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Native Hawaiian Culturally Appropriate Substance Use Disorders Formative Program Evaluation

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
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Walden University
2025

Abstract

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Substance use disorders (SUDs) disproportionately affects Native Hawaiians, yet conventional treatments often overlook the cultural, spiritual, and relational foundations of well-being for Native Hawaiians. This gap represents a human services problem, as it perpetuates health disparities, limits recovery, and slows social change within Native Hawaiian communities. The purpose of this qualitative single case study was to identify culturally relevant components for an SUD treatment program tailored to Native Hawaiians. The research question guiding this study was, what are culturally appropriate components for a SUD program for Native Hawaiians. The *Nā Pou Kihi* framework grounded the exploration of Indigenous approaches to healing that may be integrated into treatment models. Case data were gathered through an interview with a cultural practitioner and secondary sources, then analyzed using thematic analysis. Findings revealed that effective treatment affirms cultural identity, restores reciprocal relationships with ʻāina, promotes accountability and reconciliation through practices such as Hoʻoponopono, and embeds spirituality as a foundation for recovery. Results suggest that culturally grounded programs foster intergenerational healing, cultural resurgence, and community-level social change. Recommendations include increasing funding for culturally based services, training providers in Native Hawaiian health frameworks, and strengthening partnerships between licensed professionals and cultural practitioners to advance equity and contribute to long-term social change.

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Dedication

This capstone is dedicated to the Native Hawaiian people, whose strength, wisdom, and resilience continue to guide the path of healing and renewal. To those who struggle with substance use disorders, and to their families who carry both the burden and the hope of recovery, this work is offered in honor of your courage and your journeys. May this study serve as a step toward programs that embrace the ʻike kupuna (ancestral knowledge), the mana of ʻohana (family), and the healing power of ʻāina (land).

I also dedicate this work to the cultural practitioners and community leaders who have carried forward the practices of Hoʻoponopono, mālama ʻāina, and spiritual connection, even in times when such traditions were suppressed. Your commitment to preserving and sharing Native Hawaiian healing ways has made this research possible.

Finally, this capstone is dedicated to future generations of Native Hawaiians, that they may find healing in culturally grounded practices and grow within a world where their culture, identity, and wellness are not only preserved, but celebrated as sources of strength.

"E ola ka ʻuhane Hawaiʻi." (*May the Hawaiian spirit live on.*)

Acknowledgments

I would like to express my deepest gratitude to Dr. Barbara BenOliel and Dr. Dorothy Seabrook for their invaluable guidance, support, and encouragement throughout this capstone journey. Their expertise and mentorship have been instrumental in shaping the research and strengthening my academic growth. I am also profoundly grateful to my family, whose unwavering belief in me provided the strength and motivation to persevere.

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Section 1: Introduction to the Problem

Background of the Human Services Problem

Substance abuse among Native Hawaiians is a substantial public health problem (Hawaii Substance Use Statistics, 2024). Between the years 2018-2023 in Hawaii there were 79,229 emergency room discharges related to substance use (Hawaii Substance Use Statistics, 2024). The substances included methamphetamines, alcohol, tobacco, marijuana, and opioids (Hawaii Substance Use Statistics, 2024). There is a plethora of causes for substance use disorders (SUDs) among Native Hawaiians, and a major concern is the lack of existing and available culturally appropriate programs that lead to a successful outcome (Daniels et al., 2022).

In past research, authors have highlighted cultural factors and how historical and cultural trauma have contributed to SUDs for Native Hawaiians of all ages (Daniels et al., 2022). They recognized that historical and cultural trauma affect multiple generations and are linked to ongoing Native Hawaiian health disparities (Daniels et al., 2022). Native Hawaiian health disparities when compared to other populations, include higher social, environmental, and economic risk factors; poorer access to care; and inappropriate care (Substance Abuse and Mental Health Services Administration (SAMHSA), 2015).

Cultural trauma is defined as the loss of identity and meaning that negatively affects group consciousness (Daniels et al., 2022). It marks and changes people in fundamental and irreversible ways, often resulting in the loss of language, lifestyles, and values (Daniels et al., 2022). Historical trauma refers to the traumatic experiences undergone by members or descendants of national, religious, or racial/ethnic groups,

historically or at present times, because of colonization, war, genocide, or other forms of social, political, and cultural subjugation (Pokhrel & Herzog, 2014). Pokhrel and Herzog (2014) found that for some, thoughts, knowledge, or experience associated with historical trauma may enhance substance use behavior via increased perceived discrimination and for others may also be protective against substance use, via increased pride in one's cultural heritage. These historical and cultural aspects have impacted and reached across generations of Native Hawaiians. The outcomes of these traumas are reflected in higher rates of health disparities, including mental health and SUDs, which have affected the social determinants of health. Additionally, Daniels et al. (2022) found that many Western interventions such as the 12-step program used in Alcoholics Anonymous/Narcotics Anonymous, cognitive-behavioral therapy (CBT), and dialectical behavior therapy (DBT) have not been successful for Native Hawaiians. The need for culturally appropriate SUD treatment programs is being voiced by Native Hawaiian communities (Williams et al., 2021).

Culturally Appropriate Care

Mclean et al. (2020) reported that Native Hawaiians have lacked culturally appropriate treatment interventions. Culturally appropriate treatment interventions can help increase retention in health care, especially for minority clients (Mclean et al., 2020). Additionally, culturally appropriate care includes family involvement in treatment. Family involvement may help because many cultures believe that identity is tied to the collective good of the group. Family involvement can improve health care participation

and better outcomes for treatment (Mclean et al., 2020). Tailoring the treatment to include cultural sensitivity can benefit the overall outcome of that treatment.

Cultural sensitivity includes providing culturally sensitive education, advocating for equity, and creating safe spaces (Anchored Recovery Community, 2024). The education component can be incorporated by cultural practitioners to SUD professionals through therapeutic modalities. Advocating for equity is a process that can be accomplished over time by empowering individuals with SUDs to ask for treatments that encompass spiritual practices, and traditional healing methods (Anchored Recovery Community, 2024). Creating safe spaces requires a component of trust that can be accomplished by culturally sensitive SUD professionals and practitioners. Additionally, cultural sensitivity can be achieved by eliminating bias, promoting inclusivity, addressing intersectionality, and being open and respectful (Anchored Recovery Community, 2024). Incorporating these components into SUD treatment can also be accomplished through SUD professionals and practitioners. Cultural sensitivity can help prevent misdiagnoses, and misconceptions. Evidence-based clinical components include culturally relevant interventions (Anchored Recovery Community, 2024). These interventions can be developed in partnership with Native Hawaiian communities. Other culturally appropriate practices include evaluating the individual and family needs, focusing on behaviors that are culturally respectful, identifying resources (interpersonal and environmental) related to cultural strengths, and clarifying the nature of the problem (environmental, individual) and attend to cultural influences (Burlew et al., 2013).

Godinet et al. (2020) studied substance abuse treatment completion (SATC) for Native Hawaiians, Pacific Islanders, and Asian Americans. The objectives of the researchers were to examine predicators of SATC for Native Hawaiians, Pacific Islanders, Asian Americans, and Caucasians. The findings were to disaggregate Asian Americans from Native Hawaiians and Pacific Islanders to understand how certain factors affect each group as well as how to provide culturally relevant treatment for each ethnic/racial group. The factors include the moderating effect of race on the relationship between socioeconomic factors, type of substance used, and type of treatment setting on SATC (Godinet et al., 2020). This is important and relevant to the study because some of the factors will be utilized to form holistic culturally appropriate treatment interventions. A holistic culturally appropriate treatment intervention includes substance use prevention, treatment, and recovery services emphasizing traditional Native Hawaiian healing practices and techniques (Wright et al., 2011).

Social Problem

According to Census.gov (2023), approximately one-third of the population of the United States identifies themselves as belonging to an ethnic or racial minority group. Culture is a component of SUD treatment because the experiences people have related to their specific cultural heritage influence their clinical experience at treatment centers. Nationally, culturally competent opioid SUD programs are lacking (Headlands, 2021). Culturally competent treatment is needed for SUDs (Headlands, 2021).

Treatment settings, home-based social supports, coping mechanisms, and the stigma attached to SUD are all affected by a patient's culture and should therefore be

considered in treatment planning. As a result, treatment providers need to understand culture, including an individual's shared beliefs, regardless of how they relate to a treatment provider's unique set of beliefs (Headlands, 2021). An individual's shared beliefs include a set of ideas, principles, and ideals that are widely accepted by a group of people (Bar-Tal, 2000). These beliefs are important for social cohesion, cooperation, and mutual understanding. Culture is a group or society's shared beliefs, values, customs, behaviors, and artifacts. Culture is acquired over time and transmitted from one generation to the next through learning, education, and shared social experiences (Bar-Tal, 2000).

The 2019 National Survey on Drug Use and Health (2019) provided addiction statistics for various ethnicities. The ethnicities include Asian Americans, Native Hawaiians, and Pacific Islanders. It is important to note that addiction is a disease that knows no boundaries. Addiction is not concerned with cultural heritage, race, religion, age, economics, or any other factor that often delineates one group from another in societal settings. As with much of the U.S. population, the most common addictions that affect certain ethnicities include prescription opioids, illicit drugs such as heroin and cocaine, and marijuana (National Survey on Drug Use and Health, 2019).

Local Problem

In the state of Hawaii, between July 2020 and December 2022, there were 562 unintentional overdose deaths in Hawaii. The overdose deaths include methamphetamine (388), fentanyl (113), prescription opioids (54), other drug (47), cocaine (43), and heroin (38) (Hawaii DOH, 2024). It is important to note that this number represents all

races/ethnicities. Native Hawaiians represent 22% of Hawaii's population (Tsai, 2023). SUD programs in Hawaii are not holistically culturally based. Most treatment providers in Hawaii use Western interventions such as the 12-step program used in Alcoholics Anonymous/Narcotics Anonymous, cognitive-behavioral therapy (CBT), and dialectical behavior therapy (DBT) (Daniels et al., 2022). Native Hawaiian practices and native healing techniques have to date not been brought into prominence. Native Hawaiian practices and healing techniques include Ho'oponopono. This is a traditional Hawaiian therapy that helps people find emotional and spiritual healing. Lomilomi is a massage technique that is a traditional healing practice for Native Hawaiians. La'au lapa'au is a plant-based healing technique that is a traditional healing practice for Native Hawaiians. La'au Kahea is a prayer technique that is a traditional healing practice for Native Hawaiians. 'Imi Ke Ola Mau is a plan that focuses on the importance of a sense of place and access to a healthy environment for Native Hawaiians to heal from substance use and mental health issues. Lōkahi Triangle, an ancient concept in traditional Hawaiian healing, focuses on achieving harmony mentally, physically, and spiritually. Native Hawaiian healing practices are asset-focused and resilience-building, and can help strengthen individuals, families, and communities. They can also help with psychological decolonization and passing on cultural pride and health to future generations (Daniels et al., 2022).

These practices and healing techniques may be useful in providing guidance and support to treatment providers to increase the extent to which clients involve themselves in treatment (Rezentes, 1996). A culturally based approach could revitalize the treatment

process and provide the tools and motivation for those being treated to modify drug misuse patterns and achieve sustained remission from SUDs (Williams et al., 2019).

Purpose of the Study

The purpose of this formative program evaluation study was to explore the components of a program for Native Hawaiians seeking treatment for SUDs and to develop holistic culturally appropriate SUD treatment program that could assist in alleviating SUDs. Although researchers have investigated SUDs, there is minimal literature or human services practice knowledge on Native Hawaiian holistic cultural SUD treatment programs. The gap in practice and literature exists in what specifically, Native Hawaiians, may require for completing a successful substance use program. I have not found qualitative research that has gathered information from cultural experts and practitioners regarding culturally appropriate treatment for Native Hawaiians with SUDs.

Research Question

The research question (RQ) that addressed is as follows: What are the culturally appropriate components for a substance use disorder program for Native Hawaiians?

