Published in final edited form as:
*Calif J Health Promot*. ; 8: 52–62.

# Native Hawaiian Voices: Enhancing the Role of Cultural Values in Community Based Participatory Research

**Juliet McMullin, PhD**[1], **Momi Bone**[2], **Jane Ka'ala Pang**[3], **Victor Kaiwi Pang**[3], and **Archana McEligot**[4]

[1]University of California, Riverside, Department of Anthropology, 900 University Ave., Riverside, CA 92521, Telephone: 951-827-2758, julietm@ucr.edu

[2]Āinahau O Kaleponi Civic Club

[3]Pang Pacific Islander Health Partnership-Hawaii

[4]Department of Health Science, California State University, Fullerton

## Abstract

Following the goals of Community Based Participatory Research (CBPR), this paper describes how Native Hawaiian values emerged as a methodology for the conduct of a study with Native Hawaiians residing in Southern California. The equitable placing of community values side by side with scientific values show that community concepts can parallel and extend CBPR premises and are more than a variable to be added in the analysis. The community partners, whose voices guide this paper, introduced the values associated with the concepts of "aloha," "mālama," "maihilahila," "na'auao," and "ano ano hua." These concepts were employed and maintained throughout the study that assessed diet, obesity, and psychosocial factors related to food and nutrition as a cancer prevention method. We describe and examine these values in light of persistent challenges in CBPR; ensuring that the topic is a community driven issue, fair representation and data dissemination. We argue that Native Hawaiian values are touchstones that intersect in important ways with the goals of CBPR – equality, respecting each other's strengths and the elimination of health disparities for future generations.

### Keywords

Community Based Participatory Research; Community Perspectives; Native Hawaiian Values; Native Hawaiians in Southern California

## Introduction

Recent decades have witnessed a steady increase in Community Based Participatory Research (CBPR). A consequence of the increase in CBPR is a plethora of literature on defining CBPR and a host of papers on how to conduct the methodology which includes common pitfalls and lessons learned from the collaboration of community and researchers.



Correspondence to: Juliet McMullin.

Issues that commonly emerge include the degree to which the project is engaged in community driven concerns, integration of community values, informed consent (including incentives and confidentiality), fairness of representation, sustainability of the effort, and the collaborative relationship (Israel, Schulz, Parker, & Becker, 1998; Minkler & Wallerstein, 2003; Pasick, Hiatt & Paskett, 2004). An important characteristic of this literature is that it is also written primarily from the perspective of the researchers. And yet, according to the WK Kellogg Foundation (2009) CBPR is: A collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.

While CBPR has focused on inclusion of the community in the implementation of a study, and at times the design of the question, this process often results in an under examination of the cultural values of academic and community partners. The cultural values of the academic partners often drive the research agenda and obscure the values of the community partners. This observation has led some to ask where “culture” is in both CBPR and “culturally tailored” projects (Kagawa-Singer, 2009; Taylor, 2007). As both community and academic researchers continue to find their way through CBPR activities it is imperative that the successes and complications that emerge from the community’s perspectives are reported in academic journals. Thus it is not only the academic researchers’ reporting of community perspectives, rather the voice of the community researchers can structure the relevant categories to be discussed. The primary goal of this paper is to forefront the community researchers’ voices; their experiences, thoughts, values and goals for the CBPR project. This goal provides a insight into how community values can frame academic categories and ultimately acheive a more equitable representation of community and academic knowledge and practices that can reduce health disparities (Airhihenbuwa, 1994).

This collaborative paper represents the community partners’ practical and theoretical concerns regarding the process, outcomes and future expectations of a CBPR study assessing diet, obesity, and psychosocial factors related to food and nutrition for cancer prevention among Native Hawaiians residing in Southern California. The paper is about the cultural processes we encountered in the development, funding and conduct of the study. We will not be reporting on the findings from the larger project (see McEligot et al., 2010 for results). Overlooking or dismissing cultural values of the academic or community researchers can be a divisive factor in collaborative projects (Israel et al., 1998; Minkler & Wallerstein, 2003; Pasick, Hiatt & Paskett, 2004). With the increasing conversation over health disparities and efforts at decreasing suffering CBPR partners often assume that, by default, all partners on the same page. It is the practice of research and not taking the time to understand or respect each other’s priorities in terms of community dynamics, data ownership, and data dissemination that can ultimately lead to complications. In order to avoid some of these problems Native Hawaiian values guided the collaboration. The values we tried to maintain through-out the study processes were “aloha” having compassion and respect for all who were involved, “mālama” caring for one another, “maihilahila” making sure no one is shamed or wronged, “na’auao” a sharing of wisdom or knowledge and finally “ano ano hua” which means seed of my seed of my seed, or ensuring future generations.

