Elders or kūpuna, are regarded as major sources of wisdom and the transmitters of knowledge and training to younger generations. (Kana‘iaupuni, Malone, & Ishibashi, 2005; pp.29).

Nā kūpuna (Hawaiian Elders). In contemporary times, nā kūpuna are treasured for their wisdom, knowledge, and many contributions to strengthening the family and perpetuating Hawaiian culture and language. However, as a group, they are burdened by significant health disparities. In comparison to elders of Hawai‘i’s other major ethnic groups, nā kūpuna experience:

- shorter life expectancy, with a widening gap in longevity (Park, Braun, Horiuchi, Tottori, & Onaka, 2008)
- more impairments in performing Activities of Daily Living (Mokuau, Browne, & Braun, 1998), and
- higher rates of disability and poverty (Kana‘iaupuni et al., 2005; US Census, 2006).

Hā Kūpuna, National Resource Center
Our center for Native Hawaiian elders is a university-community partnership and dedicated to advancing knowledge on health and long-term care (LTC) issues of nā kūpuna. Our goal is to assure transmission of hā (life essence, spiritual energy, ancestral knowledge) from older to younger generations by achieving parity in life expectancy and good health among older Native Hawaiians comparable to other Americans. Our primary objectives are to:

- establish a sustainable organizational infrastructure,
- establish a national knowledge base focused on health and LTC,
- enhance community knowledge of LTC and family caregiving through training, technical assistance, and publication.

Purpose. Because of the importance of embedding a resource center for Native elders in the cultural values and language of elders themselves, we integrated Native Hawaiian concepts to frame activities and accomplishments for 2006-08—the period during which Hā Kūpuna was established.

Guiding Cultural Concepts

- Kūkākāka (discuss, negotiate)
- Alu (cooperate, act together)
- ʻImi naʻauao (seeking knowledge)
- Kuhikuhi (teach)
- Hoʻomākaukau (make ready)
- Hoʻolaha (make known)
- Hoʻāna (measure)

(see Table)

Implications
Community-Based Participatory Research principles plaited with cultural concepts contribute to cultural competency of Hā Kūpuna. Our approach may serve as a model for partnerships aimed at improving the health and well being of Native elders.
<table>
<thead>
<tr>
<th>Guiding Concepts</th>
<th>Activities</th>
<th>Accomplishments</th>
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| **Kūkakūka** (discuss & negotiate) | Building sustainable center infrastructure  
Developing partnerships among Native Hawaiian health advocates & gerontologists | • Established center governance  
• Secured financial resources from university  
• Developed collaborative relationships with Alaska Native & Native American Resource Centers  
• Formed advisory councils  
• Facilitated knowledge sharing between health advocates & gerontologists |
| **Alu** (cooperate & act together) | | |
| **ʻImi naʻauao** (seek knowledge) | Developing a research agenda with community input  
Developing appropriate frameworks and measures | • Developed research agenda  
• Advanced framework of understanding how historical influences and resiliency impact health, completed key informant interviews, & drafted report. |
| **Kuhikuhi** (teach) | Providing training & technical assistance to community organizations | • Assisted in survey development  
• Provided training in conducting community needs assessments  
• Assisted with data interpretation & analysis |
| **Hoʻomākaukau** (make ready) | Developing venues to share information | • Launched website  
• Distributed brochures  
• Presented at community groups and at one national conference  
• Submitted three manuscripts for publication |
| **Hoʻolaha** (spread or make known) | | |
| **Hoʻokaʻana** (divide equally) | | |
| **Hoʻāna** (measure) | Evaluating progress | • Developing survey instrument to evaluate outcomes  
• Administered evaluation survey to Advisory Council member |

LS Kaʻopua, PhD, DCSW excerpted information for this Fact Sheet from Choy L.B., Mokuau N, Braun K.L., & Browne C.V. “Integration of cultural concepts in establishing Hā Kūpuna: The National Resource Center for Native Hawaiian Elders.” *Journal of Native Aging and Health*, 2008; 3: 253-261. Photographs are from the personal collection of Dr. Kaʻopua. Funding for Hā Kūpuna is provided, in part, by a grant (No. 90O10002/01) from the US Administration on Aging, Department of Health and Human Services. Information in this report does not reflect the opinion of the US Administration on Aging.