

# Using Traditional Healing Concepts as a Tool to Combat Low Health Literacy

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This presentation addresses the issue of health literacy from an indigenous perspective. There has been much focus on addressing the cultural and linguistic aspects of health; however, very few practitioners who were schooled in the Euro-Western traditions of healthcare fully comprehend the foundation of the cultures they wish to serve. By looking at traditional healing practices to provide insight to cultural protocols with regard to health, much understanding can be found.

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When one looks at culturally and linguistically appropriate health services to combat issues of low health literacy, the current Euro-Western view of traditional healing practices is to classify this service as a form of complementary or alternative medicine. Cultural competency programs see traditional healing as an alternate way of addressing health and health practices, not a supplementation to existing curricula. However, if the goal is to deliver culturally appropriate services, the cultural basis for health and healing practices must be competently addressed to better understand both the patient and their community. Linguistic services help, however; in many cases, the interpreter is unaware of the rituals and protocols with regard to health, or has dismissed these beliefs as insignificant.

The Holistic Honu Wellness Center, a very small not for profit in the San Francisco Bay Area region of Northern California, has developed a somewhat avant-garde traditional healing training program for members of the California Hawaiian community. The program is a consequence of the hypothesis that traditional healing has an important and vital role in medicine today. Traditional beliefs view fact-centered approaches in existing cultural competency programs as acceptance of Euro-Western models for treating health disorders. This practice tends to widen the cultural gap and reinforce accepted ideas that practices other than Euro-Western beliefs and procedures are to be distrusted or feared. This training program strives to improve existing cultural competency programs by helping health care providers and individuals in the community create conduits between traditional medical practices and the western medical system. This program hopes to encourage existing, diversely separate entities to work together to improve indigenous health.

The training integrates the study of health practices through a language arts curriculum based on traditional stories that addresses the intellectual, social, emotional, physical, spiritual, and cultural practices of health. The curriculum begins with an examination of modern day stories that actively demonstrate cultural rituals and protocols in practice today. It asks students to view cultural health from a personal perspective; incorporating elements from their personal history

and genealogy. Students also examine the basic history of healthcare within the culture; incorporating the origins and evolution of historical rituals and protocols with regard to health and life. They further look within their personal families and cultures to draw parallels for better understanding. Thereby, students are challenged to evaluate these parallels through the primitive and modern customs and beliefs within cultural health practices today. These parallels encompass delving into the cultural beliefs of health responsibility and illness, methods of conflict resolution, more advanced cultural teaching, and introspective work. Initially, the work focuses on a narrow approach that broadens as curriculum specifics expand. This educational process is deeply rooted in traditional cultural practices and is unlike western education, which narrows the focus of study with each successive level of training.

More than 27 self-identifying Hawaiians, 13 Caucasian, 39 Asian, 6 Black Americans, 19 Hispanic, 4 Native American San Francisco Bay Area health care and cultural practitioners have matriculated through our live seminar program in FY 2010, FY 2011 and FY 2012. Six months after completion, participants were sent evaluation forms asking about the effectiveness of the training they received and how their training compared with other cultural competency programs they had taken. Of the 98 feedback forms returned, 89 rated this training at 100% effectiveness within the various communities they serve, three rated this training at 90% effectiveness, three at 80%, two at 70% and one at 50%. Eight respondents self-identified as doctor/physician, 16 as other health care professional, and 19 as a community health worker. All 43 direct service health practitioners rated the training as excellent in preparing them to better serve their clientele. In addition, all 43 reported the training received as more useful than cultural competency classes previously taken for their various health professions. Twelve months after course completion, 82 feedback forms were returned. 77 persons reported positive changes in relationships with others, 80 reported better interactions with patients/clients/students.

Of the 138 persons who successfully completed our Fundamentals of Hawaiian Health Practices program, 18 stayed to learn about the hands on application of traditional healing, enrolling in our other programs and seven are now preparing to train as instructors. Fifty-four persons, who have completed the basic program, continue to utilize our follow-up services and or take additional classes.

