

Connecting Culturally and Spiritually to Healthy Eating: A Community Assessment with Native Hawaiians



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**WAIANAE COAST
COMPREHENSIVE
HEALTH CENTER**
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Background

What is known about obesity-related diseases

- ❖ Biggest driver of national health care costs
- ❖ Related to the foods we eat
- ❖ Onset in childhood: greater disability, greater costs
- ❖ Better outcomes with earlier intervention
- ❖ Disproportionately experienced by indigenous peoples
- ❖ Family focused and culturally based programs work



Study Aims


Phase I and II - Assess community understanding of:

- a) Healthy nutrition for mothers and their children,
- b) Family and community responsibilities related to the feeding of mother and child,
- c) How might family, community and health care providers better promote healthy nutrition

Phase III – Design and Conduct an intervention

- a) engage expectant / new mothers in examining their dietary patterns, lifestyle choices and prompt them to identify chronic illness trajectories across generations.
- b) **Disseminate the findings** of the project.





Wai'anae

Waimānalo

Setting



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Phase I – Key Informant Interviews

Design:

Individual interviews with key informants in two communities

N = 14; 100% Female; Ages 36-79

❖ Focus on understanding of healthy nutrition, family responsibilities to mother and child

“Tell me the story of the last time you felt you ate well, when your body and soul were satisfied.

“How do you plan a meal for yourself or your family? Is it different for pregnant women or children? What are family roles in meal planning?



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Phase I Results

❖ Strong intergenerational influences on eating patterns

A lot of my cooking came from my Mom; she influenced me. I try to make something that she loves, chicken long rice, lu'au stew, laulau, butterfish, ake.

❖ Food choices had meaningful associations with past and present experiences and relationships.

*When I was young, my Dad would have two bowls of poi. One had pink eruption [referring to the fermentation of poi] and the other one was fresh. He knew I wanted fresh. And all my children, my **waiū** [breast milk] with fresh poi was their order of the day.*



❖ Family roles and responsibilities

All the family had kuleana [responsibility], one part of the family would go and get the limu for her . . . to make this mother healthy

❖ Deeper spiritual meaning of foods

I was looking for something that was going to make me full with my eyes and my stomach and I found that through 'ulu and poi, and through eating sweet potato. I don't know if it's because I'm Hawaiian, but my body, my soul just takes to that.



Phase II – Building the Beloved Community

Design:

- ❖ Small group process developed by Puanani Burgess
- ❖ Takes place in a circle, creating safe space for sharing stories
- ❖ Engaged all sectors of community
- ❖ Participants represented two generations of same family
- ❖ Facilitated by trained community members
- ❖ Four sessions in each community

N = 40; 82.5% Female; Ages 21 – 85

Focus on feeding patterns in relationship to family and community resources, ask what in the community promotes healthy eating, and what are barriers to healthy eating



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Demographics

Age in Years			Years in Community		
21 – 55	20	50%	0-15	5	12.5%
56 – 70	16	40%	16-30	16	40%
>75	3	7.5%	31-50	10	25%
Unk	1	2.5%	>50	8	20%



Phase II Results

ERA I: 1930 – 1950 Scarcity

“No waste, eat all your food . . .

“We stretched food as beef stew, won bok with pork, baked beans and hot dog, spam with cabbage”



ERA II: 1960 – 1980 Statehood and Political Resistance

“The elders made the choice of foods. You just ate what was prepared or starve.”

“Nutrition was never a concern. We ate whatever my grandma cooked. We always had a well balanced meal.”



ERA III: 1990 – 2010 Local

“We grow our veggies, fish and herbal medicine.”



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Phase III – Pilot Intervention

❖ Implementation and Analysis of a pilot intervention.

Design:

Participants worked independently to complete a journal during their prenatal and postpartum period, examining lifestyle and dietary practices,

They met regularly with a community member trained to provide individual education about diet, lifestyle in relation to pregnancy and childbirth.

❖ N = 21; 100% Female; Ages 19 - 40



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Pilot Intervention

- Native Hawaiian women age ≥ 18 years,
 - from 16-21 weeks pregnant,
 - receiving prenatal & pediatric care at Waimānalo or Waiʻanae Health Centers
- Journal – 27 individual sessions (phone or in person)
 - Cultural component: ‘O wai kou inoa?
mo‘okū‘auhau, pōhai ke aloha, mele inoa, la‘au lapa‘au, piko and ‘iewe.
- Data: journal entries, process notes, exit interviews
- Control group – retrospectively matched sample
- Outcome measures – mother & infant (*analysis pending*)



Phase III Results

Connections: themes of **loss and recovery**:

- ❖ Rediscovering connections – Culture, Community
- ❖ Lost connections - Family
- ❖ New connections – Interventionist, self
- ❖ Drawing connections – Diet, Lifestyle and Chronic Illness

Generated **agency**, self-efficacy, confidence

Process Note: “*Relationships were either the problem or the solution*”



Rediscovering connections to Culture and Community

- ❖ *“The Hawaiian aspect of the curriculum stood out for me”*
- ❖ *“Brought me back to the importance of my culture”*
- ❖ *I felt that it would be a good help for other Native Hawaiian moms . . . so our kids could grow up healthy”*



Loss of connections

- ❖ Family relations that were strained made the journal activity challenging and distressing

“My Mom was adopted and I didn’t get to know my Dad’s side before they all passed.”

