



SCRA Community Mini-Grant Spotlight

Puni Ke Ola: Drug Prevention in Rural Hawaiian Communities

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Community-Academic Partnership Team Leaders

Puni Ke Ola is a community-academic partnership that is working to develop, demonstrate efficacy, and disseminate a Native Hawaiian model of drug prevention with a focus on `opio (adolescents and young adults). Hawaiian epistemology, ontology, and cosmology frame concepts of wellness and prevention embedded in our research and practice, which have been explored through participatory action research. Puni Ke Ola is based in the State of Hawai`i, which is an island chain. The university is on the island of O`ahu, and the rural Hawaiian communities where the project is based are on a different "neighbor" island. Since the project's inception in 2006 project leaders have included Senior Mentor for Culture, Auntie Vanda Hanakahi; the initial community-based Principal Investigator Uncle Wayde Lee (2006-2015); the current Community-based Principal Investigator, Ms. Kanoelani Davis (2016-present); the lead community partner representative, Ms. Kilia Purdy-Avelino; and the University-based Principal Investigator, Susana Helm (SCRA

member). SCRA Mini-Grant 2013-2014 funds were used to pay for cellphone services for Uncle Wayde and Auntie Vanda to bridge the communication gap between the respective island homes during the initial intervention development phase of the project.

Puni Ke Ola translates to "life flourishes", and references the idea of bringing about the best. Puni refers to embracing; and Ola signifies life. Puni beckons ancient knowledge, as it is used more commonly in older mo`olelo and ka`ao (historical knowledge). The name symbolizes the core role of traditional Hawaiian epistemology that guides the research and practice being done. Efforts to develop culturally grounded interventions for indigenous populations largely have been limited to American Indian and Alaska Native populations (e.g. Allen, Mohatt, Beehler, & Rowe, 2014; Gone, 2007; Kulis, Ayers, Harthun, & Jager, 2016; Walters, Mohammed, Evans-Campbell, Beltran, Chae, & Duran, 2011). Upon embarking on this community-academic partnership in 2006, it was agreed that the first endeavor would be to initiate the development of a Hawaiian model of wellness and prevention using a Hawaiian

framework for research and practice. Therefore, the goal when applying for the SCRA Mini-Grant funds in 2013 was to conduct exploratory research using Hawaiian epistemology, ontology, and cosmology to guide the inquiry of drug prevention by engaging `opio as co-researchers and social change agents (also referred to as haumāna; haumāna generally translates to apprentice or student). With funding assistance from SCRA and other sources, Puni Ke Ola succeeded in creating an intervention based on ideas set forth by `opio and endorsed by makua and kupuna (adults and elders; Helm, Lee, Hanakahi, Haumāna, 2014; Helm, Lee, Hanakahi, Gleason, McCarthy, Haumāna, 2015).

In 2015-2016, a small-scale version of the intervention¹ was implemented. Briefly, the intervention addresses the community's concerns about historical trauma and ongoing cultural loss as contributing factors in adolescent health risks, particularly substance use. A form of culturally grounded intervention referred to as culture-as-intervention (Arroyo, 2014), was used to prevent substance use, related problems, and to promote adolescent wellness. In other words, by practicing traditional Hawaiian cultural activities alongside local experts, youth build lifelong skills and knowledge that are incompatible with substance use. For the 2015-2016 feasibility study, the intervention was hosted by a local fishpond, also known as loko i`a (Hawaiian aquaculture), and the intervention included a photovoice component.

The *Global Journal of Community Psychology Practice* readers may be interested in some of the behind the scenes work needed to move an idea to action. Figure 1 shows the project by the-numbers, or what it takes to conduct a photovoice with youth (see Figure 1). In addition to the leaders mentioned in the

opening paragraph, other community-academic partnership team members were critical to the success of the 2015-2016 feasibility study. Specifically, the local cultural experts from the fishpond provided vital guidance, as Puni Ke Ola adheres to a culture-as-intervention approach. Seven haumāna participated in the small-scale implementation of Puni Ke Ola. They, along with the local experts and the co-authors, participated in six huaka`i, or cultural journeys; primarily involving loko `ia. As a photovoice project, the haumāna used digital cameras to document their huaka`i. While they had shot hundreds of photos, about thirty of these photos were formally shared by the haumana during photovoice focus group discussions. Corresponding with each of the six huaka`i, six focus group sessions which produced 322 minutes of audio were also held, which subsequently were transcribed into 125 pages of data for analyses. It should be noted that the small-scale Puni Ke Ola intervention was implemented as a research project; the work involved in transcribing and analyzing the data are not needed in a strictly practice oriented intervention.

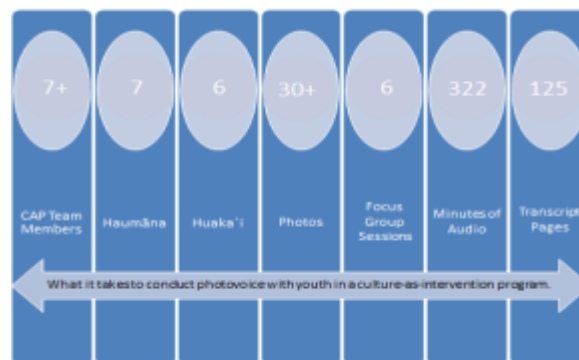


Figure 1. Behind the scenes in a participatory action research project
Alignment with SCRA

¹ For a brief description of the intervention, the reader is referred to Helm, Davis, & Haumāna (2017).