Conceptual Framework

The conceptual framework that ground this study includes *Nā Pou Kihi* (The Corner Posts: 4 Pillars) (Kaholokula, 2014): A Hawaiian Framework for achieving social and health equity. Kaholokula first introduced the framework in 2014 in his article, Achieving social and health equity in Hawai'i. The Value of Hawai'i 2: Ancestral Roots. The *Nā Pou Kihi* (The Corner Posts) framework includes four approaches. The approaches include Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social

Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014).

Kaholokula (2014) elaborated on the social and health inequities that Native Hawaiians have endured since the United States occupation, which has contributed significantly to physical and mental health inequities. Kaholokula's *Nā Pou Kihi* framework for social and health equity is described as a call to action. This is important to the study because it is the conceptual framework that I utilized to support and inform a holistic cultural treatment program that includes all four approaches for SUDs.

Nature of the Study

To address the RQ in this qualitative study, I conducted a formative program evaluation to inform the program design. Additionally, two logic models are presented. The initial model includes what is currently occurring in SUD programs, and the second model represents the interpretation of what a culturally appropriate SUD looks like after data collection. For the planned research design, I collected narrative data through an interview. I utilized a single case study process. Yin (2018) is widely recognized for his work on case study methodology, particularly in qualitative research. In his book, Yin (2018) emphasized the importance of case studies as a method for investigating complex phenomena within real-world contexts. For the single case study, Yin's (2018) work outlined how a single case can provide deep insights into a particular issue, often allowing the researcher to focus on a bounded system. The sampling strategy I used is purposive sampling (Curtis et al., 2000).

Defined Terms

Cultural competency: Cultural competence is the ability of treatment centers to provide addiction treatment to patients with diverse beliefs, behaviors, and values (Headlands, 2021).

Health inequities: Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies (WHO, 2018).

Ho'oponopono: This concept is an ancient Hawaiian practice of forgiveness which functions as both a communication concept for reconciliation and a tool for restoring self-love and balance (Metta 365, 2020).

Ka 'Ai Pono: Translated means healthy consumption. The term 'ai pono' refers to eating healthy and healthy lifestyle choices, it includes moderating consumption of food, as well as natural and manufactured resources, technology, and other conveniences of daily living (Look, Soong & Kaholokula, 2020).

Ka Mālama 'Āina: Translates to environmental stewardship. Concepts of aloha 'āina (love for the land) and mālama 'āina (caring for the land) are fundamental to Hawaiian view of personal health (Look, Soong & Kaholokula, 2020).

Kānaka Maoli: Native Hawaiians

Ka Wai Ola: Translated means social justice. This corner post is about ensuring fair treatment and equitable share of the benefits as well as burdens of society (Look, Soong & Kaholokula, 2020).

Ke Ao ʻŌiwi: Translates to Indigenous cultural space. This corner post seeks to firmly establish Indigenous cultural spaces for Native Hawaiians to exercise prerogatives and aspirations, and express cultural identity without discrimination or prejudice (Look, Soong & Kaholokula, 2020).

Nā Pou Kihi: Translated means "corner posts." Like the corner posts in a solid house, each of the elements are fundamental, and it is their integrated strength that establishes the structure (Look, Soong & Kaholokula, 2020).

ʻŌlelo Hawaiʻi: Hawaiian language

Sociocultural: Sociocultural refers to a wide array of societal and cultural influences that impact thoughts, feelings, behaviors, and health outcomes (Springer Link, 2020).

Substance use disorder: A substance use disorder (SUD) is a mental and physiological disorder that affects a person's brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD (NIH, 2024).

Significance of the Study for Human Services

This study is significant in that it helps fill a gap in practice and literature that provides a programmatic alternative for SUD treatment utilizing a holistic culturally appropriate approach for Native Hawaiians. This study may contribute to dispelling health disparities that exist for Native Hawaiians due to cultural insensitivity and lack of SUD treatments and mental health care services. Positive social change may occur

because the substance use, and mental health care community may incorporate strategies and interventions arising from the findings from this study that involves affordable substance use and mental health practices in the cultural and social context.

Literature Review

Native Hawaiian scholars and Hawaiian cultural practitioners have elucidated exclusively on the need for Native Hawaiian culturally appropriate treatment programs for SUDs for Native Hawaiians in Hawaii. Although the literature covers a wide variety of components that contribute to SUDs for Native Hawaiians, this review focused on major themes that will assist treatment providers to develop a culturally appropriate substance use disorder treatment program. The major themes emerged repeatedly throughout the literature reviewed. These major themes included Hawaiian cultural traditions, beliefs, and values that facilitate healing through a holistic approach utilizing Kaholokula's (2012) *Nā Pou Kihi* framework, as well as concentrating on reducing barriers, and creating health equity.

This chapter includes the literature search strategy, conceptual framework, and literature review on Native Hawaiian holistic cultural treatment programs for SUDs for Native Hawaiians in Hawaii.

Literature Search Strategy

Understanding issues related to Native Hawaiians and SUDs requires exploring literature that delves into Hawaiian history, traditions, beliefs, and values. For this study I utilized a wide variety of the following databases: *Thoreau, EBSCOhost, EBSCO Discovery Science, APA PsycINFO, Taylor & Francis, SAGE, ScholarWorks, Google*

Scholar, and an Academic Search via the Walden Library. To find articles, I used the following key terms: *ho'oponopono. mental health, depression, Native Hawaiians or Pacific Islanders, sociocultural, substance use disorders, substance abuse, cultural and historical trauma, Indigenous populations, Kaholokula, behavioral health, Native Hawaiian traditions, Native Hawaiian beliefs, Native Hawaiian values, health inequities, culturally appropriate treatments, interventions, Hawaii State Department of Health, Native Hawaiian history, prejudice,* and *stigma and oppression.*

This literature review was limited to include the most recent scholarly literature. Searches were mostly limited to the last 5 years (2019 to 2024) and primarily included peer reviewed articles. When necessary, the literature review included other credible sources including Hawaii.gov, and Substance Abuse and Mental Health Services Administration (SAMHSA) to include data on the latest policies, and current statistics. Older literature and seminal articles were included within the review to provide contextual background and history related to Native Hawaiians.

Conceptual Framework

Examining the cultural components related to SUDs and culturally appropriate interventions for Native Hawaiians required a comprehensive framework. The framework I selected for this study is *Nā Pou Kihi* (The Corner Posts) created by Joseph Keawe'aimoku Kaholokula (2012, 2014, 2020). Look, Soong, and Kaholokula (2020) studied the Hawaiian framework by Kaholokula to find that a systemic change is needed to revitalize Native Hawaiian health through the *Nā Pou Kihi* framework. This encompassed economic, educational, political, and social systems. This framework

included four approaches. The approaches include Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption).

The premise of *Nā Pou Kihi* framework is to focus on culturally appropriate substance use interventions culminating into a holistic treatment program for Native Hawaiians. Therefore, to explore the benefits of the framework, I examined the four approaches. Each pillar has its own components. These components are indicative of restoring Native Hawaiian health.

Ke Ao ʻŌiwi is the pillar that secures Indigenous cultural spaces for Native Hawaiians to exercise their "prerogative and aspirations" (Look et al., 2020). Native Hawaiians should freely express their cultural identity without discrimination or prejudice. Not being rightly free to express themselves is one of the causes of their SUDs. According to Look, Soong, and Kaholokula (2020), examples of revitalization is to reestablish ʻŌlelo Hawaiʻi (Hawaiian language), cultural practices, protocol, beliefs, values, and traditions and cultural-based education. Look, Soong, and Kaholokula (2020), stated that cultural revitalization, cultural safety, and an environment that supports Native Hawaiians identity will initialize a decrease in cross-generational trauma and stressors related to chronic physical and mental diseases.

Ka Wai Ola, although in Hawaiian literally translates to "the living water," means "social justice" for this framework. This pillar is about what is warranted to Native Hawaiians such as guaranteeing that "fair treatment and [an] equitable share of the benefits as well as burdens of society," (Look, Soong, and Kaholokula, 2020) will be

evenly distributed. Ka Wai Ola acknowledges that socioeconomic status (SES) among other factors, influences physical, mental, and spiritual wellbeing. An example of this may include equitable funding from the federal and state governments to assist in housing our homeless Native Hawaiians, an increase in Medicaid benefits (health equity), and land ownership subsidies.

Ka Mālama ʻĀina, the third pillar regards environmental stewardship as a corner post, an extension of oneself in Native Hawaiian culture. This approach is one of aloha ʻāina (love for the land) and mālama ʻāina (caring for the land). The Native Hawaiian views of the land are intertwined with personal health and further linked to the wellbeing of their ʻohana (family, friends, and community). The objectives of this pillar are access to "nature/natural environment, food sovereignty, restoration of Native flora and fauna, and protection of spiritual sites," (Look, Soong, and Kaholokula, 2020). Examples include protecting Kahoʻolawe and Kū Kiʻai Mauna (Maunakea).

Ka ʻAi Pono, or alternatively ʻai pono, means to eat healthy and make healthy lifestyle choices. This includes moderating "consumption of food, as well as natural and manufactured resources, technology, and other conveniences of daily living," (Look, Soong, and Kaholokula, 2020). Look, Soong, and Kaholokula (2020) asked what might Ka ʻAi Pono look like? They are likely referring to Poi, fresh fish, and fruits and vegetables that go from farm to table in Hawaii.

Themes and Subthemes of Literature Related to Human Services Problem

Native Hawaiians: A Historical Overview

Kānaka Maoli (Native Hawaiians), the Indigenous people of Hawaii, began settling in the Hawaiian Islands between 1000-1400 AD (McCubbin & Marsella, 2009) with an inkling that settlement could have been as far back as 400 AD (Rust, 2022). Double-hulled canoes navigated by the Marquesas, Tahiti, or the Society Islands Polynesians were the manner of transportation to reach the South Pacific islands of Hawaii (McCubbin & Marsella, 2009). Advancing to the 18th century, Captain James Cook, an English ship captain, arrived in Hawaii in January 1778 with two ships, the HMS Resolute and the HMS Discovery (McCubbin & Marsella, 2009). Captain Cook named the islands of Hawaii the "Sandwich Islands." It was then estimated that the population of Native Hawaiians was between 300,000 to 800,000 (McCubbin & Marsella, 2009). Between 1778 and 1878, Native Hawaiian population decreased drastically due to the diseases spread by Captain Cook's men (e.g., tuberculosis, measles, smallpox, syphilis), with only 10% of Native Hawaiians remaining (McCubbin & Marsella, 2009). In 1779, Captain James Cook was killed by Native Hawaiians the battle at Kealakekua Bay on the Island of Hawaii (McCubbin & Marsella, 2009).

At this time, the islands were led by rivaled chieftains, namely one, Kamehameha I, who ultimately gained control of the Hawaiian Islands by 1810 (Rust, 2022). This is the beginning of the Hawaiian monarchy. The year 1819 marked the arrival of the whaling ships and thus began the profitable business of whaling, and the further decline of the Native Hawaiian population (McCubbin & Marsella, 2009). Commencing in 1820,

Christian missionaries from the United States and Europe began settling in Hawaii establishing themselves in the most fruitful land parcels (Rust, 2022), additionally taking over politics and the economy. Thus, upsetting the cultural ways of the Kānaka Maoli, including attempting to bury the Hawaiian language. The continuation of the declining Native Hawaiian population, about 3,000 Native Hawaiian men in 1850, led the legislature to approve the hiring of workers from China, Japan, and Portugal, as well as Caucasians from America and Europe (McCubbin & Marsella, 2009). Around 1876, the Native Hawaiian population had declined to its lowest level of around 53,900 under King Kalakaua's rule (McCubbin & Marsella, 2009).