Eight months after completing our course, we asked participants to poll their constituency so we could track positive changes within the community utilizing paper forms to maintain anonymity. Of the 439 forms returned, 358 reported better communications on the part of the practitioner, 213 reported that the practitioner took their time with them and explained procedures better and 98 reported no changes. On 359 of the 439 forms returned, demographics were not checked or otherwise indicated. We did not ask the name of the practitioner on the forms distributed.

This program has been converted to a blended distance program and launched in FY2013 and a Kindergarten to twelfth grade program will be launched in FY2014.

Although this program is both new and based on the Native Hawaiian culture, the possibility for replication within other cultures is feasible. Like any program, it depends on relevant cultural information from community leaders and cultural healing practitioners willing to assist in the process.

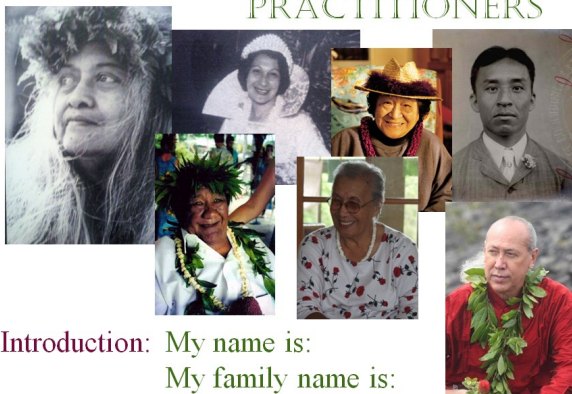
# Concepts

There has been much focus on addressing the cultural and linguistic aspects of health to improve low health literacy in culturally based communities; however, very few practitioners who were schooled in the Euro-Western traditions of healthcare fully comprehend the foundation of the cultures they wish to serve. By looking at traditional healing practices to provide insight to cultural protocols with regard to health, much understanding can be found.

As Native Hawaiian traditional practitioners who are also trained in Euro-Western medical concepts, to better serve our community, it became crucial for us to explore the answer to the question:

## Why does Tutu distrust Western-trained doctors?

### TRADITIONAL PRACTITIONERS



**Introduction:** My name is:  
My family name is:  
My teachers are:

**Diagnosis:** Where did you go?  
What did you do?  
Who did you speak to?  
What did you say?

**Treatment:** I am going to teach you how to make this medicine /make these changes to your diet/lifestyle. Let me know if there are any changes to your condition (good or bad) in the next few days.

**Time:** As long as it takes.

**Payment:** Whatever you can give is fine.



### WESTERN-TRAINED DOCTORS



**My name is:**  
(My credentials are framed on the wall)

**Why are you here?**  
**How do you feel?**  
**Where does it hurt?**  
**Let's run some tests.**

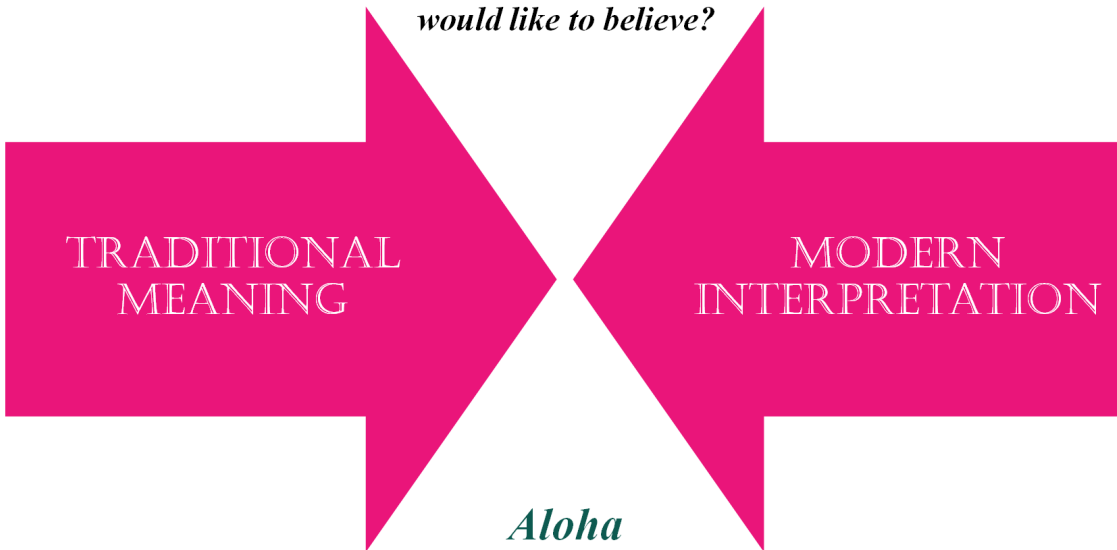
**I am going to prescribe this medicine. See the pharmacist if you have additional questions. Make another appointment if you do not get better.**

