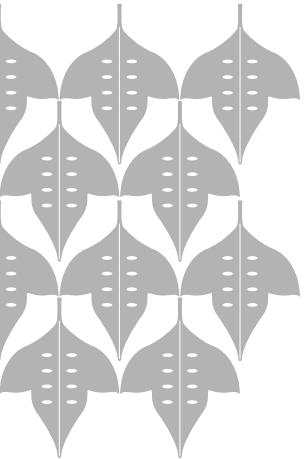




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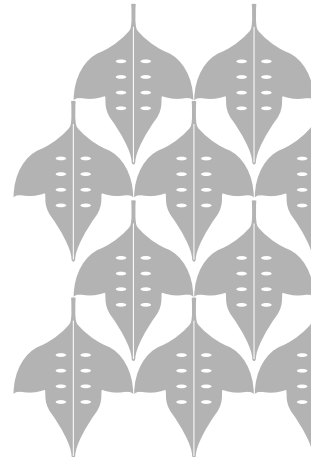


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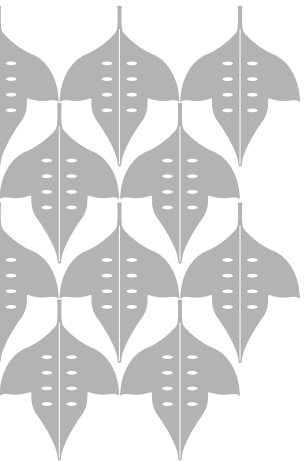






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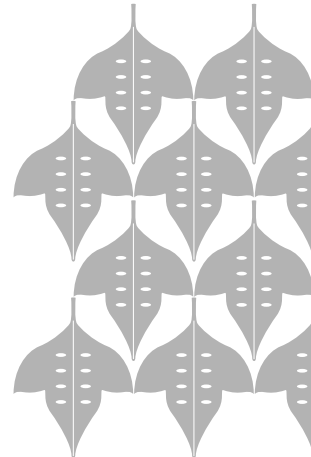
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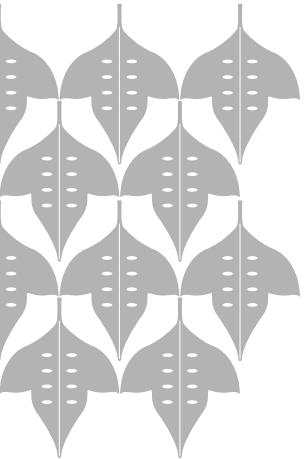




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## Acknowledgements

### About this report

*Kānehō‘ālanī – Transforming the Health of Native Hawaiian Men* is the first in a series of reports by the Office of Hawaiian Affairs on the health of Native Hawaiians. According to scholar Dr. Pua Kanahēle, *Kānehō‘ālanī* literally means, “The fire that ignites the sky,” and is the name of Pele’s father. In the context of this report, *hō‘ā* is transformative energy, the heat that is necessary to generate life on earth [water systems, food systems etc]; *lanī* is symbolic of the ideal state of health; and *Kāne* represents the connection of *akua* to *kanaka*.

### Contributors

Part One: Historical Strengths is adopted from *Mana Kū Kāne: Native Hawaiian Men’s Wellbeing*, a report written by ‘Aha Kāne, a non-profit organization whose mission is to “strengthen the Native Hawaiian community through nurturing and perpetuating the traditional male roles and responsibilities that contribute to the physical, mental, spiritual, and social well-being of Native Hawaiian males, their families, and communities.”

### Cover art and illustrations by Solomon RN Enos.

The *kukui* glyph was also designed by Enos, The *kukui* is a *kinolau* form of *Kamapua‘a*; pairing it with *makawalu* [eight eyes]—which encourages seeing something in several, dynamic ways—speaks of enlightened, masculine energy that is understood through many lenses.

### About the Office of Hawaiian Affairs

#### Vision

“Ho‘oulu Lāhui Aloha” – To Raise a Beloved Nation. OHA’s vision statement blends the thoughts and leadership of both King Kalākaua, and his sister, Queen Lili‘uokalani. Both faced tumultuous times as we do today, and met their challenges head on. “Ho‘oulu Lāhui” was King Kalākaua’s motto. “Aloha” expresses the high values of Queen Lili‘uokalani.

#### Mission Statement

To *mālama* [protect] Hawai‘i’s people and environmental resources and OHA’s assets, toward ensuring the perpetuation of the culture, the enhancement of lifestyle, and the protection of entitlements of Native Hawaiians, while enabling the building of a strong and healthy Hawaiian people and nation, recognized nationally and internationally.

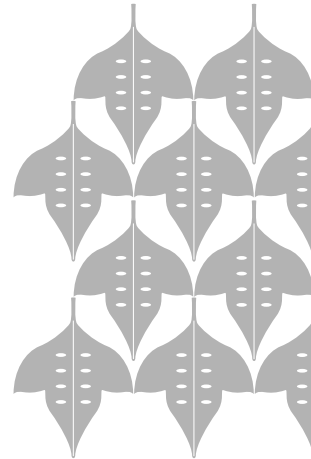
#### Overview

The Office of Hawaiian Affairs is a public agency with a high degree of autonomy. OHA is responsible for improving the well-being of Native Hawaiians.

OHA is governed by a Board of Trustees made up of nine members who are elected statewide for four-year terms to set policy for the agency.

OHA is administered by a *Ka Pouhana* [Chief Executive Officer] who is appointed by the Board of Trustees to oversee a staff of about 170 people.

*Mana is Our Legacy, Maui Ola is Our Destiny*





*E ho'okanaka.*

*Be a man.*

*[said by Kamehameha to his  
son Liholiho on his deathbed]*

*- 'Ōlelo No'eau #290.*









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