The Hawaiian kingdom pushed forward until January 17, 1893, when U.S. Marines and American businessmen overthrew the monarchy that Queen Liliʻuokalani ruled, without permission from the U.S. government (McCubbin & Marsella, 2009; (Rust, 2022). This eventually led to the United States occupying Hawaii but not without a fight from the Native Hawaiians. This devastating event, called Onipaa by Native Hawaiians preempted President Grover Cleveland to investigate (McCubbin & Marsella, 2009). President Cleveland declared it an "act of war" (McCubbin & Marsella, 2009). However, despite him calling for a restoration of the Hawaiian monarchy, Hawaii became a territory of the United States of America on July 7, 1898, without proper representation of Native Hawaiians (McCubbin & Marsella, 2009). Backing up to 1895, the annexationists defeated a Native Hawaiian rebellion. This resulted in Queen Liliʻuokalani being tried for treason and sentenced to jail for 5 years, serving 21 months (about 2 years) of that sentence (McCubbin & Marsella, 2009).

Moving to the 20th century, between 1910-1930, immigrants from Asia continued to migrate. The focus was on plantation work, especially for the sugar and pineapple industries (McCubbin & Marsella, 2009). In 1922, the United States Congress passed the Hawaiian Homes Commission Act to rehabilitate Native Hawaiians and re-establish the population (McCubbin & Marsella, 2009). On December 7, 1941, the Japanese bombed Pearl Harbor, permanently reshaping the Native Hawaiian way of life. In 1959, Hawaii became the 50th state.

From 1970 to the present, a resurgence of activism has instilled a need for many civil protests that forge towards Native Hawaiian sovereignty and nationhood as well as a renewed sense of Native Hawaiian culture and traditions (McCubbin & Marsella, 2009). An important notation is the publication of Nana I Ke Kumu (Look to the Source) Vol. I by Mary Pukui (1972), a revered Native Hawaiian Kupuna (Respected elder) along with writers Dr. E. Haertig and C. Lee in 1972 (Pukui, Haertig & Lee, 1972). This important work presents traditional wisdom, behaviors, values, and beliefs of the Native Hawaiian people. Nana I Ke Kumu (Look to the Source) Vol. II was later published in March 1979, and Nana I Ke Kumu (Look to the Source) Vol. III (Pukui, Haertig & Lee, 1972) will be published in late April 2024 written by Lynette K. Paglinawan, Richard Paglinawan, Dennis Kauahi, Valli Kalei Kanuha.

In 1974, the Hōkūleʻa, a Polynesian voyaging canoe, was launched to navigate to the Marquesas and Tahiti islands utilizing traditional navigation methods. reminiscent of historic voyages (McCubbin & Marsella, 2009). This instilled pride in Native Hawaiians and confirmation that traditional navigation skills were possible, reminiscent of historic

voyages. Additionally, in 1974, Alan Howard, a University of Hawaii professor in anthropology, with experience among various Pacific Island cultures, published Ain't No Big Thing: Coping Strategies in a Hawaiian American Community. Honolulu, HI: East-West Center Press.

In 1975, Alu Like, Inc. was established in the Native Hawaiian community to assist with social and economic independence (alulike.org). It is still in existence today, celebrating its 49th year. In the 1980's, a trust was established by Princess Bernice Pauahi Bishop. This social enterprise was a dominant force in Hawai'i through its ownership of leased land. Its mission, for the Native Hawaiian community, was to encourage and assist educational pursuits of students of Native Hawaiian ancestry (McCubbin & Marsella, 2009). Also in 1980, following years of protest of the Kaho'olawe island of U. S. Navy missile practice, a memorandum of understanding (MOU) was signed requiring the U.S. Navy to commence soil conservation, revegetation, and goat eradication of the island but it did not cease the firing of missiles until 1993 (Graff, 2021). Additionally, in 1983, the U.S, Congress developed and published the Native Hawaiians Study Commission Report. This report was a cumulative 21-month study of the culture, needs, and concerns of Native Hawaiians (McCubbin & Marsella, 2009). Another study, done by Alu Like, Inc. called E Ola Mau Native Hawaiian Health Needs Study Report was published in 1985 (McCubbin & Marsella, 2009). This study defined the physical, mental, spiritual, and dental health needs of Native Hawaiians (McCubbin & Marsella, 2009). In 1986, the E Ola Mau Report was submitted to the U.S. Congress by Alu Like, Inc. a Native Hawaiian research, education, and training

organization. Because the report documented the serious medical, psychological, and dental problems of the Native Hawaiian people, federally funded programs were designed and implemented to address the problems (McCubbin & Marsella, 2009).

John A. Waihee, the very first Native Hawaiian born Hawaii governor was elected in 1986, serving two 4-year terms. In 1988, U. S. Congress passed the Native Hawaiian Health Care Improvement Act (PL 100–597), Section 2(3)—42 USC 11701; the premise was to improve the health status of Native Hawaiians (McCubbin & Marsella, 2009). Additionally in 1988, Papa Ola Lōkahi, which "embodies the holistic approach that brings together mind, body and spirit in the pursuit of optimum health and well-being for Native Hawaiians," (papaolalokahi.org, 2024), was formed by officials from 25 public agencies and private organizations. Papa Ola Lōkahi established an original framework to address Native Hawaiian health issues. A year later a culturally appropriate health master plan was developed (McCubbin & Marsella, 2009).

In 1990, the population of the State of Hawai'i exceeded 1,100,000 people (about the population of Montana) (McCubbin & Marsella, 2009). Now, in 2024, the population is over 1,430,000 (worldpopulationreview.com, 2024). The breakdown is Asian: 37.47%; Two or more races: 24.42%; White: 23.69%; Native Hawaiian or Pacific Islander: 10.56%; Black or African American: 1.94%; Other race: 1.63%; Native American: 0.29% (worldpopulationreview.com, 2024).

Other notable historic events occurred in the 1990's such as substantial Federal Government grants and entitlement allocation for health, education, economic, and social demonstration projects were allocated to the Hawaiian people and the State of Hawai'i

(McCubbin & Marsella, 2009). The synergy for sovereignty was at an elevated level. Legislation amended and reauthorized the Native Hawaiian Health Care Improvement Act (Public Law 102–396) by renaming it as such (McCubbin & Marsella, 2009), (us.housecode.gov, 2024). In 1993, Congress passed a resolution and President Clinton signed Public Law 103–150 which acknowledged the 100th year overthrow of the Kingdom of Hawai'i. A formal apology to Native Hawaiians for the unlawful role of the United States military in support of the overthrow (Hawaii Advisory Committee to the US Commission on Civil Rights, 2001), (McCubbin & Marsella, 2009). In 1998, the first Health and Wellness Summit for Native Hawaiians was held in September. This was followed by publication of the special issue The Health of Native Hawaiians in the Pacific Health Dialog: Journal of Community Health and Clinical Medicine for the Pacific (McCubbin & Marsella, 2009).

In 2000, Senator Daniel Akaka introduced a bill, the U.S. Senate Bill 344 called the Native Hawaiian Recognition Act. This act would allow for Native Hawaiians to be recognized as a unique Indigenous entity, like the Native American tribal status (McCubbin & Marsella, 2009). Unfortunately, the U.S. Senate Bill 344 (also referred to as the Akaka Bill) was defeated in 2006. Also in 2000, the Rural Hawaii Behavioral Health Program (RHBHP) was created. This important program embraces Native Hawaiian cultural values and components, beliefs, and practices in tandem with primary care psychology (McCubbin & Marsella, 2009). Additionally, another behavioral health organization was launched in 2007, called I Ola Lahui. I Ola Lahui mission is to provide

culturally appropriate, evidenced-based behavioral health services to rural Native Hawaiians that experience health disparities (I Ola Lahui, 2024).

In 2009, Honolulu born Senator Barack Obama is inaugurated as the 44th President of the United States of America (Badertscher, 2023). Following the inauguration of President Barack Obama, in 2011, Hawai‘i hosts the Asia-Pacific Economic Cooperation (gohawaii, 2024). In 2013, the Mālama Honua Worldwide Voyage commences. The 4-year voyage covered more than 60,000 nautical miles, 100 ports, and 27 nations. The mission was to pay homage to the Polynesian culture while spreading awareness of a more sustainable world (gohawaii, 2024). The Mālama Honua Worldwide Voyage completed its journey in 2017 (gohawaii, 2024).

Further to 2016, President Obama creates the Papahānaumokuākea National Monument Site in Hawaiian waters. This site is the largest marine conservation area in the world (Badertscher, 2023). In January of 2018, Hawaiian residents and visitors receive a false emergency missile alert due to human error. (Badertscher, 2023). Additionally, in May 2018, a magnitude 6.9 earthquake causes Mount Kīlauea to erupt for the first time in decades, sending lava flows into residential areas and forcing the evacuation of several thousand people on the Big Island. (Badertscher, 2023). Due to the Covid-19 pandemic, Hawaii restricts travel and puts into place other important policies and procedures (Badertscher, 2023). This resulted in imposing some of the strictest pandemic protocols in the country (Badertscher, 2023). The tourism industry began to recover in the following years, with visitor arrivals to the state reaching 6.7 million in 2021 and 9.2 million in 2022 (Badertscher, 2023). In 2023, devastating wildfires broke

out on Maui, leveling the town of Lahaina in particular. At least 97 people were confirmed dead. The extensive damage is estimated to cost $5.5 billion. (Badertscher, 2023).

Hawaiian Traditions and Beliefs

Hawaiian traditions and beliefs have been around since the Polynesians navigated to the islands of Hawaii, evolving with the centuries. The diverse group of people that now live on the Hawaiian Islands have brought "local customs," but Native Hawaiians and their traditions and beliefs will be the focus of this study, exclusively. Native Hawaiian traditions and beliefs have been protected and perpetuated and are still in practice today. For Native Hawaiians, traditional and customary practices are inextricably intertwined with ʻāina (land). ʻĀina is part of their ʻohana (family), and accordingly, traditional Hawaiian customs and practices emphasize respect and care for ʻāina and surrounding resources. (Native Hawaiian Law Training, 2022). This creates sustainability for future generations.

Traditions such as a lūʻau still remain intact. Originally known as Ahaʻāina, it is a word that refers to the edible taro leaves that food was traditionally wrapped in before being cooked in an imu (an inground oven) (Hawaiian Planner, 2024). A lūʻau gives special meaning to commemorate a special occasion such as the birth of a child, or abundant harvests. Accompanying the lūʻau are mele (music), mo'olelo (chants), hula (dance), and rows and rows of traditional Hawaiian meaʻai (food). And offering of a lei and a honi ihu or touching of the noses is a traditional Native Hawaiian greeting. Flowers

(pua) put in a wahine's (girl/woman) right ear signify that you are single, in the left ear, you are in a relationship.

Native Hawaiian hoʻomana (religion) is considered polytheistic. There are 4 main gods, and minor local gods (McCall, 2022). The four main gods are the god of agriculture, Lono; the god of the forests, Kāne; the god of the sea, Kanaloa; and the god of war, Kū (Elbert, 1957; Levin, 1968). Animism is also a key component in Native Hawaiian religion, in other words, nature was a work of the akua (gods/goddesses) (Elbert, 1957). The kapu or masters of the spirit were unique to each person or ʻohana (Pukui et al., 1972). The kapu system was immensely powerful for Native Hawaiians and directed their way of life (McCall, 2022).

Mana, in the Native Hawaiian belief, is an existence of and the very aura of power, not to be confused with the imposition of will on another person but to possess leadership quality (Pukui et al., 1972). In Native Hawaiian history, the main source of mana was akua (gods/goddesses), like Pele, the goddess of volcanos and fire as well as the creator of the Hawaiian Islands. For instance, mana could be emitted from something material, like the bones of the dead or a rock (Pukui et al., 1972). Ali'i (royalty) was the closest you could come to an akua.

Native Hawaiian Values

Native Hawaiian values guide interactions with others. Native Hawaiians' values establish Native Hawaiian behavior and are centered around Hawaiian culture and traditions (AOKHCC, 2024). Hawaiian values revolve around the true spirit of Aloha.