These values are touchstones that intersect in important ways with the goals of CBPR – equality, respecting each other's strengths and the elimination of health disparities so that we might all have a healthier future.

In an effort to equalize the power relationships between members of the community and members of the academy in the research process we refer to both groups as "researchers".

The community voices specifically refers to the community research partners for this project. Their knowledge, experience and leadership reflect many values and needs of that community members have expressed to them.

## Context: Native Hawaiians in Southern California

Native Hawaiians have some of the poorest health outcomes in the United States (Office of Hawaiian Affairs 2006). Among these health outcomes are high rates of cancer incidence and mortality, second highest overall incidence in Hawai'i and the second highest all-site cancer mortality rate in the United States (Miller, Chu, Hankey, & Ries, 2008; Clegg, Li, Hankey, Chu, & Edwards, 2002). These staggering health statistics raise a great amount of concern for Native Hawaiians. The concern, however, is mediated by the fact that most of these studies have been conducted in the Hawaiian islands. Consequently, Native Hawaiians living offisland (Hawaiians who live outside of the Hawaiian Islands) are left with numerous questions regarding their own health status. This increasing concern and desire for more information is apparent in California which has the largest population of Native Hawaiians outside of Hawai'i (approx 262,000. US Census 2003).

Demographically there has been a significant shift in the off-islander population, from 34% in the 1990 census to 40% of all Native Hawaiians counted in the 2000 census (Malone & Shoda-Sutherland, 2005). Malone and Shoda-Sutherland have also found that Native Hawaiians living off-island are more likely to have a college degree, white collar jobs, and are less likely to live in poverty (12.4% vs 16%), than on-islanders. Off-islander demographics have some impact on economic access to health care, yet many of cultural practices related to community and family responsibility are highly valued by Native Hawaiians in Southern California (McMullin, 2009).

The community partners for this study have a long history of community work in Southern California, 'Āinahau O Kaleponi Civic Club and the Pacific Islander Health Partnership-Hawaii (PIHP-Hawaii). Prior to the conducting our study, both community partners had conducted health workshops and participated in studies of their own. 'Āinahau O Kaleponi had conducted workshops on health and nutrition. After witnessing subtle changes in the members of their group the group leaders were interested in looking for programs that could create a more lasting effect. Since 2003, PIHP has been engaged in community driven, island tailored health promotion, education and training projects. These projects include women and men's health support groups, obtaining partnered funding from Susan G Komen, and conducting diabetes management programs. In order to address the health concerns of Native Hawaiians in California, baseline data on health behaviors to compare with that of their counterparts on-island (Native Hawaiians living on the Hawaiian Islands) needed initial exploration.

[3]As a matter of respect and convention in Native Hawaiian writing, Hawaiian words are not italicized.

## When Native Hawaiian Methods Begin

Nānā ka maka; ho'olohe ka pepeiao (observe with the eyes, listen with the ears) ~ Pukui 1997

## Creating a partnership

While academic researchers consider their methods as the design of the experiment, representative sampling, and validity of the instrument to be the beginning of a project, for the community researchers in our CBPR project their methods began in their efforts to build a partnership. An ongoing concern in CBPR is the power relationships in the collaborative process. How do groups and individuals with different goals and values come to respect each other's expertise and reach the common goal of reducing health disparities? Despite the apparent need, the process is often fraught with strife. These concerns range from decision making regarding the research topic, methodology, and other research duties, to data ownership (Minkler et al., 2005; Parker et al., 2003). From the outset of this project some of these issues were alleviated by the creation of opportunities for the academic researchers and community leaders to choose their research partners. The community and academic partners, California State University, Fullerton (CSUF) and the University of California, Riverside (UCR), were brought together initially through community driven concerns and subsequently through Pili or trust building that took place prior to writing a grant for the project. This group came together under the auspices of the NCI funded project "Weaving an Islander Network for Cancer Awareness, Research and Training" (WINCART).

