



USING MIXED METHODS TO UNDERSTAND KŪPUNA, CAREGIVERS, AND LONG-TERM CARE

KEY FINDINGS

- Survey data reconfirmed poor health and earlier disability of Native Hawaiian elders compared to other groups, but these disparities were unknown to most kupuna and `ohana caregivers.
- Poor health is likely related to past discrimination in education, employment, and health care.
- Kūpuna want to “age-in-place,” but more affordable and culturally appropriate services are needed.
- Hawaiian culture is a source of resilience to kupuna and caregivers.
- Mixed-method research is useful in understanding health, culture, and care preferences.
- *For more information, check out the publications page of our website.*



Mixed-method Research

From 2006, the Hā Kūpuna team has used qualitative (talk-story) and quantitative methods to answer our federally mandated research question: “What are the health-related and Long Term Service and Support (LTSS) preferences and needs of Native Hawaiian elders and family caregivers?”

We used a mixed method approach with 3 phases:

- We interviewed 18 key Hawaiian health service providers to hear their perceptions of need;
- We worked with the Hawai'i Department of Health to analyze large datasets, including the Hawai'i Health Survey (HHS), the Hawai'i Behavioral Risk Factor Surveillance System (BRFSS), and state death records.
- We interviewed 60 kupuna and family members in Hawai'i and California about their lives and their experiences with aging, caregiving, and health services. We continue to interview kūpuna from a wider geographic range on the Continent.

Together, these data are telling us an interesting story.

Hawaiians experience earlier disability, likely due to a lifetime of disadvantage in Hawai'i. Kūpuna want to age in place, but need more affordable and culturally appropriate services.

Native Hawaiian health service providers believed that kūpuna care preferences are rooted in Native Hawaiian or “local” values of kōkua (help/support). They felt that most kūpuna hope to age in place with help from ‘ohana. Care barriers were linked to financial costs and limited public transportation.

Analyses of DOH data confirmed numerous disparities experienced by Native Hawaiians, including lower socio-economic status, earlier and higher prevalence of disability, and shorter life expectancy compared to other groups in Hawai'i.

Interviews with kūpuna and family revealed exposure to discrimination in education, employment, and access to services. Elders in Southern California spoke of stigma and prejudicial attitudes toward Native Hawaiians when growing up in Hawai'i. Elders in Hawai'i voiced concerns over present-day treatment by service providers. Aging-in-place is preferred but barriers include costs of care, distance to services and limited information on health status and health promotion.

Future Directions

Qualitative and quantitative methods complemented each other in this Mixed-Method approach. These integrated findings have led us in new directions.

We need to:

- Expand affordable health education and health promotion programs that attend to culture and build resilience.
- Advocate for a life-course practice model that fights discrimination and promotes equity in income, education, and opportunity, recognizing that healthy children have more opportunities to grow into healthy, long-living adults.
- Advocate for legislative support for making LTSS affordable and high quality, especially in underserved areas.
- Protect Social Security, Medicare, Medicaid, and DHHS programs that fund programs for native elders
- Support participatory and decolonizing approaches to research
- Grow more indigenous researchers and health providers who understand and respect Hawaiian culture

Approaches

Qualitative Studies

- Key informant interviews with providers & leaders
- Focus groups with kūpuna & caregivers in HI and CA
- Focus groups with grandparents
- Interviews with kūpuna on the continent

Quantitative Studies

- Life expectancy
- Years of life lost
- Health indicators
- Obesity and diabetes prevalence by age

Syntheses and Recommendations

- Life course & resiliency model
- Indigenous & decolonized research methods
- NHPI elder health
- Indigenous elder health and dementia

The goal of Hā Kūpuna: The National Resource Center for Native Hawaiian Elders is to assure the transmission of hā (breath of life; wisdom) from older to younger generations by enhancing knowledge to improve health and well-being. Hā Kūpuna is supported by grant #900I0006/01 from the Administration on Aging, US Department of Health and Human Services.