Reflections on a community health elective in Native Hawaiian Health: a community-centred vision for health and the medical profession in Indigenous contexts

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Abstract. The medical profession is fundamentally thought of as a vocation and calling, one that requires the translation of knowledge and skill into counselling, diagnosis and interventions that benefit the lives of patients. Physicians and healthcare professionals have the immense privilege to compassionately use their vocation to improve the health of communities. What does this commitment look like in an Indigenous health setting? Using the author’s own experience as a participant–observer in the University of Hawaii’s John A. Burns School of Medicine’s Native Hawaiian Health elective, an example is provided of an educational curriculum that seeks to integrate community health in Native Hawaiian settings. This paper shows the ways that the author’s understanding of health broadened to include environmental stewardship and healthcare professionals’ compassion and involvement in the life of the community throughout the elective. By providing this example, the author seeks to shed light on how a medical education initiative can change the way students approach Indigenous health.

Received 13 February 2019, accepted 26 June 2019, published online 2 September 2019

Introduction: the medical profession and Indigenous health

The medical profession is fundamentally thought of as a vocation and calling, one that requires the translation of knowledge and skill into counselling, diagnosis and interventions that benefit the lives of patients. However, the clinician–patient encounter does not exist in a vacuum; instead, it is inseparably situated in specific social and cultural contexts (Harfield et al. 2018). In many Indigenous communities, systemic racism, economic oppression and historical cultural trauma have collectively affected health outcomes and behaviours that affect health (Harfield et al. 2018; Kaholokula et al. 2018; Wieman et al. 2018). The healthcare professional’s accountability extends beyond her patients to their families, communities, land and nation (Kamaka et al. 2011).

Work in Indigenous contexts requires thoughtfulness in approaching both health and physicians’ involvement in it and their understanding of community health (Carpenter et al. 2011). While we as physicians and healthcare professionals have the immense privilege to compassionately use our skills and knowledge to improve the health of communities, our ability to do so is contingent on our willingness to see health broadly. For instance, in Hawaii (where I am from and am in medical training), any quest to improve a community’s health necessitates an acknowledgement of health that is inclusive of political systems and the health of the land and ocean (Walters et al. 2018). Is there a way for (future) physicians and healthcare providers to become trained in a vision for health that incorporates a particular Indigenous community’s sense of health? Further, would such a vision affect how we approach the medical profession and our daily practice?

In this essay, I reflect on my personal experience as a participant–observer in a 1-year first-year medical student community health elective in Native Hawaiian Health at the University of Hawaii John A. Burns School of Medicine (JABSOM). I provide an example of an educational curriculum that seeks to integrate community health in Native Hawaiian settings, incorporating voices of community members, leaders and health advocates. I show how, through the elective, I came to understand health as being tied with environmental stewardship and healthcare professionals’ compassion and involvement in the life of the community. By providing this example, I seek to shed light on how a medical education initiative can change the way students approach Indigenous health.

Context: the community health elective in Native Hawaiian Health

First-year medical students at the John A. Burns School of Medicine (JABSOM) at the University of Hawaii at Manoa are required to participate in a community health elective, which can range anywhere from health education in schools to volunteering in homeless clinics. I chose to be a part of the ‘JABSOM’ s Native Hawaiian Health: Past, Present and Future’ elective, a unique learning experience in cultural humility and culturally competent medical education where students visit and work with non-profit organisations on the island of Oahu and meet with community leaders in didactic sessions who seek to utilise traditional knowledge in caring for their communities and their health. The places and organisations we visited were diverse in their approach to health and included several lo’i (taro farms), a fish
What is known about the topic?

- Medical education in Indigenous health for future physicians often involves culturally competent education, which seeks to affect the way students think about community health.

What does this paper add?

- This paper offers a medical student perspective on an elective in Native Hawaiian community-based health, providing an example of an educational curriculum that seeks to integrate community health in an Indigenous setting.

pond (He‘eia), Kokua Kalihi Valley’s Roots program and a Hawaiian language immersion school. We participated in service-oriented workdays—sometimes alongside volunteers from schools and from the community—and wrote quarterly reflection papers on our experiences.