Partnership building occurred over a few years. This process of getting to know each other is referred to as "pili". Pili is a Hawaiian word which can mean a light touch between two things, or the beginning of an association in building relationships. Typically in Hawaiian culture there is a preference for some connection or link before engaging in a relationship. Pili can be thought of as a community methodology that must have a design and then enacted before any "scientific" methodology can take place. Pili is an integral part of trust building and sets the ground work for aloha, mālama, maihilahila, na'auao, and ano ano hua to take place in our CBPR.

The opportunity for pili came in the fall of 2005. WINCART hosted a gathering that brought together researchers from Southern California universities and Pacific Islander community organizations. This gathering provided an opportunity for community members and academics who were interested in working with the community to meet and to learn about the projects and various research agendas of individual university members. It was at this gathering that the PIHP members met Dr. Archana McEligot, a nutritional epidemiologist from CSUF. Understanding that Dr. McEligot's expertise could assist in building the needed education and training, the group began discussions to assess how well they might work together. The shared time between Ka'ala and Kaiwi Pang and the other members of PIHP came about over lunch about a month later. This lunch involved cultural sharing and an expression of those values over the knowledge of food.

Meanwhile, Momi Bone from ‘Āinahau O Kaleponi Civic Club approached WINCART to assist in their club’s efforts at improving nutrition and exercise. WINCART held a number of round table discussions where Momi Bone and Dr. McEligot found their shared interest in nutrition. In their conversations community activities, concerns and hopes were shared. They agreed that before an intervention could be conducted an assessment of the community and baseline data needed to be obtained.

Dr. Juliet McMullin, a medical anthropologist from UCR, also attended the WINCART sponsored lunch and had ongoing conversations with community members. Dr. McMullin had previously conducted ethnographic research with Native Hawaiians on health issues, and has known the PIHP community leaders for a number of years. Her knowledge was used to recognize and bridge taken-for-granted cultural values of academic and community researchers, support the integration of community researchers’ knowledge into the questionnaires, and conduct culturally appropriate data collection practices, analyses and research reports.

Through the opportunities created by WINCART to gather and practice aloha the CBPR group was able to pili. The resulting group was able to find the touching points in the cultural knowledge of each member’s expertise. The research team discussed and then collaborated on the writing of a grant proposal which was funded by the National Cancer Institute (NCI). Long before the research ever began our the method of pili opened the door for na’auao the sharing of knowledge.

## Results of Practicing Na’auao and Mālama

### Community Driven Issue

The high rates of cancer among Native Hawaiians are of great concern to community and academic partners alike. While our study can be framed as a cancer prevention study, the specific focus on dietary practices as they relate to cancer was primarily driven by the community interests. As noted in the description of how the partnership developed we see that both community and academic partners had a specific interest and expertise in nutrition. This shared interest played out at multiple levels from the decision to work together to data collection.

A key factor in centering our attention on dietary practices comes from an understanding that, for many Pacific Islanders, food is the center of social relationships. The meaningfulness of food is apparent in the origin story that tells us that kalo (taro) is the elder brother who cares for us. We in turn feed others to show that we care for them. According to the Kumulipo, the creation chant, kalo grew from first-born son of Wakea (sky father) an Papa (earth mother), the son was stillborn and buried. Out of his body grew the kalo plant, called Hāloa “breath” (Beckwith, 1951). Kalo and poi (mashed taro) are the “soul food” of Hawaiians today. Mary Kawena Pukui (1972), Hawaiian historian, shares the knowledge stating that “taro was the elder brother and man the younger – both children of the same parents.” For the custom, “when the poi bowl was open, there was to be no quarreling, haggling, arguing, for this would offend Hāloa, a spirit form of poi. Eating at the family poi bowl was without serious business or arguments. It was to be a pleasant and positive social