The Aloha spirit is the mind and heart within each person (Hawaii Law of the Aloha Spirit, 1986). Aloha signifies caring, compassion for others, love, and affection.

Understanding the nature of Native Hawaiian values requires an understanding of the human psyche but differs from Western theories and assumptions about human nature and behavior (McCubbin & Marsella, 2009). The Native Hawaiian concept of self is founded in nā pilina pilikanaka (social relationships) (Handy & Pukui, 1972) and tied to the view that the kanaka hoʻokahi (individual), kaiaulu (society), and ʻāina (nature) are interwoven (McCubbin & Marsella, 2009). Furthermore, lōkahi, an important aspect of Native Hawaiian values and beliefs, constitutes of unity, agreement, and accord as well as balance and harmony. This equilateral triangle consists of Nā Akua (Gods/ Goddesses/spirituality), and the base on one end labeled as kānaka (person) and the other as ʻāina (land) (Daniels et al., 2022).

Other important Native Hawaiian values are haʻahaʻa: humility, humbleness, modesty; hoʻomau: preserve, perpetuate, continue; ʻike pono: to know, to feel, to understand; kōkua: help, assist, comfort, support; kuleana: privilege, responsibility; kupaʻa: stand firm, steadfast; laulima: many hands working together; mahalo: thank you; mālama: caring, nurturing others, to protect; and pono: right, good, moral, fair, just (AOKHCC, 2024). These Native Hawaiian values are an expression of the essence of the Native Hawaiian culture.

Historical Trauma

Historical trauma, a form of generational trauma, is a concept that defines how the past experiences of a culture have negatively influenced the lives of individuals within

that culture (Ungvarsky, 2023). The generation that directly experienced the trauma has passed it to the next generation and each subsequent generation (Ungvarsky, 2023). Ungvarsky (2023) further explains that when a culture is oppressed or singled out for persecution, historical trauma can occur, often this is tied to one event. This type of trauma can lead to mental, physical, and spiritual pain. Cultures that have been intentionally harmed due to their race, nationality, religion, and/or culture are Native Americans, enslaved African people, Holocaust victims (Ungvarsky, 2023), and Native Hawaiians.

Native Americans were forced from their homeland, many of them killed, and faced with learning the New World ways of living. Because African people were enslaved, showing a lack of respect for their race, Ungvarsky (2023) suggested that this has contributed to the racism and cultural problems faced by African Americans in the 21st century. Holocaust victims experienced a mass genocide purported by antisemitism. The kingdom of Hawaii was overthrown by American businessmen and the U.S. Marines, leading to colonization. This historical trauma can cause mental, physical, emotional, and substance abuse for the initial victims as well as for generations to proceed. This can lead to post-traumatic stress disorder (PTSD).

Native Hawaiians have experienced historical trauma that have affected multiple generations. According to Daniels et al., (2022), historical trauma, identified as psychosocial trauma, is experienced by Indigenous groups such as Native Hawaiians. Colonization, as first experienced in 1778 by Native Hawaiians, has fundamentally changed their way of life in irreversible ways (Daniels et al., 2022). The long-term

consequences of this trauma have caused high rates of health disparities (Daniels et al., 2022), which have negatively influenced the social determinants of health for Native Hawaiians. Western treatment frameworks, such as cognitive behavioral therapy (CBT) was introduced for psychosocial healing that Native Hawaiians historically sought healing from their ‘ohana (Daniels et al., 2022). This interruption in the Native Hawaiian system of healing has been a significant source of health disparities. Therefore, practitioners integrating therapy with Native Hawaiian individuals and families must be culturally competent and educated on Hawaiian history, historical injustices, traumas, the impacts of colonization, traditional beliefs, and practices, and understanding of the Hawaiian worldview (Daniels et al., 2022). This gap exists for culturally appropriate, holistic interventions for Native Hawaiians.

Cultural Trauma

Cultural trauma, related to historical trauma when not addressed, is a concept that occurs when a group of people, whether it is Native Hawaiians, or enslaved African people, have been exposed to a horrific ordeal/s that leaves irreversible marks on their culture, in fundamental and irrevocable ways (Prevention Institute, 2024) creating health disparities. Health disparities comprise of health inequities resulting from social disadvantage (Adler, 2009; Subica & Link, 2022). Social disadvantage is caused by unavoidable social factors such as socioeconomic status, stigma, and racism. This puts minority groups and individuals at a disadvantage and produces stress related mental and physical illnesses (Hatzenbuehler et al., 2013; Link & Phelan, 1995; Subica & Link, 2022; Williams & Collins, 2016). This increase in mental and physical illness as well as

death despite stark changes in diseases (e.g., cholera, HIV/AIDs), risk factors (e.g., unsanitary living conditions, poor diet), and medical treatments (Link & Phelan, 1995; Subica & Link, 2022) are contributors over time.

Cultural Sanctions

Cultural sanctions are a form of social control or cultural regulation. They can be either informal, formal, internal, or external cultural sanctions. They are a way to incentivize conformity to social norms. Society wants us to be good, right, and function harmoniously.

Informal cultural sanctions require societal pressures for conformity. This type of cultural sanction typically occurs when someone wants to be part of the crowd. In other words, people want to conform to the norms and behaviors that those around them find acceptable. When an individual's actions do not align with those accepted within a group, there is often some form of resistance from those who matter most within the group. This resistance may include anxieties about losing status among the group members or being labeled as an outsider. Informal sanctions for Native Hawaiians.

Formal cultural sanctions can be defined as cultural rules and laws. An example would include cultural mandates regarding covering the human body, like those in some religious cultures. For instance, in some facets of Islam, women must dress modestly in specific clothing covering their head and neck. Failure to comply leads to legal action and consequences. Native Hawaiians have differing formal sanctions primarily in the form of disparate treatment within the criminal justice system in Hawai‘i and beyond (OHA, n.d.)

Internal cultural sanctions are how social groups monitor individual behaviors within a group setting and provide consequences for those who do not conform to predetermined cultural norms. The consequences may include anything from mild discomfort and reproach to expulsion from the group altogether. This may include a religious setting where parishioners are ousted due to nonconformance of religious rules. Native Hawaiians.

External cultural sanctions are cultural mandates imposed by an external authority such as the government or another social group/or individual. They take the form of laws, regulations, or social mandates that must be carried out. External cultural sanctions for Native Hawaiians.

Health Inequities

Social, economic, environmental, and structural disparities that contribute to intergroup differences in health outcomes both within and between societies arise from health inequities (Baciu et al, 2017). In 2018, the economic burden of health inequities for racial and ethnic minority populations (American Indian and Alaska Native, Asian, Black, Latino, and Native Hawaiian and Other Pacific Islander populations) was $421 billion (LaVeist et al., 2023). Health inequities for racial and ethnic minorities continue to be unreasonably high, especially for racial and ethnic minorities and adults with less than a 4-year college degree (LaVeist et al., 2023). Health inequities that exist for racial and ethnic minorities are due to disparate exposure to economic, social, structural, and environmental health risks and limited access to health care (LaVeist et al., 2023).

Life expectancy in 2021 in the United States was 76.4 years for both sexes, a decrease of 0.6 from 2020 (CDC, 2022). Native Hawaiians living in Hawaii have a decrease of life expectancy compared to other ethnic groups in the state (Yoshimoto, 2023). The average life expectancy for Native Hawaiian men is 73.9, for women, 79.4, The average for both sexes is 76.7.(Yoshimoto, 2023). This is followed by Whites at 80.9, Filipinos at 84.4, Japanese at 84.6, and Chinese at 87.7 years of age, who live the longest (Yoshimoto, 2023).

Health inequities in Hawaii, especially for Native Hawaiians and Pacific Islanders, experience extremely high health disparities specified by high mortality rates and low life expectancies because of colonization and historical trauma (Morisako et al., 2017). Colonization forbad the transmission of the Hawaiian language, culture, and traditional practices resulting in considerable damage to health, education, and social well-being (Morisako et al., 2017). These outcomes contribute to making the history of colonial oppression a key determinant of health inequities for Native Hawaiians and Pacific Islanders (Morisako et al., 2017). Native Hawaiians are especially at risk for health inequities. Native and part-Native Hawaiians constitute 37.9% (157,445, Native Hawaiians) and (394,102, Part-Hawaiian) of Hawai'i's ethnically diverse population (e.g., Filipino, Japanese, Chinese, Caucasian) (United States Census Bureau, 2020).

Socioeconomic Status

According to the American Psychological Association (APA) (2024), socioeconomic status (SES) encompasses not only income but also educational attainment, occupational prestige, and subjective perceptions of social status and social

class. SES reflects quality-of-life attributes and opportunities afforded to people within society and is a consistent predictor of a vast array of psychological outcomes. SES can be further broken down into high, middle, and low socioeconomic status. Ethnic minorities that are classified as having a low SES are prone to health inequities. Differences in their socioeconomic status are responsible for significant disparities in nutrition, housing, safety, and wellbeing. The lower one's SES, the greater one's risk of malnutrition, heart disease, infectious diseases, and early mortality from all causes (Taber's, 2013).

According to the State of Hawaii, Research and Economic Analysis Division (2018), education attainment for Native Hawaiians in Hawaii over the age of 25 and older is at 8.2% for less than high school, 42.8% have a high school diploma of its equivalent, 32.6% have some college or an associate's degree, 11.1% have a bachelor's degree, and 5.3% have a graduate or professional degree. About 86,000 adults over age 25 living in Hawaii have not earned a high school diploma or equivalent. Education attainment is associated with lower unemployment and higher immediate and lifetime earnings. Income, also associated with socioeconomic status, indicates the ability to afford access to housing, education, childcare, food, medical care, and other needs as part of a socioeconomic status. According to the American Community Survey (2022) 5-year estimates, Hawaii's median household income is $94,814, average household income is $122,902, and per capita income is $42,683. Per capita income in Hawaii, while still greater than the U.S. average, ranks 19th among the 50 states and the District of Columbia (State of Hawaii, 2018). This indicates that household composition plays a role

in Hawaii's high median household income and median family income (State of Hawaii, 2018). Hawaii ranks first in the nation for multigenerational families and second in household size (State of Hawaii, 2018). More adults in the home means that more people can contribute to the household income and financial upkeep of the home (State of Hawaii, 2018). Hawaii's occupation detail is a subset of socioeconomic status of civilian positions over the age of 16. According to Fujii-Oride (2022), management, business, science, and arts occupations for Native Hawaiians at 28.7%, followed by service occupations at 23.0%, then sales and office occupations at 22.4%, natural resources, construction, and maintenance, 11.6%, and production, transportation, and material moving, 14.2%. This ranking, compares Chinese, Filipino, Hispanic, and Latino, Japanese, Native Hawaiian, and White putting Japanese, Chinese and Whites at the top, with Filipinos and Native Hawaiians nearer the bottom (Fujii-Oride, 2022).

Social Determinants of Health

The social determinants of health (SDOH) are the conditions in the environments in which people live, learn, work, play, worship, and age that affect a vast range of health, functioning, and quality-of-life outcomes and risks (Baciu et al., 2017). SDOH are impactful on a person's physical and mental health (Zhang et al., 2024). SDOH includes social and economic factors such as housing, employment, and education, as well as area-level factors such as neighborhood socioeconomic status, food security, and healthcare availability (Zhang et al., 2024). Factors such as these contribute to health disparities. Health outcomes and SDOH are intertwined and collectively result in the person's wellbeing.