I am a fourth-generation resident of Hawaii (and an American citizen) with Okinawan, Chinese and Japanese ancestors; most worked as day labourers on American business-owned plantations in Hawaii in the late 1800s and early 1900s. As an Asian-American in Hawaii, with ancestors who worked in such capacities, I am in many ways a product of the American colonial project in Hawaii (Arvin 2018). Largely due to specific historical legacies (e.g. Japanese–American internment camps in World War II), Asian-Americans in Hawaii have tended to associate with the American nation state rather than the Indigenous culture and nation of Hawaii or places their ancestors came from. Thus, I am a part of what Jonathan Okamura argues is a kind of ‘Asian settler colonialism’—a term used not ‘to reproach Asian Americans in Hawaii for their presence’ and disinherit the ‘struggles of grandparents and great-grandparents,’ but rather to ‘[challenge] Asian affiliations with the American nation-state’ (Okamura 2008).

In interacting with the various organisations and community leaders in my elective, it was clear that from an Indigenous perspective on health, caring for the land and environment is an important part of taking care of one’s health. For the Native Hawaiian organisations we had the opportunity to learn from, health from a community and population level begins and ends with environmental and community stewardship. Throughout the elective, we were reminded by community leaders that advocates for health—including us as healthcare professionals—are not only a part of the community and accountable to its members, but also called to move away from hierarchical notions of power and lead lives of compassion for all involved.

Medical education and environmental and community stewardship: community-centred vision for health

There is an unconscious tendency to talk about Hawaiian cultural practices in the past tense—as if lo‘i, conservation efforts, and ‘malama ‘aina are irrelevant to the rest of life and health. However, one step in the soil of a lo‘i (taro farm) and we find that discourse surrounding Native Hawaiian health is very much in the present tense—and, if we listen closely, in the future tense as well. Each week in community health (Native Hawaiian Health: Past, Present and Future), I have been reminded of the many ways that our communities on Oahu are seeking ways to reconnect with the land, their ancestors and, of course, their health. After all, health in the traditional sense is the result of one’s relationship with the ‘akua, the community, and the family; that is, the health of Native Hawaiian communities... is dependent on identity, cultural and political realities, and spiritual connection [Journal entry, 27 November 2017].

‘Aina (land) literally is translated as ‘that which feeds us’ (Rezentes 1996). In Western medicine, we are trained in the importance of healthy diets and food choices in chronic disease prevention. Yet, from a Native Hawaiian health perspective, food is much more than a consumer good used to satisfy a biological need; it is spiritual, communal and tied to the land. ‘Aina-based learning—inclusive of experiential learning with community leaders in lo‘i, fishponds and other Indigenous farms—gives the opportunity to gain a new perspective on food. ‘Aina-based learning provided us with the humbling (and perhaps, radical) perspective that we are accountable to the ‘aina and to the community as much as we are accountable to our professional peers. ‘Aina-based programs are central to ‘oiwi (native) identity in Hawaii.

The health of communities is tied with the health of the food systems and the land they take care of. For some, the journey to chronic disease prevention begins with reconnecting with the land and knowing where food comes from. The practice of malama ‘aina (care for the land) is communal in nature. Take, for instance, the emphasis on preparing and sharing food. At places like Kokua Kalihi Valley (KKV), a federally qualified health centre with an ‘aina-based community health program (i.e. Roots program), children from disadvantaged backgrounds can participate in workshops where they learn to eat and cook healthy meals, with the hope of breaking the generational cardiovascular disease and diabetes cycle. KKV maintains that through the preparation and sharing of food, ‘we strengthen the roots that connect us to the land, the sea, our cultures, our community, our family and to each other’ (https://www.rootskalihi.com, accessed 30 January 2019).