event. Today kalo symbolizes the Hawaiian people, it's family or 'ohana by the corm "makua or parent" and many keiki "children" or 'ohā, the off shoots of kalo. 'Ohana or family symbolized by the kalo plant. The centrality of the concept of food supported the decision to make nutrition the focus of the study and encouraged the full integration of the community members into the design and conduct of the study. Listening to the details of the Hawaiian origin story provided deeper understanding as to how and why cultural knowledge must be taken as an organizing principle in CBPR and not simply as a variable. This knowledge framed the research as a whole, the questions that were asked of participants, our interpretations, and all our meetings as a CBPR group. The origin story suggests that we should always have food present at gatherings, that we need to consider the researchers and participants as extensions of their family and community, respect of elders is essential, and that we are always to approach each other with respect. These are fundamental all aspects of our methodology.

This mutual respect and sharing of responsibility was evident from the outset of the conduct of our study. Similar to other CBPR studies, community leadership was integral to the modification and development of the surveys. For example, community members suggested many revisions that assisted in examining the knowledge and experiences of the Native Hawaiians in Southern California. The revised questionnaire included culturally-specific questions such as: "how sure are you that you could stick to an exercise program in the following situation: when attending a cultural gathering ('hana, lū'au, New Year, Christmas)" & "when visiting Hawai'i". Other questions that were added include: "Thinking about the past month, how often did you find healthy Hawaiian foods readily available and accessible?"; "How often did you choose leaner meats over those higher in fat, such as Spam, Portuguese sausage, Vienna sausage?"; "How often did you choose leaner meat options and substitutes for lau lau, kālua pig, ?" The integration of these questions did not come about without the creation of an environment where the community leaders knew that they could express the need to make the changes to the survey and that their comments would be taken seriously. The research team (community and university partners) devoted considerable time to conversations about what it meant to the validity of standardized measures were we to change too much of the survey and what it meant to leave these questions out, particularly questions about travel to Hawai'i and Hawaiian events and to types of food. These facets of Native Hawaiian daily life are intimately linked with maintaining relationship with 'ohana in California and Hawai'i.

The process of resolution was in part due to our practice of "talking story." Talk story is a common term used to describe the process of letting people discuss what is on their mind creating the space for them to share the power of their own knowledge. As Sing, Hunter & Meyer (1999) have noted "'talking-story" is how we as Hawaiians best approach an issue. It includes all our voices and the nuance of group energy, group mana." It is often how most Pacific Islander conversations begin before the conversation is constrained by what others (researchers) might want to know. In the final decision, the design of the study included a mix of modified standardized questions that were still scientifically valid, questions that represented the possible daily life experiences of participants, and a "talk story" session for the participants. Through the conversation about dietary knowledge and practices the research group and participants had an opportunity to better understand the concerns of the

research team and the Native Hawaiian community in Southern California. Moreover, it provided an opportunity to practice mālama (caring for each other), maihilahila (ensuring that no one is shamed), and na'auao (sharing knowledge).

The respect and caring for each other in our efforts emerged in our data collection phases. All in person meetings with the participants were organized by the community partners. The times and dates were chosen to meet the needs of the participants' work and family schedules and Hawaiian events in the area. Locations were chosen that were convenient for the majority of the participants. These locations were community centers that many were familiar because other events had been held there. In order to ensure that many of the participants made the data collection events, a strong collaboration between the community leaders and the student researchers emerged. This entailed ensuring that our meetings did not conflict with ongoing events in the community. When a conflict in events occurred, the academic partners rearranged their schedule so that each event had a community leader and academic partner in attendance who jointly guided the activities.

Incorporating the value of food and caring for each other, traditional and contemporary Hawaiian food was served at all data collection events. During afternoon and the final dinner meetings participants were served laulau (vegetarian, fish or chicken), lomi salmon or lomilomi salmon and poi . Not only are these foods common to the diet of Native Hawaiians, evoking memories of home on the islands, they are also foods that are highly nutritious (Shintani, Hughes, Beckham & O'Connor, 1991). The emphasis on food also allowed community members to see and experience a meal that had recommended portion sizes for daily nutrition.