Utilizing the 2022 Behavioral Risk Factor Surveillance System (BRFSS), Town et al., (2024) conducted research measures of adverse SDOH and health-related social needs (HRSN) among U.S. ethnic and minority adult populations. Measures included life satisfaction, social and emotional support, social isolation or loneliness, employment stability, food stability/security, housing stability/security, utility stability/security, transportation access, mental well-being, and health care access (Town et al., 2024). Prevalence ratios were adjusted for age, sex, education, marital status, income, and self-rated health (Town et al., 2024). Results indicated that among non-Hispanic American Indian or Alaska Native, non-Hispanic Black or African American, non-Hispanic Native Hawaiian or other Pacific Islander, non-Hispanic multiracial, and Hispanic or Latino adults' social isolation or loneliness (31.9%) and lack of social and emotional support (24.8%) were the most reported measures (Town et al., 2024). Most of the prevalence estimates for other adverse SDOH and HRSN were also higher across all other racial and ethnic groups (except for non-Hispanic Asian) compared with non-Hispanic White adults.

Native Hawaiians SDOH include barriers to home ownership, computer in the home, broadband internet access, health insurance coverage, school enrollment, and educational attainment (QHS, 2023). In addition, Native Hawaiians have shortened life spans due to significantly higher rates of chronic illness, such as diabetes, obesity, cancer, heart disease, and stroke. SUDs, and comorbid mental and behavioral health disorders contribute to the shortened life spans (QHS, 2023). The dual combination of an inflated cost of living and below-average wages aggravates food insecurity and stress,

contributing to mental health issues (Juarez et al., 2023). Because these layered social determinants significantly affect Native Hawaiians in Hawai'i they are marked as marginalized communities who disproportionately grapple with mental health issues, prohibitive housing costs, and food insecurity (Juarez, 2023).

Distribution of Power and Resources

As a root cause of health inequity, the unbalanced distribution of power and resources contributes to the barriers of achieving optimal health outcomes. According to Baciu et al. (2017), the rationalization is that the power and resources concerning intrapersonal, interpersonal, institutional, and systemic mechanisms that organize the distribution of power and resources differentially across lines of race, gender, class, sexual orientation, gender expression, and other dimensions of individual and group identity (Baciu et al., 2017) are unequal. This includes goods, services, and societal attention. This demonstrates an unequal allocation of social, economic, and environmental conditions, in other words the SDOH.

Native Hawaiians have and continue to experience an unequal distribution of power and resources in their native land. Before the oppressive colonization of the Kānaka Maoli (Native Hawaiians) there was a system called which referred to people, places, and things under strict regulation (Kaholokula, 2017). The Kapu System was principally a public health system based on socio-religious tenets (Kaholokula, 2017). The Kapu System ensured fair, equitable, and impartial access to natural resources (Kaholokula, 2017). The availability of these resources was in perpetuity (Kaholokula, 2017). These resources, such as the use of fresh water and fishing, were strictly

controlled. As part of this resource administration effort, there was a division of labor by social ranking, which assigned different sets of behaviors and privileges to each as defined by the Kapu System (Kaholokula, 2017). It was an efficient and effective public health system that enabled Native Hawaiians the availability and distribution of life-sustaining resources that reduced if not eliminated starvation, disease, and illness. The Kapu System created a sustainable and equitable distribution of power and resources for centuries for the Native Hawaiians. In contrast, the contemporary Western capitalism system has left Native Hawaiians depleted of their natural resources, creating large inequities such as social and economic disadvantages in education, employment, and housing (Kaholokula, 2017).

Structural Inequities

Ethnic and racial minorities experience structural inequities at a significantly higher rate based on human differences. Structural inequities refer to systematic disadvantage or discrimination. Systematic can be described as a societal or institutional system when one social group is compared to other groups that experience structural inequities. Inequities refer to policy, law, governance, and culture and refer to race, ethnicity, gender or gender identity, class, sexual orientation, and other domains (Baciu et al., 2017). These structural inequities lead to inequitable exposure to SDOH that shape health outcomes (Baciu et al., 2017).

SUDs

SUD is the medical term used to describe a pattern of using a substance (drug) that causes significant problems or distress (John Hopkins Medicine, 2024). SUDs,

substance abuse and substance dependence include the formal medical diagnoses of many types of illicit drug abuse, including alcohol and prescription drugs (Chesire & Piotrowski, 2023). Affecting the central nervous system, drugs are divided into seven categories. The categories include central nervous system depressants, opioids, central nervous system stimulants, cannabinoids, dissociatives, inhalants, and hallucinogens (Milhorn, 2017). SUDs classify the person as dependent on the substance, sometimes naming the person as a drug addict or alcoholic.

There is other wide-spread implications to SUDs such as crime, lost work productivity, and increased healthcare costs (Milhorn, 2017). The cost to the United States from tobacco, alcohol, and illicit drug use is astonishing, costing more than $700 billion annually (Milhorn, 2017). The $700 billion annual cost does not include counseling, rehabilitation, theft, car crashes, or the immeasurable cost of family devastation at the loss of a loved one to drug overdoses, drug-related medical problems, drug related accidents, or drug-related suicides (Milhorn, 2017). Drug overdoses now cause more deaths than traffic accidents (Milhorn, 2017). There were 45,404 motor vehicle traffic deaths in 2021, 106,699 Americans died from drug overdoses or poisonings (CDC, 2021). The CDC details the 106,699-drug overdose or poisoning deaths, revealing that 80,411 of these deaths involved opioids and 9,173 involved heroin (CDC, 2021).

The 2021 National Survey on Drug Use and Health (NSDUH) highlighted substance use, SUDs, mental health, and the delivery of treatment services for these disorders in the United States by racial and ethnic groups (SAMHSA, 2021). American

Indian or Alaska Native (27.6%) or Multiracial people (25.9%) were more likely to have a substance use disorder (SUD) in the past year compared with Black or African American (17.2%), White (17.0%), Hispanic or Latino (15.7%), or Asian people (8.0%). Asian people were less likely to have an SUD compared with people in all other racial or ethnic groups (SAMHSA, 2021). Native Hawaiians, not included in the survey, are more likely to show a higher prevalence of substance use than any other ethnic group in Hawaii (Daniels et al., 2022). Contributing to this high prevalence of substance use stems from compounded SDOH, including historical trauma, discrimination, and lifestyle changes. According to ADAD, Native Hawaiians were admitted to treatment 1358 times in 2017, which is 42.3% of the state total and the most of any ethnic group (Office of Hawaiian Affairs, 2017). In that same year, over 30% of Native Hawaiian admissions to ADAD treatment were referred via the criminal justice system, increasing to over 40% in 2020. Of those Native Hawaiians accessing services, over 40% indicated methamphetamine addiction as their primary substance of issue (ADAD, 2018).

Causes of SUDs

Over many years, culture and society have determined which drugs and alcohol are acceptable or allowable (John Hopkins Medicine, 2024). For example, marijuana was acceptable (albeit illegal) in the 1970s, cocaine in the 1980s. Public laws have taken precedence on whether a drug is legal or illegal (John Hopkins Medicine, 2024). SUD is caused by a magnitude of factors, including genetic vulnerability, environmental stressors, social pressures, individual personality characteristics, and psychiatric problems (John Hopkins Medicine, 2024).

Genetic Vulnerability

Genetic vulnerability or predisposition related to SUDs is a relatively new field of study. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and the American Psychiatric Association (2013), SUDs are heritable psychiatric disorders (Deak & Johnson, 2021). SUDs may be transmitted from parent to offspring through addiction-related genes. It often runs in families because of that inherited component. Family history may offer clues about how vulnerable one might be to addiction.

Environmental Stressors

SUDs can be caused and exacerbated by environmental stressors. Environmental stressors refer to exposure to one's surroundings that increase mental and emotional strain. Mental and emotional strain can create susceptibility to SUDs. Environmental stressors fall into four distinct classes: cataclysmic events, stressful life events, daily hassles, and ambient stressors (Guski, 2001). Cataclysmic events happen suddenly and affect many individuals at the same time (Guski, 2001). For example, floods, major storms, earthquakes, volcanic eruptions, and nuclear power plant accidents belong to this category. Cataclysmic events are rarely predictable. They tend to involve loss of life. Stressful life events are major incidents during life that require adaptive responses (Guski, 2001). Examples of such events are major changes in your work, or residential environment, e.g., beginning a new job, moving to a new residential area, the arrival of a new baby, etc. The event as such is short, but the behavioral repercussions may be long, and/or permanent (Guski, 2001). Daily hassles, another form of environmental stressors,

are repeatedly occurring aversive events of daily life, such as arguments with colleagues, family, or friends, crowded subways, and traffic congestion on the daily route to work (Guski, 2001). These environmental stressors are foreseeable and can be avoided, and the duration is rather short. Ambient stressors are a term proposed by Campbell (1983), which explains a continual and uncontrollable background component of the physical environment (Guski, 2001). The stressors are usually tuned out but the costs of coping with them are higher than simply enduring them. Examples are pollution, traffic, crowding, and noise. Most people believe that they can adapt to ambient stressors, but they consider the costs of managing such stressors to be higher than simply enduring them (Guski, 2001).

Environmental stressors, cataclysmic events, stressful life events, daily hassles, and ambient stressors, create additional stress and potential use of harmful substances that create SUDs. This is a response to cope with the stressors when an already vulnerable individual may experience a substance use disorder. Various forms of stress and drug abuse are related; therefore, a coping mechanism must be established.

Social Pressures

Social pressure is the ability of groups to influence the behavior of other members of the group (Spacey, 2022). Social pressures lead to social vulnerability (Amaro et al., 2021). This is multifaceted and occurs across a multitude of levels of influence (Amaro et al., 2021). Examples are peer pressure, social comparison, media messaging, social norms, social status, social media, group harmony, fear of missing out, and groupthink (Spacey, 2022). In some instances, social pressures can invoke a positive outcome such

as when it influences a group to make a positive change in practices or policies for the greater good. On the other hand, social pressures can initiate negative influences. This comes into fruition when illegal substance use is involved leading to SUDs.

Individual Personality Characteristics

Turiano et al. (2022) produced a study of approximately 4000 adults aged 25–74 who participated in two waves of the Midlife in the U.S. (MIDUS). The longitudinal study found that elevated levels of neuroticism, extraversion, openness, and lower levels of conscientiousness and agreeableness predicted substance use (Turiano et al., 2022). In other words, neuroticism and openness predicted increased substance use while increases in conscientiousness and agreeableness predicted decreased substance use (Turiano et al., 2022). Therefore, personality traits can be predictors of SUDs coupled with other compounding factors. It is important to note that other personality traits are associated with SUDs such as typically acting on impulse and not allotting for delayed gratification.

Psychiatric Problems

Substance use disorder is a mental health issue that is treatable and affects a person's brain and behavior (National Institutes of Mental Health, 2024). This leads to their abuse of substances like legal or illegal drugs, alcohol, or medications (National Institutes of Mental Health, 2024). Symptoms can be moderate to severe, leading to addiction which is the most severe form of SUD (National Institutes of Mental Health, 2024). However, people with SUDs may also have other mental health disorders. These other mental health disorders can include anxiety disorders, depression, attention-deficit hyperactivity disorder (ADHD), bipolar disorder, personality disorders, and

schizophrenia, among others and may co-occur with other psychiatric disorders (National Institutes of Mental Health, 2024). People with mental health issues may use substances like legal or illegal drugs, alcohol, or medications to self-medicate. Common risk factors such as genes, and environmental factors can contribute to the combination of SUDs and mental health issues, and finally, substance use may prompt changes in the brain structure and function that make a person more likely to develop a mental disorder (National Institutes of Mental Health, 2024).

Standard Interventions

Substance use disorder interventions begin with abstaining from the legal or illegal drugs, alcohol, or medications that are being used. There may be a need for medication intervention in extreme circumstances to detoxify (Maqbool et al., 2019). It is also essential to create a supportive environment and eliminate all triggers that are contributing to substance abuse (Maqbool et al., 2019). Treatment options may be on an outpatient or inpatient basis depending on the severity of the problem (Maqbool et al., 2019). A physician may recommend individual counseling with a psychologist, psychiatrist, or addiction counselor depending upon the condition of the individual (Maqbool et al., 2019). Group therapy sessions may also be beneficial and include the individual's family and friends. Standard interventions follow Western therapy protocols. Some of these therapies are cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), assertive community treatment (ACT), therapeutic communities (TC), and contingency management (CM).