**15 minutes.**

**Here is your receipt.**



*The following examples illustrate common linguistic misconceptions within Hawaiian culture today. With vast differences such as these within the language, can linguistic services be as effective with health literacy as we would like to believe?*



***Aloha***  
 Love, affection, compassion, mercy, sympathy, pity, kindness, sentiment, grace, charity; greeting; sweetheart, loved one.  
 Aloha is given without expectation of return and is nurtured when other people similarly share their aloha without expectation of return.

Hello  
 Goodbye  
 Love

***‘Ōhana***  
 Ke Akua: God(s)  
 ‘aumākua: ancestors, sometimes deified  
 kūpuna: grandparents or grandparent generation  
 mākua: parents or parent generation  
 ‘ōpio: youth  
 keiki/kamali‘i: children  
 nā pua i ka wā hope: future descendants

Nuclear family comprised of parents and children. May also include the extended family which encompasses grandparents, uncles, aunts, cousins, etc.

***‘Āina***  
 That which feeds or provides sustenance:  
 • The Physical ‘Āina or environment  
 • The Psychological ‘Āina or mana‘o (thoughts and feelings)  
 • The Spiritual ‘Āina or connection and relationship with God, ‘aumākua, ‘ōhana and friends.

Land or earth

***Kahuna***  
 A person coming from a blood lineage of kāhuna, who has graduated after undergoing years of work and specialized training under one particular kahuna AND is given the authority and designation by this master kahuna (usually right before the death of the master kahuna) AND has the acknowledgement from the community as a specialist in the specific art form as mastered by the kahuna - usually healing.

A specialist, shaman or caretaker.

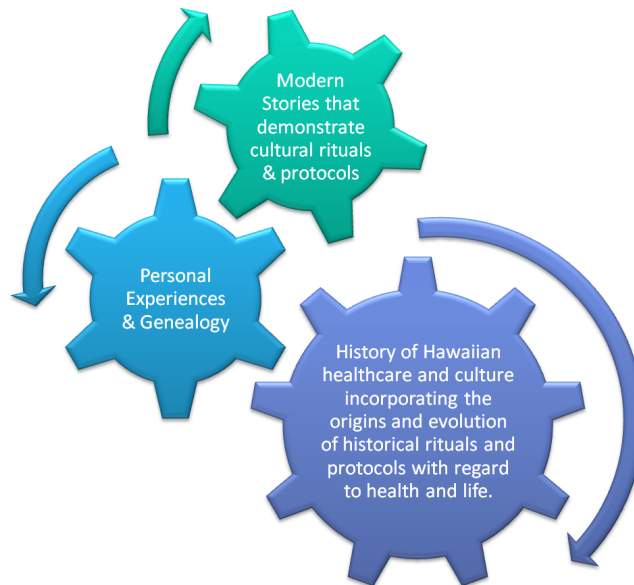
***Pono***  
 That what is right by God and nature as dictated by the natural order.

That what is right by an individual’s moral code.



# Curriculum

Our 150 hour live seminar program integrates the study of health practices through a language arts curriculum based on traditional stories that addresses the intellectual, social, emotional, physical, spiritual, and cultural practices of health.