- ❖ Worse for fathers than for mothers

“The fathers side was hard to get . . . Because he was adopted”

Process notes:

“Biological father not in participant’s life, missing because of prison, drug use, raised by her step-father, whom she will raise her child to recognize as her ‘Papa’.”



Interventionist as intervention

Participants valued **connection** to researcher.

“Really bonded”

“Felt like I knew her forever.”

“I liked the support and having someone else to go to and talk to and share things with.”

Process Notes:

“Intimate and Personal”

“For many of them, it was a place of safety and of being seen.”

“They felt listened to and respected . . . I just consciously listened.”

“There is a need in this society for Aunties”



Connecting to Self

- Mothers enjoyed information on stress management and self care:

“Before the program I couldn’t really talk my stress out . . . But after the program . . . I can handle stress better now.”

“It helped me to know to take care of myself before I take care of baby.”



Participants recognized intergenerational patterns of chronic diseases,

Process Notes: *Participant can see hypertension, diabetes, and obesity patterns.*

And **made connections** to dietary behaviors and lifestyle practices

Process Notes: *Participant asked if asthma was passed on because of smokers in her family.*

“One of the biggest things was finding out that a lot of things became hereditary because of the lifestyle we live”



Participants identified themselves as **agents of change** in their family

“Looking back on family history . . . Gave me the idea for my baby to stop eating those things. It led me to think: would this lifestyle change help stop diabetes for my baby?”

“Family history of diabetes and obesity prompted me to want to change what I could for my baby. Never really looked at it, just took it for granted.”



Examples of behavioral change

“I’m actually eating breakfast now, was eating only once a day”

“Don’t eat greasy food, put in more vegetables on our plate, more fruits. Stay away from sugary drinks, drinking more water and milk, less soda”

“I had Gestational Diabetes, and because of all the awareness the research staff provided, I was able to control it.”



Breastfeeding Duration

Weeks	Intervention	Control	<i>P</i> value
Exclusive	14.8	4.3	0.001
Any	18.7	6.6	0.001



Discussion: Pilinā

Relational worldview –

Food is relational

not a commodity

- ❖ Contextual: family, society
- ❖ Poi: Hāloa in creation mythology
- ❖ Root of word 'āina, that which feeds
- ❖ Waiū: emphasize the intimacy of nursing rather than attributes of milk



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Health education that creates **opportunities to connect** with self, family, community, and culture can motivate and sustain behavioral change.

Changing a mindset:

- ❖ In the past “you don’t think about it, you just go with it.”
- ❖ Making mindful choices in diet, self care, birth plan, infant feeding.

Process Note: *“I saw something sacred and deep about Hawaiian women in my community. . . It opened up their view about their own empowerment”*



Group Processes can grow connections

“Wanted group sessions with other wāhine [women]; don’t like doing it alone.”

“I realized that relationship played a big role in this process. It’s all about connections.”



Kāne

- Fathers influence infant feeding decisions
- Cultural role in food preparation
- Yet under-represented in programs



Process Note:

We talk about women's rights and equal relations with the men, but it's the same old stuff that goes on in the home, where most of the women do all the cooking and the cleaning and watching the kids, even right after birth . . . Very few had any kind of meaningful support from their partners . . . Some would sit in the car and grumble 'Why is this taking so long.' . . . We really need programs that target guys, and they need to be done by guys.



Applications

- ❖ Support the role of the mother . . . and father . . . as the agent of change for the family
- ❖ Develop programs that build connections for mothers and fathers to self, family, community, culture
- ❖ Partner with community efforts to change social context:
Process note: “no matter how much we talk about ‘it’s societal,’ still all of our efforts to make changes are on the individual . . . to make healthier choices. . . . We just keep zeroing in on individuals.”
...to create systemic and generational changes.





(L to R): Rachelle Enos, Puanani Burgess, Sandie Morimoto-Ching, Mary Frances Oneha, Joan Dodgson, Cheryl Kintaro-Tagaloa , Ho`oipo DeCambra. Missing: Carol Titcomb.

Consultant: Puanani Burgess, Waianae resident and author of “Building the Beloved Community.”

Community Advisory Group Members: Wai`anae – Ho`oipo DeCambra, Paula Ann Burgess, Kaimi Dung, Verna Landford-Bright, Tesha Malama, Kehaulani Pu`u, Summer Miles; Waimānalo – Kehaulani Padilla, Gwen Kailihiwa, & Leina`ala Bright.



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“I thought by contributing to this project I would be able to give a gift to women who will be having children to consider well the process of holding and caring for the child while still in the womb.

The ability to bring together our two communities, Waimānalo and Waiʻanae, I think that was [another] reason, that we as Hawaiian communities would be doing something to support and hold our other communities.”