Cognitive behavioral therapy is a form of talk therapy and psychological treatment that has been shown, through research and studies, to be effective for a range of problems including mental health issues and SUDs. CBT assists in changing behavior patterns such as facing one's fears instead of avoiding them, utilizing role playing to prepare for potential problematic interactions with others, and learning to calm one's mind and relax one's body (APA, 2024). CBT therapists prioritize what is happening in the person's current life, rather than what has led up to their difficulties. The focus is on moving forward in one's life to develop more effective ways of coping with daily stressors (APA, 2024).

Dialectical behavior therapy (DBT) uses concepts of mindfulness and acceptance or being aware of and attentive to the current situation and emotional state (National Institutes of Mental Health, 2024). DBT is a form of psychotherapy that utilizes education. Therefore, DBT teaches skills that can help control overwhelming emotions, reduce self-destructive behaviors (such as suicide attempts, thoughts, or urges; self-harm; and drug use), and improve relationships (National Institutes of Mental Health, 2024).

Assertive community treatment (ACT) is a program that consists of a multidisciplinary group of mental health professionals who work as a team to provide intensive services to patients with serious mental illness (SMI) (National Institutes of Mental Health, 2024). The premise of the treatment is a holistic approach. The ACT care team assists with providing services, helping with medications, housing, finances, and anything else that is critical to an individual's success in living (National Institutes of

Mental Health, 2024). ACT will reduce hospitalization, increase housing stability, and improve quality of life for people with SMI.

Holistic Interventions

Standard interventions do not take into consideration historical trauma, or culturally appropriate care. For instance, American Indians and American Natives (AI/AN) who are more than twice as likely to have SUDs than the general population (Substance Abuse and Mental Health Services Administration, 2016). The lack of considerable progress in addressing treatment needs has been slow-going (Skewes et al., 2019) and culturally and historically inappropriate. Not only does the treatment not reflect cultural and historical trauma, but it does not reflect the most contemporary trends in the uptick of numbers of AI/AN with SUDs. Recent national data have shown increased incidences of mortality indicators over the last 10 years among AI/ANs that are often associated with substance use, such as liver disease, unintentional injuries, drug overdoses, suicides, and homicides (CDC, 2017).

Native Hawaiians of all age groups tend to show a higher prevalence of substance use than other ethnic groups in the state (Hawaii) (Daniels et al., 2022) such as Filipinos, Asian Americans, and Pacific Islanders. Research has shown that Native Hawaiian health inequity results from several multi-factor and connected SDOH, including historical and cultural trauma, discrimination, and lifestyle changes (Daniels et al., 2022). Current Western treatment modalities are limited for Native Hawaiian residents with substance use problems (Daniels et al., 2022). There exists a gap in practice for holistic culturally appropriate substance abuse treatment for Native Hawaiians.

Several cultural practitioners, such as Loea Ho'oponopono Aunty Lynette Paglinawan, a revered haku Ho'oponopono (cultural practitioner in the Native Hawaiian practice of healing families through forgiveness) and social worker who studied under Aunty Mary Puku'i (a revered cultural practitioner), offers exceptionally valuable cultural insight into evaluating Native Hawaiian individuals and ʻohana (families) (Daniels et al., 2022). One of the first holistic interventions was called ho'oponopono. According to Puku'i, Haertig, & Lee (1972) in Nana I Ke Kumu, Ho'oponopono is an ancient healing concept that incorporates meetings where the ʻohana were "set right" "through prayer, discussion, confession, repentance, and mutual restitution and forgiveness." Other traditional practices of healing for Native Hawaiians includes lomi lomi (Hawaiian massage therapy), Lāʻau lapaʻau (herbal medicine) (Kalama, 2022), and La'au Kahea (spiritual healing) (Puku' I et al., 1972).

A recent conceptualization for Native Hawaiian treatment for substance use disorder is centered around the ahupuaʻa model (Daniels et al., 2022). The ahupuaʻa model, derived from the ancient ahupuaʻa system, is a resource management system that divided ʻāina (land) from the mauka (mountain) to the makai (ocean) (Daniels et al., 2022). The ahupuaʻa model provides a framework for implementation of culturally appropriate interventions. These cultural interventions flow through various places within the ahupuaʻa to effectively and efficiently provide healing that impacts the individual, their ʻohana and the community at large (Daniels et al., 2022). Holistic interventions within the ahupuaʻa model would aim to effectively decrease the transferal of risk factors that contribute to SUDs (Daniels et al., 2022). These risk factors include

intergenerational/historical/cultural trauma, colonization, poverty, oppression, loss of traditional healing practices, criminalization of Native identity, loss of land, and family/community history of use/incarceration (Daniels et al., 2022). This in turn would increase the intergenerational transferal of protective/resiliency factors ʻohana relationships, cultural wisdom, traditional healing, community connection, moʻokūauhau [genealogy], ʻāina, respect for kupuna, and culture (Daniels et al., 2022). The ahupuaʻa model delineates from Dr. Keawe Kaholokula's framework of the social and cultural determinants of health and their relationship to Mauli Ola (health) (Daniels et al., 2022; Kaholokula, 2017).

Barriers to Treatment

SUD treatment is one of the most expensive health issues (Farhoudian et al., 2022) in the United States. The annual attributable medical expense was $15,640 per affected enrollee and $35.3 billion in the population; alcohol related disorders ($10.2 billion) and opioid-related disorders ($7.3 billion) were the costliest (Li et al., 2023). There are individual, social, and structural barriers that contribute to the barriers of substance use disorder treatment.

As reported by Farhoudian et al. (2022), in the systemic review, the individual barriers revealed four main factors. These factors include erroneous belief about treatment, perceived fears, personal traits, and psychiatric comorbidities. At the social level, four main factors were extracted in the review. These detailed items reflected stigma and lack of social support, family factors, friends' network, and problems with the

therapeutic team. At the structural level, legal and policy barriers were reported (Farhoudian et al., 2022).

Cost, related to insurance barriers, for treatment is a compounding factor. Dickson-Gomez et al. (2022) conducted a study called Insurance barriers to substance use disorder treatment after passage of mental health and addiction parity laws and the affordable care act: A qualitative analysis. The study found that people who use drugs historically have had a higher likelihood of being uninsured, with approximately 26% of people with a SUD uninsured, compared to 20% of the public (Dickson-Gomez et al., 2022).

Native Hawaiians have the devastating impact of colonization. This creates compounding factors that create barriers to treatment. While Native Hawaiians continue to have similar barriers as other individuals with substance use disorder such as stigmatism, fear, and financial worries, Native Hawaiians are susceptible to discrimination, and cultural, political, and historical trauma as well. Also, Native Hawaiians have not been properly funded by the state and federal government. The funding has been disproportionate by federal entitlements that receive almost double the amount of funding designated for Native Hawaiian programs at the state level (Williams, 2018). In addition, evidenced-based Western/European treatments do not lead to the completion of such treatment. This is in large part due to culturally inappropriate interventions.

Expectations of Treatment

Native Hawaiian culturally appropriate substance use disorder treatment includes framework that is considered a top-down approach in which programming comprises, in widely varying degrees, traditional Hawaiian activities and practices: hula [dance], pule [prayer], lomi lomi [the art of healing massage], lo'i kalo [working in the irrigated terrace for taro], Ho'oponopono ["to set right" or family-focused conflict prevention and resolution process], mālama 'āina ["caring for the land" through adopting a highway, beach cleanup, gardening] mo'okūauhau [genealogy], hoe ka wa'a [canoe paddling], oli [chanting] (Williams, 2019). The treatment expectations for Native Hawaiians by Native Hawaiian scholars and cultural practitioners agree that an incorporation of culturally based treatment is necessary for successful completion of treatment. The objectives are to improve treatment participation, retention, and successful outcomes. These outcomes will cultivate pride in the Hawaiian culture, strengthen resiliency, decolonize Hawaiian identity so that substance misuse is deterred and the relationship between SUDs and health outcomes is positively mediated (Williams et al., 2021).

Summary

The SUD crisis is severe especially among Indigenous populations. Substance use arises from many disparate difficulties in life. For Native Hawaiians, it arises from the effects of acculturation and colonization of their islands. As history dictates, Native Hawaiians have suffered loss of land, the Hawaiian language, and cultural traditions, beliefs, and values that adversely affect their health and wellbeing. As the severity of substance use continues Native Hawaiians endure cultural sanctions, while still suffering

from cultural and historical trauma. In many instances mental illness comorbidities are diagnosed with SUDs. This brings to the surface health inequities that Native Hawaiians have experienced for a considerable amount of time. An example of this would be utilizing standard treatment interventions for SUDs that just do not lead to a high completion rate for treatment. Examining culturally appropriate holistic interventions for substance use disorder treatment by interviewing and surveying Native Hawaiian scholars and cultural practitioners, I have informed the research design. Although researchers have investigated this issue, there is little literature or human services practice knowledge on Native Hawaiian holistic cultural substance use treatment programs. The gap in practice and literature exists in what specifically, Native Hawaiians require to complete a successful substance use program. There is little to no qualitative research that has gathered information from cultural experts and practitioners regarding Native Hawaiians with SUDs. This study assisted in filling that gap.

Section 2: The Project

Introduction

This study addressed the critical need for culturally appropriate SUD treatment among Native Hawaiians, who experience significantly high rates of SUD and related health disparities (Daniels et al., 2022). Traditional Western approaches often fail to address the unique historical, cultural, and SDOH impacting Native Hawaiians, leading to disproportionate rates of substance use and low rates of treatment engagement and success (Daniels et al., 2022). This initiative focuses on developing and implementing culturally informed interventions that integrate traditional Hawaiian values, practices, and healing traditions, such as Ho'oponopono and land-based activities, to enhance treatment outcomes and promote holistic well-being for Native Hawaiian individuals, their families, and communities.

Purpose Statement

The purpose of this qualitative formative program evaluation study was to explore the components of a treatment program for Native Hawaiians that face SUDs and to assist others to develop a holistic culturally appropriate substance use disorder treatment program that could aid in alleviating these issues. This section will concentrate on the project design and methods which will include a logic model formulated by the framework of *Nā Pou Kihi* (The Corner Posts) (Kaholokula, 2014). Participant selection logic, sampling strategy and sampling size are included in this section. In addition, the protocol for data collection will be discussed as well as the data collection procedures.

Finally, the data analysis plan along with ethical considerations and issues of trustworthiness will be considered.

Project Design

The methodology that was utilized for this project design is a qualitative formative program evaluation. Program evaluation seeks to answer a question or a set of questions. In this case, the RQ asked the following: What are the culturally appropriate components for a SUD program for Native Hawaiians? Formative program evaluation is a process. It seeks to gather and analyze feedback during the development or implementation of a program or project (Eval Community, 2024). It identifies strengths, weaknesses, and areas for improvement (Eval Community, 2024). This creates a target of adjusting aspects of the program to improve the quality and effectiveness (Eval Community, 2024). In addition, formative program evaluation seeks to ensure that the program meets the needs of its intended audience, leading to greater satisfaction and success. In this instance, the goals should lead to a higher program completion rate, and a satisfactory mental health outcome, as well as reduce mental health disparities.

Nā Pou Kihi (The Corner Posts)

According to Kaholokula's (2014) *Nā Pou Kihi* framework, there are four corner posts. "Like the corner posts in a solid house, each of the elements are fundamental, and it is their integrated strength that establishes the structure," (Kaholokula, 2014). The four corner posts consist of Ke Ao ʻŌiwi: Indigenous Cultural Space, Ka Wai Ola: Social Justice, Ka Malama ʻĀina: Environmental Stewardship, and Ka ʻAi Pono: Healthy Consumption. *Nā Pou Kihi* seeks to systematically change political, educational,

economic, and social systems (Kaholokula, 2014) to advance the well-being of Native Hawaiians. Kaholokula (2014) emphasizes that cultural values, health equity research, Indigenous scholarship, and social determinants are a pathway to well-being. I will frame the data points according to the *Nā Pou Kihi* framework.