The importance of caring for the land and larger community could not be overstated. How we treat one another influences the health of our communities. How we treat the land influences our sociopolitical system. Furthermore, how we treat the ocean influences the health and wellbeing of people around the world. The organisations and leaders we interacted with believe that ‘the care of the earth is our most ancient and most worthy and, after all, our most pleasing responsibility’ (Berry 1996). To care for the ‘aina reminds us of who we are in the grand scheme of things; it reminds us of our mortality, frailty and reliance on natural resources to sustain our health and wellbeing (Rezentes 1996). Identity—inclusive of land, community and family—and health are deeply interconnected. Likewise, to malama ‘aina is to form a healthy identity.
Discussion – lessons for the future kauka (Physician): compassion, proximity and the practice of ‘paying attention’ to the fractured environments that people live in every day

Social theorists have for some time argued that the formation of the contemporary medical professional identity involves a kind of distance and a reductionist approach (Foucault 1994; Jenks 2011; Holmes 2012). In his *Fresh Fruit and Broken Bodies*, Seth Holmes argues that contemporary clinicians are trained in the clinical gaze, ‘one in which physicians are increasingly taught to focus on the isolated, diseased organs, treating the patient as a body or series of anatomical objects’ (Holmes 2013). Holmes (2012) makes the case that both subtle cultural factors intrinsic to the physician–patient encounter and bureaucratic processes make it such that physicians’ main role centres on being competent providers and problem solvers. As such, in the face of limited time and resources, modern physicians spend less time within the everyday experiences of community members.

Cultural competency education in medical training has gained increasing attention in recent years, largely due to an increased awareness of diversity of the patient populations (Kamaka and Aluli 2001). It is acknowledged that such efforts run the risk of creating ‘essentialised, static notion of culture that is conflated with racial and ethnic categories’ (Jenks 2011). Although contemporary approaches to cultural competency education have been successful in producing open-minded physicians who are able to understand and accept difference (i.e. via practices of cultural humility), they may ‘reinforce behavioral understandings of culture and draw attention away from the social conditions and power differentials that underlie health inequalities’ (Jenks 2011). What may be lacking in cultural competency education is a sense of solidarity with and compassion for individuals disproportionately affected by health inequalities based on sociopolitical realities.

In November 2017, our elective had the privilege of having Australian international Indigenous health expert, Ngiare Brown, lead a session in our elective on the ‘Cultural Determinants of Health.’ Dr Brown gave a lecture on the history of Indigenous health in Australia and highlighted the importance of culturally competent medicine for those who practice among Indigenous people. She concluded: ‘Applying a ‘cultural’ lens to health... is about paying attention to the fractured environments that people live in every day’ (Brown 2017). For Dr Brown, culturally competent medicine involves a posture of humility in seeking to learn from the needs of a community as a whole through participating in the life of the community.

Through my participation in the *Native Hawaiian Health* elective, I came to see that the kauka (physician) is not separate from the community in our particular context. In other words, the community’s suffering is the kauka’s. Cultural immersion and cultural strengths-based approaches have the power to instil respect, care, humility and compassion (Kamaka and Aluli 2001). In my experience, I came to see that in the midst of the ‘fractured environments that people live in every day’, there is hope that comes with the strengths-based approaches of community-centred programs that centre on healing and restoration. At their best, community-centred approaches to medical education — as I had experienced in my elective — teach future medical professionals to develop and maintain a sense of solidarity with people across social and cultural lines (Buckner *et al.* 2010).

In our context in Hawaii, an individual’s health cannot be separated from the community he or she comes from. We as (future) physicians and healthcare professionals are not only a part of the community and accountable to its members, but also called to lead lives of compassion for those we serve: to listen and see where patients come from and work with them to *malama* their bodies and communities well. To improve the health of all in the spirit of social justice is our most sacred and important calling as future kauka and advocates. In the process of learning from community health leaders in my elective, I came to see that improving the health of all requires our integrated effort and commitment to improving the ‘health’ of social, political, ecological and educational systems.

I discovered that if my hope is to work towards improving the health of all — particularly in our Native Hawaiian, Indigenous context in Hawaii — I must learn to see myself as part of the larger community and not distinct from or better than it. It is only by doing so that I will develop compassion for patients who have suffered from different social ills, whether it is domestic violence, substance use disorders, incarceration or cultural trauma. Compassion is at the centre of the medical profession. As a future physician, compassion for my patients will require a commitment to understanding the cultural and social structures that influence health, paying attention to the fractured environments that some live in every day and maintaining solidarity with the experiences of the communities I will work in.

Conflicts of interest

The author declares no conflicts of interest.

Acknowledgements

This research did not receive any specific funding.

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