The final aspect of the project that reveals equal responsibility was the final data dissemination meeting. The research project was a small NCI funded pilot project. By the time we had arrived at the end of the data collection we were out of money, yet needed to bring our preliminary findings to the community. Drawing on community connections and their own organizational resources, the final dinner was sponsored by PIHP. This effort was yet another action by the community that solidified the commitment of both groups to the success of the project. What was notable about the final dinner was that because PIHP funded the event it was open to other community individuals and leaders who had not participated in the original study. As a result, the event served to not only disseminate findings to the research participants, but also encouraged wider interest in Native Hawaiian Health to the Southern California Hawaiian community at large.

Other important aspects related to the involvement of community leaders/partners included training of community partners in assisting with recruitment and data collection.

Partners were integrally involved with assisting in collecting dietary data via scheduling and rescheduling telephone calls, personally contacting participants, and arranging transportation.

Community partners also assisted with collecting height, weight and questionnaire data assuring nearly an 85% completion rate for all aspects of the study.

Laulau is made of taro leaves that are wrapped around sweet potato, chicken or fish and then steamed in an oven (typically an underground oven – imu), lomi salmon or lomilomi salmon is tomato, onion and salt salmon a traditional food eaten with poi (mashed taro).

## Fair Representation

The broad representation of community members at the final dinner was a success, however this was not the case throughout the conduct of the study itself. Another concern of CBPR is the degree to which participants recruited from the community organizations represent the population at large. Often the sample in CBPR studies is drawn primarily from those individuals who are members of the organizations represented by the community partners. The study has some of the same biases of any other research endeavor. For example, the sample consisted of primarily older individuals and women. Sixty-five participants the mean age was 59 (± 15) and 62% were female. While a few of the participants were individuals who were not members of either CBO, the majority did belong to one or both of the collaborating community groups.

The research team did attempt to include greater participation from local leaders. This effort included outreach by both the leaders of ‘Āinahau, PIHP and the academic members, to many of the community, social, and activity groups (hula hālau, cultural performance, Hawaiian language, choral and glee clubs, senior groups, paddlers, surfers, young adults in the Hawaiian community-at-large). The leaders of these groups were provided with a description of the study and asked to attend or to send a representative to the meetings where the survey, recruitment and data collection processes were discussed. Many community leaders had hoped to come, however, given the numerous demands on their time they were never able to participate. While our group repeatedly tried to insure fair representation with the concepts of aloha, ano ano hua, mālama, and na’auao in mind the complexities of daily life prohibited that effort.

## Data Dissemination

A final concern of CBPR that we will address in this paper is data dissemination and sustainability. Data dissemination is among the primary complaints of communities who participate in research efforts. Community members never obtain the results of the study. This problem is also associated with sustainability, the concern over the community’s ability to continue the changes once the research is completed. For this project, data sharing has been a key practice in building the ground work for data dissemination and sustainability at the nutritional and research collaboration levels. Indeed, under the parent study, WINCART, the project created a document detailing the shared ownership and dissemination of data. As a consequence both community and university members have participated in the creation of data dissemination materials.

The dissemination of data for academics often takes place at conferences and the publication of peer reviewed articles. What is often overlooked are venues that focus on sharing research and resources targeted to a specific community. As part of the data sharing and egalitarian decision making the community members brought the conference “He Huliau” to the attention of the whole research team and requested that our data be presented. The

conference was part of the efforts from the University of Hawai'i, John A. Burns School of Medicine (UHM JABSOM), Dept. of Native Hawaiian Health, and the Center for Native and Pacific Health Disparities Research. This venue provided an opportunity to disseminate information directly to the practitioners who may implement the findings and increase our efforts to bring together on and off-islander research on health and health disparities. Had the community partners not brought this event to the attention of the university partners this important aspect of data sharing would have been missed. In addition, PIHP and the community sponsored a daylong Pacific Island community He Huliau conference "translating research to the bedside" sharing best practices and CBPR projects throughout Hawai'i, Utah and California, funded in part by the Office of Minority Health, WINCART and The California Endowment. This conference brought together 258 Native Hawaiians and Pacific Islanders from throughout Southern California and the region.