As a recipient of the SCRA Mini-Grant, Puni Ke Ola is aligned with the Society for Community Research and Action's vision, mission, values, principles, and goals - most notably in their emphasis on sociocultural relevance in prevention programming. Two of SCRA guiding principles speak to this directly: 1) community research and action requires explicit attention to and respect for diversity among peoples and settings and, 2) human competencies and problems are best understood by viewing people within their social, cultural, economic, geographic, and historical contexts

(<http://www.scra27.org/who-we-are/>). As a culture-as-intervention model, Puni Ke Ola explicitly privileges an indigenous Hawaiian worldview, and takes into account this perspective initially according to the youth who are most directly impacted by substance use; clarified and endorsed through cultural auditing by the larger predominantly Hawaiian community in which they live. Puni Ke Ola has focused on diversity and social justice simultaneously. The project was born out of a community commitment to eliminate health inequities in substance use among Hawaiian populations and communities. As has been the case for a number of years, Native Hawaiian adolescents begin using substances earlier and at higher use rates than their non-Hawaiian peers (Glanz, Mau, Steffen, Maskarinec, & Arriola, 2007; Lai & Saka, 2005; Mokuau, 2002; Nigg, Anderson, Trombly, Alam, & Keller, 2013; Wong, Klinge, Price, 2004). Problems related to substance use among Hawaiian youth tend to be more severe, and can cause school absences (Hishinuma, et al., 2006), sexual health risks (Ramisetty-Mikler, Caetano, Goebert, & Nishimura, 2004), suicidality (Else, Andrade, & Nahulu, 2007), and may persist into adulthood.

Evidence-based practices (EBPs) for drug prevention in Hawaiian communities are lacking (Edwards, Giroux, Okamoto, 2010; Lauricella, Valdez, Okamoto, Helm, Zaremba,

2016; Rehuher, Hiramatsu, Helm, 2008). This problem maybe framed as one of social injustice: broadly speaking, entities wishing to combat substance use with public and/or philanthropic funds are required to use nationally recognized EBPs. While some EBPs are flexible in that cultural adaptations are possible (see Castro, Barrera, & Martinez, 2004), the core worldview of the non-dominant community often is not accounted for, thereby marginalizing and silencing the experiences and expertise of minority and indigenous populations (Okamoto, Kulis, Marsiglia, Holleran Steiker, & Dustman, 2013). Such practices are theorized to contribute to persistent drug related health disparities among minority and indigenous populations. By promoting diversity in EBPs and the science that supports it, projects like Puni Ke Ola simultaneously are promoting social justice. Puni Ke Ola is helping to improve the current prevention paradigm by moving beyond "surface structure," such as cultural adaptations, and moving toward "deep culture," through a culture-as-intervention drug prevention program (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999).

As a community-academic team, Puni Ke Olahave assessed areas of success and areas for improvement leading to adhere to a Kapu Aloha approach (Helm, Davis, & Haumāna, 2017). Kapu Aloha refers to the idea that practicing aloha (love and compassion) is sacred and extends to all of our interactions. At its base, Kapu Aloha means the use of `ohana (family) or inclusive approach to planning, implementing, and evaluating our work. In other words, the university and community PIs as well as the project participants and other community members actively and regularly plan, implement, and evaluate the collective work. By honoring this value, the team has managed a number of challenges throughout the past decade. This type of evaluative activity fits well with the SCRA principle stating, "Community research

and action is an active collaboration among researchers, practitioners, and community members that uses multiple methodologies. Such research and action must be undertaken to serve those community members directly concerned, and should be guided by their needs and preferences, as well as by their active participation”

(<http://www.scra27.org/who-we-are/>).

Furthermore, the punawai (freshwater spring, source) for this project has come from many sources. A puwalu (gathering) was convened by Native Hawaiian and other leaders in substance use prevention and treatment in the State of Hawai`i to discuss the insidious problem of substance use because of its individual, family, and communitywide devastation in small closely-knit Hawaiian communities.

Another important source of inspiration at the outset were a group of community members who used media technology to promote rural Native Hawaiian community wellbeing. For Puni Ke Ola, a form of photovoice was selected; that has served the project well. Initially in 2013, photovoice was used to develop the intervention. Youth who participated in this phase of the project made a request to retain photovoice as part of the intervention activities in the future, and not just for research and evaluation. Therefore, for the 2015-2016 feasibility study, photovoice was included both as part of the intervention as well as for documenting the implementation.

The community celebrations have exemplified community leadership, which is an important aspect of SCRA vision, mission, values, principles, and goals. As noted elsewhere (Helm, et al 2017), Puni Ke Ola intervention occurs in four parts: 1) Ohana Night (orientation) and Training, 2) huaka`i (culturally immersive field trips, include photography), 3) ho`āla (photovoice focus group discussions linking culture and health), and 4) ho`ike (community celebration for

social justice on substance use prevention). Ho`ike means to make known or to show with the root word `ike signifying knowing, perceiving, and understanding. During the ho`ike, youth participants share what they have learned about drug prevention from having participated in the huaka`i and ho`āla. In addition to inviting family and friends to the ho`ike, local and state dignitaries are invited based on their role or position as decision-makers with the power to promote the use of indigenous epistemology, ontology, and cosmology in adolescent and community health promotion and substance use prevention. The youth leaders deliver thought provoking and emotionally moving presentations during the community celebration, which include formal speeches enhanced by their beautiful photographs (see Figure 2).



Figure 2. *Photo shared by youth leader who participated in Puni Ke Ola*

In conclusion, the team is immensely appreciative of the financial support provided by SCRA. It came at the beginning of the intervention development phase when regular communication among the leadership team was essential. Moving forward in the spirit of Kapu Aloha, continued implementation and evaluation Puni Ke Ola

will be done with the goal of making the intervention and evaluation tools available to other rural and indigenous communities.

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