Data Points

The data points that I utilized represent information and concepts that were qualitative in nature and incorporated the *Nā Pou Kihi* framework. I gathered information from asking the data point questions in interviews. The data point questions searched for the appropriate answers to decipher the issue of designing culturally significant SUD programs to increase completion rates (Venner et al., 2022). Figure 1 illustrates the data points.

Figure 1

Data Points

DATA POINTS
1. Historically, what has been done in Hawaiian culture that helps with sad feelings and distress? 2. What type of Ke Ao ʻŌiwi, referring to Indigenous cultural space, do Native Hawaiians need to successfully complete a SUD treatment program? 3. What type of Ka Wai Ola, referring to social justice, do Native Hawaiians need to successfully complete a SUD treatment program? 4. Is there a specific type of Ka Malama ʻĀina, environmental stewardship, that contributes to successful completion of a SUD treatment program? 5. What might Ka ʻAi Pono, healthy consumption, look like for Native Hawaiians with SUD that have successfully completed a program? 6. What mental health disorders have you seen or identified for SUDs with Native Hawaiians? 7. What kinds of spiritual or religious beliefs are important to Native Hawaiians to complete SUD treatment? 8. Where do Native Hawaiians get support when a family member is having a substance use episode? 9. Is there a cultural barrier that promotes seeking SUD treatment? 10. How will the components of *Nā Pou Kihi* contribute to successful SUD treatment?

Methods

Role of the Researcher

I was responsible for designing the research project, which includes identifying the RQ, purpose, goals, and objectives. I collected, organized, analyzed, and interpreted data. I selected the appropriate qualitative approach and methods by choosing the sampling strategy and criteria while planning the data collection and analysis procedures. I also considered the ethical issues and implications of the research, such as obtaining informed consent, protecting confidentiality, and ensuring trustworthiness. I was guided by the RQ and the conceptual framework, as well as the practical and contextual factors that affected the research process.

I played a pivotal role in collecting rich, nuanced data through methods such as interviews and observations, attempting to access the thoughts and feelings of study participants. I established rapport by offering a relaxing environment, listening thoughtfully, answering the questions honestly, and being knowledgeable about the subject. I engaged in reflexive analysis by considering the impact on the study. I utilized contextual analysis through historical and cultural settings. Ethical conduct is a necessary component in which I practiced “do no harm.” I committed to uncovering deep insights to characterize the multifaceted role in qualitative research.

Native Hawaiians who have SUDs, or the services that are in place to assist them, have a potential to create bias for me. Personal beliefs regarding historical and cultural trauma relating to Native Hawaiians have the potential to sway me in one fashion or another. To safeguard against such bias, I successfully maintained a strict adherence to

the objective and transparent gathering of the data by journaling in all processes of the interpretations of the rendered data. In addition, journaling assisted the research by allowing for daily reflection. Along with the study conclusions, select data gathered from the data collection phase will be presented in the final draft of this research. I obtained thorough informed consent from each participant.

Participant Recruitment and Sampling Strategy

In keeping with Kristensen and Ravn (2015), I prepared a well-thought-out participant recruitment plan that enhanced trustworthiness and overall research success. Part of this plan was knowing the population I was working with, which helped to determine optimal recruitment techniques. Optimal recruitment techniques for the study included the location of the recruitment. This was in Hawaii, on the island of Oahu. Second, how, and what I communicated about the study. And third, how I approached the participants. The participants were Native Hawaiian cultural practitioners and Native Hawaiian substance use disorder service providers, which included counselors, social workers, and peer advocates.

The sampling strategy I utilized is purposive sampling (see Curtis et al., 2000). The reasoning behind purposive sampling is better matching of the sample to the goals and objectives of the research. The purposive sampling technique that I utilized was the intentional selection of a participant due to the specific qualities that the participant possessed (see Lewis & Shepard 2006). For example, the participants possessed knowledge of SUDs in the Native Hawaiian community, and the culture of Native Hawaiians. The purposive sampling method is a nonrandom technique that does not

require underlying theories or a set number of participants (Lewis & Shepard 2006). In this method, I selected what needed to be known or explored, then selected subjects who were able and willing to volunteer information based on their knowledge and experiences (see Bernard, 2017; Lewis & Shepard 2006).

The criteria for the study participants were based on inclusion criteria. The inclusion criteria that I introduced were the characteristics or attributes that prospective research participants must have to be included in the study. The inclusion criteria were demographic, clinical, and geographic in nature. In this study, participants were included in the study if their education level is at least a high school graduate, have substantial Native Hawaiian cultural experience, and work for substance use disorder service providers providing direct services, and have a willingness to participate.

The participants were known to meet the criterion based on answers to a questionnaire prior to the actual interview or survey. This assisted me in identifying the study population in a consistent, reliable, and objective manner. As a result, study participants were more likely to have the attributes that made it possible to robustly answer the RQ. Strong inclusion criteria also help other researchers, because they can follow what was done and how I selected participants, allowing them to accurately replicate or reproduce the study.

The number of participants did not exceed 15. The key determinant for the small number was data saturation. Data saturation occurs when enough data has been collected to draw necessary conclusions, and any further data collection will not produce value-added insights (Quantilope, 2024).

Study participants were identified based on their contributions to the field, their professional experiences, and willingness to participate. A recruitment flyer was posted on social media sites that included the details about the study, such as what participants will do, background information, and the contact information. I also utilized email to recruit participants. I also included images or taglines to grab people's attention. The willing participants contacted me through the email on the recruitment flyer. I then emailed them an informed consent which they emailed back to me that "I consent to be in the study." At this point, I then scheduled them for the 45–60-minute interview.

Logic Model

The formative program evaluation includes a logic model that holds the required components such as resources, implementation/activities, outputs, and outcomes. This logic model looked at the proximal (short-term) outcomes of the program. Intermediate and long-term outcomes will be for further research utilizing a summative evaluation.

Program: Native Hawaiian Holistic Cultural Treatment Program for Substance Use Disorders

Problem Statement: The situation or issue that prompted me to search the literature is Native Hawaiian adults that face SUD experience health inequities (Daniels et al. 2022). Though this is well documented, there are no current effective treatment programs utilizing holistic culturally appropriate interventions. This can pose significant challenges to their recovery, specifically in Hawai'i. Most treatment providers use Western interventions such as the 12-step program used in Alcoholics Anonymous/Narcotics Anonymous, cognitive-behavioral therapy (CBT), and dialectical

behavior therapy (DBT) (Daniels et al. 2022). There is no current in-depth literature or program focused solely on holistic culturally appropriate treatment for SUDs for Native Hawaiian adults in Hawai'i that would create a positive social change.

Assumption: I view the culturally appropriate substance use disorder program as a comprehensive, holistic intervention designed to foster healing in every aspect of Native Hawaiian lives. This approach encompasses a variety of services, including support with activities of daily living (ADLs), participation in a Native Hawaiian life enrichment program, routine medical examinations, and assistance with transitioning back into the community. Each of these services is thoughtfully adapted to align with the *Nā Pou Kihi* framework developed by J. K. Kaholokula (2014), ensuring both cultural relevance and effectiveness.

Purpose: The formative program evaluation study is guided by a profound intention: to deeply explore and define the essential components of an intervention program for Native Hawaiians facing SUDs. At its heart, the study seeks to design and propose a holistic, culturally resonant treatment approach rooted in the *Nā Pou Kihi* framework, as articulated by J. K. Kaholokula (2014). This endeavor emerges in response to long-standing health inequities experienced by Native Hawaiian adults; a situation made more urgent by the lack of effective programs that genuinely honor and incorporate their cultural realities and healing practices.

Kaholokula's *Nā Pou Kihi* framework is not merely a model; it is a call to action. It insists on a transformation of the way social and health programs are conceived and

delivered, particularly for Indigenous communities. The framework is anchored by four foundational corner posts, each representing a critical domain for equity and well-being.

Ke Ao ʻŌiwi (Indigenous Cultural Space): This pillar emphasizes the importance of creating and protecting spaces where Native Hawaiian culture, language, and values are honored and practiced. In SUD treatment, this translates to integrating ancestral knowledge, traditional healing practices, and cultural rituals, allowing participants to reconnect with their heritage as a source of strength and identity.

Ka Wai Ola (Social Justice): Central to the framework is the pursuit of social justice. This involves addressing systemic inequities, advocating for fair treatment, and ensuring access to resources that empower individuals and communities. In the context of SUD programs, it means dismantling barriers to care and fostering environments where all participants are treated with respect and dignity.

Ka Malama ʻĀina (Environmental Stewardship): Recognizing the intrinsic link between people and place, this corner post speaks to the nurturing of both physical and cultural environments. Environmental stewardship in a treatment setting may include therapeutic interactions with the land (ʻāina), promoting sustainability, and cultivating responsibility for community and ecological well-being as part of healing.

Ka ʻAi Pono (Healthy Consumption): This pillar extends beyond diet to include all forms of intake, physical, emotional, and spiritual. Embracing healthy consumption means guiding individuals toward choices that foster holistic health, from nutrition and physical activity to positive relationships and cultural engagement.

When these four corner posts are woven together, they create a foundation for a treatment model that is not only effective but also deeply affirming of identity and belonging. The purpose of the study is thus twofold: to surface the underlying challenges Native Hawaiians face in conventional SUD treatment, and to illuminate the pathways that a culturally congruent, holistic program can offer.

By centering the *Nā Pou Kihi* framework, the program evaluation imagines healing as a dynamic, integrative process, one that values the wisdom of the past, the realities of the present, and the hope for the future. Through honoring cultural spaces, seeking justice, nurturing the land, and fostering healthy choices, the proposed treatment model aspires to alleviate SUDs in ways that are sustainable, respectful, and transformative for Native Hawaiian individuals and their communities. Figure 2 shows the preliminary logic model.

Figure 2

Preliminary Logic Model

Resources	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
*Culturally knowledgeable experienced staff * Physical space for program *Dedicated key stakeholders *Community relationships with targeted population *Awareness of Native Hawaiian community resources *Potential for grant funds *Network of Native Hawaiian advisory board members *Sustainability	*Hire & culturally train apt. Staff *Key stakeholder input *Complete grant for funds *Establish rapport & trust *APRN & social worker to culturally cultivate apt. plan of care *Establish key metrics & address barriers to culturally apt. Care *Incorporate conditions that deter health disparities & inequities relating to SDOH *Create sustainability plan *Ke Ao ʻŌiwi: SUD participant will meet with a case manager on a weekly basis *SUD participant will take Native Hawaiian language, cultural, advocacy, and art classes every week * Ka Wai Ola: SUD participant will be paired with	*Community transition program initiated *Grant awarded *Establishment of rapport & trust continues *Plan of care initiated *Key metric documentation initiated *Ke Ao ʻŌiwi: Language, cultural, advocacy, art, & canoeing classes *Ka Wai Ola: Mentorship program, education assistance, advocacy program & lōkahi learning *Ka Malama ʻĀina: Ka Hana Ma Ka ʻĀina Me Nā Lima He Nui Program *Ka ʻAi Pono: Healthy lifestyle program **Other:** *Hoʻohana maʻi maʻi ʻōlelo aʻoaʻo (Substance Use Disorder Counseling) *Hoʻomaopopo i ke ola kino (Mental Health Awareness) *SUD participants will understand the consequences of substance use dependence	*SUD participants will understand consequences of substance use dependence *SUD participants will understand components & benefits of SUD program *SUD participants will be immersed in Native Hawaiian culture	*SUD participants will advocate for themselves & the Native Hawaiian community *SUD participants will continue establishing *Nā Pou Kihi* pillars into their life goals	*Continuously impact substance use interventions in Native Hawaiian community to reduce SDOH *Reduce readmission rates to 0% among Native Hawaiian SUD participants & significantly improve their quality of life *Increase program sustainability to 100% in 5 years *Continue documentation in completion rates *Completion rates for treatment have increased to 75% *Native Hawaiians with SUD will successfully complete the SUD program *Native Hawaiians with SUD will have incorporated the *Nā Pou Kihi* pillars framework into their life goals

	a Recovery (Peer) Mentor *SUD participant will be assisted in educational pursuits after the SUD programs ends. *SUD participant will practice lōkahi daily *Ka Malama ʻĀina: SUD participant will participate in the Ka Hana Ma Ka ʻĀina Me Nā Lima He Nui Program (Working on the land with many hands program) and Papahana Hoʻohui Moana (Ocean Connection Project) *Ka ʻAi Pono: SUD participant will graduate from the Polokalamu Ola Ola (Healthy Lifestyle Program) **Other:** *SUD participant will attend daily group and individual Hoʻohana maʻi maʻi ʻōlelo aʻoaʻo (Substance Use Disorder Counseling) and Hoʻomaopopo i ke ola kino (Mental Health Awareness Program)	*SUD participants will understand the components & benefits of the SUD program *SUD participants will be immersed in Native Hawaiian culture			

Impacts: Admission rates for SUD among the Native Hawaiian population have shown a significant decrease. There has been a reduction in the negative impacts of SDOH within the Native Hawaiian community. The program has fostered a noticeable and positive improvement in the quality of life for marginalized Native Hawaiians experiencing SUD. Stronger cohesion has developed within the Native Hawaiian community, affirming that treatment and community partners are seen as viable and trustworthy resources.