Community partners were also active in creating their own opportunities to disseminate the findings. The leader from ʻĀinahau created a brochure that emphasized the values with which the research was being conducted and to summarize the nutritional information in a community friendly way. The brochure combined USDA nutrition recommendations, an insert with individual dietary recall findings from the larger study, and the Hawaiian cultural values that directed this project. This information was distributed at the final data dissemination dinner. Community research participants were appreciative of seeing all of our efforts in a format that was accessible to multiple audiences.

ʻĀinahau and their community leader also developed a workshop for "Ohana Day" that focused on colorectal cancer and dietary guidelines. Drawing on the knowledge from participation in the study and the community leader's own expertise, a group of elders were brought together to discuss how caring for our bodies can come about through traditional Hawaiian knowledge and practices. For example, kekoa /nakoa (symbol of strength) was used to show the concept of strength by working with hands, legs and body to be strong) through the practice of canoe rigging - paddling or building. Kuleana Ai Pono, E ola pono (personal responsibility to eat right, to live right) revealed the concept of personal responsibility by making the right food choices and living a righteous lifestyle through the practices of planting and eating ʻuala or sweet potato or kalo or taro. Ke ʻike (seek understanding or knowledge) emphasized the ability to be teachable and how to share knowledge, being swift to listen, and slow to speak. This concept was shown through the practice of creating a feather lei or lei hulu (wind sock). These are but a few examples of how Hawaiian knowledge was used to inform and making meaningful the larger issues addressed in the study.

These events represent all of our Native Hawaiian concepts aloha, mālama, maihilahila , na'auao and ano ano hua, as we practiced them in academia and the community. The dissemination shows the strength of the community in taking the initiative in directing where they would like to see the information distributed by the academic partners as well as their confidence in presenting the data in culturally meaningful ways to the community. These efforts show how data dissemination for this project was equitably distributed between all CBPR partners.

## Discussion

As Native Hawaiian community partners and university researchers we were focused on maintaining the values of aloha, mālama, maihilahila , na'auao and ano ano hua. From the moment that the community/academic partnership was engaged, individuals who collaborated, from the research team to the broader community (whether they knew it or not) reflected the premises of those values. Taking the time to pili, to recognize the "taken for granted" cultural values of potential collaborators was the first step in the process of trust building and crossing potential intellectual divides. In the process of having compassion and respect, aloha, for one another we were able to bring the strengths of each individual, from the community and university members, to the student researchers and research participants.

The respect also transformed into Malaya, caring for one another. Caring for each other took place at multiple levels from the focus on food to the financial support of the project. The primary research focus on nutrition and physical activity was driven by the community. Not only is nutrition a practice that everyone engages in everyday, but as mentioned previously, it is a primary practice that Hawaiians engage in to remember their heritage and to show care for those around them. Thus focusing on food and nutrition reflected community needs and values at a profound level. Addressing this need first and then linking the data to the question of cancer disparities created a strategy where the needs of both the community and university members were met.

The provision of traditional Hawaiian food and time for talk story, as both a data collection method and a practice of pili – getting to know one another, at the meetings also reinforced the value of care for the research participants. Indeed, the focus on CBPR arises in part from stories about community participation in research projects and never finding out the results of the research. Traditional Hawaiian food at the meetings emphasized that we were caring for the community in a form that was familiar to them. Moreover, using these meetings to collect and to disseminate data was both a form of aloha - respect, and mālama -caring. In returning the findings to the community we were able to show that in the way that we were able to care for them through knowledge sharing in the same way that they cared for the research team through knowledge giving thus fulfilling the value of na'auao.

The sharing of information throughout the data collection phase through brochures, participation in focused conferences and workshops had the added effect of informing the community about what traditional foods were available to them in California and what size food portions should be served in order to attain adequate nutritional value. For example, at a community lūʻau, an event not associated with the research project, organizers who were participants in the study made an extra effort to find traditional Hawaiian foods and proper sized portions so that they could serve the food at the lu'au. Other participants reported that the study had prompted them to talk with their physicians or nutritionists about the foods they should be eating. There were limitations to the study. One thing that we would have changed was the naming of the study "Diet and Behavioral Study" (DABS). The negative connotation of the word "diet" was distracting for some. We found that some potential participants did not want to join the study because they were concerned that we would put them on a diet, deny them of foods that they enjoyed. After thoughtful discussions with the

community leaders, who assured them that we only wanted to know what they were eating, not that we were going to stop them from eating those foods many of their concerns were alleviated.