# Results

Eight months after completing our course, we asked participants to poll their constituency. 189 forms were returned:

- 118 reported better communications on the part of the practitioner
- 95 reported the practitioner took their time with them and explained procedures better
- 56 reported no changes

### Feedback Received:

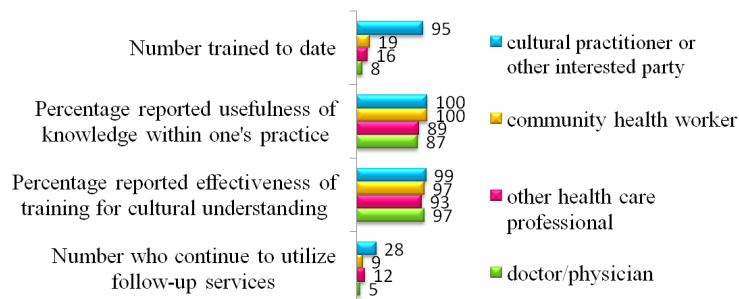
"I have been a patient of Dr.XXX for 12 years. He is finally asking my opinion and allowing me to have a voice in my treatment plan."

"My doctor offered meet me at my Chinese herbalist's to conference with him. In the five years he has been my primary, this has never happened before! Thank you!"

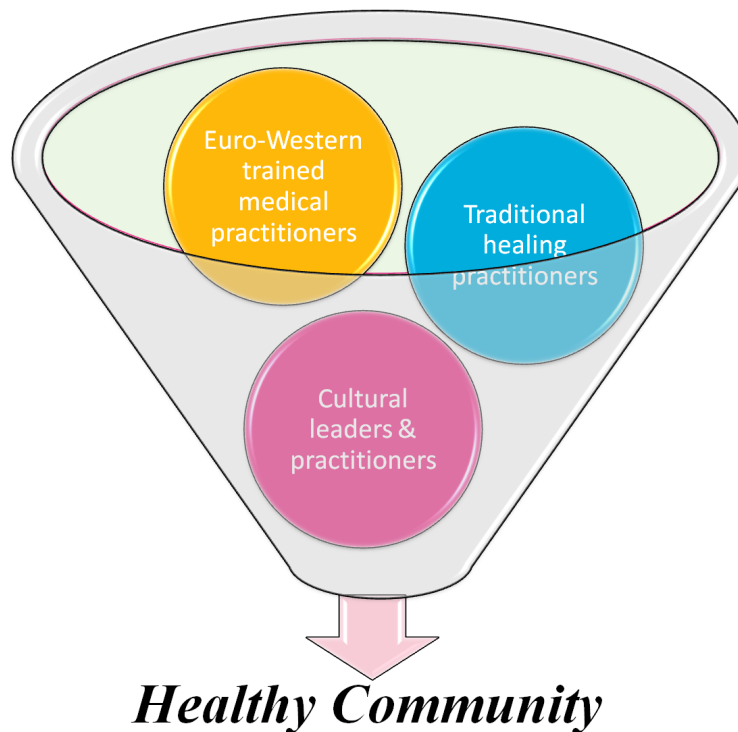
"My doctor brought an acupuncturist in as part of her practice. I love this new option."

"My doctor actually talked to me and not my interpreter. What a difference!"

"I was asked if there was a cultural option I was more comfortable with for my treatment. I love Dr. XXXXX ! He really gets me!"



# Conclusions



Our work is based on the concept that community health literacy is the responsibility of the Western trained healthcare practitioner, the cultural leader and the traditional healer.

When all parties exercise ha‘aha‘a (humility) and kōkua (assist) one another, all members of the community ultimately benefit.

It is critically important for traditional practitioners to know when it is necessary to call in the Western-trained practitioner and have the wherewithal to advocate for both the patient and the Western physician.

Likewise, it is equally important for the Western-trained medical practitioner to know when it is the best interest of the patient to call in traditional healer, and to utilize the traditional healer as a part of the overall healthcare treatment plan of the patient; not as a last resort when Euro-Western methods fail to be effective.

Our curricula has shown that when the Euro-Western trained practitioner develops a deep understanding of the culture s/he wishes to serve, bridges can be built and mutual understanding and respect flourishes.

Although this program is both new and based on the Native Hawaiian culture, the possibility for replication within other cultures is feasible. Like any program, it depends on relevant cultural information from community leaders and cultural healing practitioners willing to assist in the process.