Maihilahila, the practice of making sure that no one is shamed or wronged, was reflected in our research meetings, through the data collection, and at the final dinner/data dissemination event. The research team had taken the time to understand and respect the expertise of each member. As we practiced na'auao 'sharing knowledge, wisdom" with each other, particularly in the design of the dietary recall and psychosocial questionnaire, there was a clear give and take. Some questions were deleted from the design that either did not make sense for Native Hawaiians or for Native Hawaiians in Southern California. Other questions such as the relationship between attendance and Hawaiian events and the consumption of specific foods such as spam, macaroni salad or poi were included. The creation of the shared data ownership document has also facilitated maihilahila .

Beyond the research team, it was even more important to practice maihilahila with the research participants and the community at large. This value was apparent also as an ethical issue in the conduct of research. As participants were called by the research assistants to collect dietary data, the assistants spent time simply talking and sometimes joking with the participants. Participants were assured that there was no judgment in reporting what they had eaten the day before. Indeed, at the final dinner meeting, many participants thanked the student research assistants for being so generous and making the data collection effort so pleasurable.

The final dinner/data dissemination presented an opportunity for na'auao and maihilahila. The sharing of the data was a right that this research team was practicing. The inclusion of community leaders and individuals who had not participated in the current research was significant in that the lack of earlier participation was not at issue, but rather that the leaders could see that this research team had conducted a study that would be of benefit to the community and had returned the knowledge. Breaking down barriers that most individuals and communities experience might only be accomplished through a continual process of inclusion at any level of a research project. In our experience, inviting others to see what the research team, with two community organizations represented by their leaders, had accomplished opened the door for larger collaborations and provided a pathway for future pili between these working groups.

## Conclusion

The goal of the paper was to show how we as community and academic partners used Native Hawaiian cultural concepts to frame the academic constructs rather than using culture as a static variable (Kagawa-Singer, 2009; Taylor, 2007). Describing how Native Hawaiian concepts are similar to many of the goals of CBPR; from community driven projects, fair representation and data dissemination, not only show how Native Hawaiian concepts extend CBPR goals they show the need to place greater importance on the role of cultural values and represent an example of how to work towards equitably involvement of all partners in knowledge creation and dissemination (Airhihenbuwa 1994). The

complementary expertise of each partner (two community leaders/members, a nutritional epidemiologist, and a medical anthropologist), was recognized as valuable at the outset through our pili and was maintained through the mindfulness of the Native methods in our project. Indeed, the qualitative description of this process came at the behest of the community leaders who wanted to show how their knowledge is essential to successful CBPR and facilitates overcoming previously experienced barriers. It is important to note that without the infrastructure provided by WINCART the opportunity to first respect each others' expertise before even writing a grant together would not have occurred as easily. Thus, at each level of the research project, it was always clear that ano ano huaseed of my seed of my seed, or ensuring future generations – was the ultimate purpose of the project and our collaboration. Without aloha, mālama, maihilahila, and na'auao, the project would not have been completed or had the essence of CBPR.

In sum, the seriousness and respect with which the research team held for each other's experience and cultural values enhanced the development of a Native Hawaiian methodology for our CBPR. Taking the time to understand the stories, concepts and values that community leaders and members use to make sense of their relationships and health activities not only provides factors that can be accounted for in intervention and risk models, but more importantly should be used to guide all CBPR activities. The equitable de-centering of academic expectations combined with a shared centrality of community expectations can serve as a model to overcome many of pitfall experienced in CBPR efforts.

## Acknowledgments

This project was funded as a pilot project by the National Cancer Institute's Center to Reduce Cancer Health Disparities, under the auspices of the WINCART parent grant number CA11459. Special thanks to Shauna Winston and Rebekah Ngewa for all of the assistance with the data collection.

## References

Airhihenbuwa CO. Health promotion and the discourse on culture: implications for empowerment. Health Education Quarterly. 1994; 21(3):345–353. [PubMed: 8002358]

Beckwith, M. The Kumulipo. Chicago: University of Chicago Press; 1951.

Clegg LX, Li FP, Hankey BF, Chu K, Edwards BK. Cancer survival among US whites and minorities: a SEER (Surveillance, Epidemiology, and End Results) Program population-based study. Archives of Internal Medicine. 2002; 162(17):1985–1993. [PubMed: 12230422]

Israel BA, Schulz AJ, Parker EA, Becker AB. Review of Community-based Research: Assessing partnership approaches to improve public health. Annual Review of Public Health. 1998; 19:173–202.

Kagawa-Singer, M. Where is Culture in Cultural Tayloring?. In: McMullin, J.; Weiner, D., editors. Confronting Cancer: Metaphors, advocacy, and anthropology. Santa Fe: School for Advanced Research Press; 2009. p. 207-229.

Malone, NJ.; Shoda-Sutherland, C. Kau Li'ili'i: Characteristics of Native Hawaiians in Hawai'i and the continental United States. Honolulu: Kamehameah Schools–PASE 04–05:21; 2005.

McEligot AJ, McMullin J, Pang K, Bone M, Winston S, Ngewa R, Park Tanjasiri S. Diet, psychosocial factors related to diet and exercise, and cardiometabolic conditions in Southern Californian Native Hawaiians. Hawai'i Medical Journal: A Journal of Asia Pacific Medicine. 2010; 69 S2(7):16–20.

McMullin, J. The Healthy Ancestor: Embodied inequalities and the revitalization of Native Hawaiian health. Walnut Creek: Left Coast Press; 2009.

Miller BA, Chu KC, Hankey BF, Ries LA. Cancer incidence and mortality patterns among specific Asian and Pacific Islander populations in the U.S. Cancer Causes & Control. 2008; 19(3):227–256. [PubMed: 18066673]

Minkler M. Community-based Research Partnerships: Challenges and Opportunities. Journal of Urban Health. 2005; 82(ii):3–12.

Minkler, M.; Wallerstein, N. Community-Based participatory research for health. San Francisco, CA: Jossey-Bass; 2003.

Office of Hawaiian Affairs. Native Hawaiian data book. Honolulu: Office of Hawaiian Affairs, Planning and Research Office; 2006.

Parker EA, Israel BA, Williams M, Brakefield-Caldwell W, Lewis TC, Robins T, Ramirez E, Rowe Z, Keeler G. Community action against asthma: Examining the partnership process of a Community-Based Participatory Research project. Journal of General Internal Medicine. 2003; 18:558–567. [PubMed: 12848839]

Pasick RJ, Hiatt RA, Paskett ED. Lessons learned from community-based cancer screening intervention research. Cancer. 2004; 101:1146–1164. [PubMed: 15316912]

Pukui, MK. Nana I Ke Kumu. Honolulu, Hawai'i: Hui Hanai and Queen Liliuokalani Children's Center; 1972. 2 vols.

Pukui, MK., editor. 'Olelo No'eau : Hawaiian Proverbs & Poetical Sayings. Honolulu: Bishop Museum Press; 1997.

Shintani TT, Hughes CK, Beckham S, O'Connor HK. Obesity and cardiovascular risk intervention through the ad libitum feeding of traditional Hawaiian diet. American Journal of Clinical Nutrition. 1991; 53:1647S–1651S. [PubMed: 2031501]

Sing DK, Hunter A, Meyer AM. Native Hawaiian education: Talking story with three Hawaiian educators. Journal of American Indian Education. 1999; 39:4–13.

Taylor JJ. Assisting or compromising intervention? The concept of "culture" in biomedical and social research on HIV/AIDS. So cial Science and Medicine. 2007; 64(4):965–975.

US Census. Census of the Populations. Washington, DC: US Dept. of Commerce, Economics and Statistics Administration; 2003.

WM. Kellogg Foundation. Community Health Scholars Program goals and competencies. Ann Arbor (MI): University of Michigan School of Public Health; 2009. Retreived June 18, 2009 from http://www.sph.umich.edu/chsp/program/index.shtml.