Native Hawaiians with SUD are revitalizing ōlelo Hawai‘i (the Hawaiian language), and re-engaging with cultural practices, beliefs, protocols, values, traditions, and culturally based education through SUD interventions. This revitalization contributes to alleviating cross-generational trauma and associated mental health challenges.

Ka Wai Ola: Social Justice, Native Hawaiians are addressing social justice issues, including political power, education, and socioeconomic status, to enhance health and well-being through SUD interventions.

Ka Mālama ‘Āina: Environmental Stewardship, individuals free from substance use are embracing aloha ‘āina (love for the land) and mālama ‘āina (caring for the land), strengthening their connection to personal and community health. The concepts of ‘ohana (family, friends, and community) and ‘āina (land) are being reestablished as central elements in substance use interventions for Native Hawaiians.

Ka ‘Ai Pono: Healthy Consumption, Ka ‘Ai Pono supports SUD interventions by encouraging Native Hawaiians to utilize the ‘āina (land) for healthy eating and living habits, fostering holistic wellness.

Data Collection

The data collection protocol included a plan to collect and record the data. This included monitoring the data as it was collected to ensure quality. I conducted an interview with a participant on the island of Oahu. This interview took place via the Zoom platform. The interview lasted for no more than 60 minutes. For the interview, I followed the interview protocol. At the beginning of the interview, I asked the research participant if they had any questions about the study or the information contained within the informed consent. I answered any questions. I advised the participant that I would be recording the interview. If asked not to be recorded, I let the individual know that I do not need to continue the interview, thank them for their time, and end the interview. If the interviewee agreed to the recording, I started the recording and asked the demographic questions. I then asked the interview questions. I journaled during the interview to note first impressions and other thoughts. Journaling is a strong component of this study. It strengthened first impressions, promoted reflection, exposed prejudice, made preliminary coding more straightforward, and boosted objectivity and reliability (see Phillippi & Lauderdale, 2018).

At the end of the interview, I stopped recording and explained to the participant that I will have a written transcript created and emailed to them for review. I let the participant know that if they have any additions or edits to the information within the transcript, they should email me that information within seven days of the email. If they do not have any additions or changes, the participant will let me know, but I will assume there were none if the participant did not reply to the email, and I will move forward with

data analyses. I will forward the participant recording from Zoom to Rev.com for transcription. Rev.com is a web-based service that provides transcription for speech-to-text and has a non-disclosure agreement.

After gathering the data, I thanked the participant for their time and willingness to participate. I informed them that I will be emailing them a copy of the transcript of their interview to ensure the accuracy of the interpretation. Lastly, I assured the participant they will receive a summary of the findings once the study is complete.

Data Analysis

Data Analysis Plan

The data analysis plan for this study was guided by qualitative thematic content analysis (TCA), (Anderson, 2007) an approach well-suited for identifying, analyzing, and interpreting patterns of meaning within a participants' narrative. TCA allowed for a flexible yet rigorous process of coding and theme development, ensuring that findings were grounded in the participants lived experiences while addressing the study's RQ. This method provided a systematic framework to move beyond descriptive accounts towards deeper insights that reflect individual perspectives.

TCA

I utilized qualitative TCA (Anderson, 2007) to examine both primary and secondary data sources. The primary interview served as central narrative, providing first-hand insight into the phenomenon, while the extensive secondary data offered contextual depth and broader perspectives. I began by transcribing and coding the interview inductively, identifying initial patterns of meaning in the participant's account.

The secondary data which included documents, reports and relevant literature, were then coded in parallel to highlight recurring ideas and themes that aligned with or expanded upon the interview findings.

Through iterative comparison, I integrated insights from both data sources to develop a set of themes that captured the lived experience reflected in the interview while situating it within the wider social and cultural context revealed by the secondary materials. This process allowed for triangulation, which enhanced credibility by confirming consistencies across data sources and revealing areas of divergence. The final themes thus reflected a comprehensive understanding of the phenomenon, grounded in both the individual narrative and the broader body of evidence.

Issues of Trustworthiness

Issues of trustworthiness include the criteria of credibility, transferability, dependability, and confirmability (Campbell et al., 2020). Qualitative research explores the intricate details of human behavior, attitudes, and experiences, emphasizing the exploration of nuances and context (Ahmed, 2024). The criteria improve the rigor of the study and trustworthiness of the data and results (Campbell et al., 2020).

Credibility

Credibility refers to the concept of validity, in particular internal validity (National University, n.d.). I addressed credibility through data triangulation. Data triangulation involves using different research instruments or informants (Anney, 2014). I triangulated the data by noting the observations during the interview and reviewing data,

comparing, and contrasting the information from different participants, and examining the data from individual interviews in context with the observations and comparisons.

Member checking is another strategy I utilized to increase credibility. Member checking entails sharing the data in the interview transcript with the participants for their validation (Nassaji, 2020). I asked the participant to let me know via email if anything in their interview transcript needed to be corrected or if they had any additional information that they did not think of in the interview. I gave the participant 7 days from that email to respond with any inaccuracies or additional information.

Transferability

The degree to which qualitative research findings apply to different contexts or settings with different respondents is referred to as transferability (Nassaji, 2020). In other words, transferability is the extent to which the findings are transferable to other situations (National University, n.d.). The strategies that support transferability include a detailed description of research activities and purposive sampling. Purposive sampling assisted in maximizing the information uncovered from a small sample. I provided a systematic description with relevant details to make the transfer possible (Bitsch, 2005). I used purposive sampling to identify the individual who was explicitly knowledgeable about this area of research. Additionally, I selected a participant who was available and willing to participate and communicated their experiences.

Dependability

Dependability is the assurance that another researcher studying the same issue or working with the same data would attain the same results (Ali & Yusof, 2011).

Dependability is supported by a thorough and extensive documentation of the research procedure and every methodological choice (Bitsch, 2005). I provided a detailed description of inclusion criteria, recruitment processes, interview procedures, and questions, and how I completed the data analyses above.

I established dependability by maintaining an audit trail. An audit trail is a strategy that involves auditing all theoretical, methodological, and analytical decisions (Carcary, 2020). I also documented how the thinking evolved throughout the research process by journaling throughout the interview. Lastly, I set a goal to understand the data patterns. I revisited the interpretations of the participant data to code and recode. Coding and recoding assisted in analyzing the same data twice while taking time between each coding to approach the data with "fresh eyes" (Chilisa & Preece, 2005).

Confirmability

Confirmability refers to the degree to which the study results could be confirmed by other researchers (Korstjens & Moser, 2018). Confirmability is concerned with demonstrating that the data and interpretations of the findings are derived from the data and are not the product of the researchers' thoughts (Tobin & Begley, 2004) or bias. I utilized confirmability strategies to ensure credibility, transferability, and dependability. Triangulation, an audit trail, and journaling of the steps taken, and decisions made regarding data coding offer evidence of the process (Anney, 2014). I wrote about how I handled data management, the emergence of the findings, and the reflective thoughts.

Ethical Considerations for Data Collection

Ethical considerations for data collection prioritize considerations, such as ensuring that the research is conducted in a respectful, fair, and responsible manner and produces findings that can contribute to positive and more informed change in society (innovate MR, 2023). In addition, conducting ethical qualitative research requires a commitment to upholding the rights and dignity of participants, while also producing valuable and valid findings (innovate MR, 2023). There are five ethical considerations that I concentrated on. The ethical considerations are obtaining informed consent, protecting confidentiality and privacy, showing respect for participants, conducting appropriate data collection and analysis, and using findings responsibly (innovate MR, 2023). I strictly followed these considerations in the research.

I obtained Institutional Review Board (IRB) approval before recruiting participants or collecting data. Informed consent means that participants are fully informed about the purpose and nature of the research, the procedures involved, any potential risks or benefits, and how their data will be used. Participants must have the right to refuse to participate or to withdraw from the study at any time (innovate MR, 2023). I gained informed consent from the research participant through email.

Protecting confidentiality and privacy are essential qualitative research ethics to consider and are often protected by law (innovate MR, 2023). Participant's personal information and responses must always be kept confidential and private. The verbal part of the interview was recorded via Zoom. The stored data is on the desktop in One Drive, a cloud-based platform, which is password protected, and I only have the password,

which is not written down. I assigned each participant a pseudonym, such as Participant 1A and Participant 2B. Any words identifying a participant are redacted (such as the organization's name). The disseminated study results is audience-appropriate two-page summary emailed to the participants. After the Chief Academic Officer (CAO) signs off on the capstone, I will store the data for 5 years. After the CAO sign-off, I will transfer all files to an external flash password protected drive stored in a locked safe for the required 5 years, destroying the drive after that period.

Showing respect for the participants is necessary for researchers. I was sensitive to the needs, values, and beliefs of the participants, and always treated them with dignity and respect (see innovate MR, 2023). This means that I was aware of my own biases and assumptions to avoid imposing my own beliefs on the participants. I was also sensitive to cultural and linguistic differences. I found culturally appropriate ways to communicate effectively with participants who may have diverse backgrounds or experiences (see innovate MR, 2023).

Data collection and analysis must be appropriate and valid. I did not manipulate or alter the data in any way to convey a different story. Also, I was transparent about the methods and ensured the research is replicable (see innovate MR, 2023). Researchers must use their findings in a responsible and respectful manner to ensure that they are not used to harm or stigmatize participants or groups (innovate MR, 2023). I was also transparent about the limitations of the findings and avoided making over-generalizations that may not be supported by the findings (see innovate MR, 2023).

Summary

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Section 3: Results of the Study

Introduction

Addressing SUD among Native Hawaiians necessitates culturally appropriate treatment methods that resonate with their specific needs and experiences. Research has suggested that conventional treatment-as-usual, often not grounded in Native Hawaiian cultural practices, may not fully address the underlying factors influencing substance use in this population (Daniels et al., 2022). Historical trauma, colonization, and loss of cultural identity have contributed to disparities in substance use and mental health among Native Hawaiians, highlighting the need for culturally grounded interventions that acknowledge and address these factors. The results examined the efficacy of culturally appropriate substance use disorder treatments in the Native Hawaiian community, aiming to understand their impact on recovery outcomes and overall well-being.

Purpose of the Study

The purpose of this study was to explore holistic culturally appropriate program components for Native Hawaiians with SUDs. The study aimed to identify potential strategies for developing and implementing culturally resonant interventions that align with Native Hawaiian values, beliefs, and traditional healing practices. This research is critical for improving the health and well-being of Native Hawaiians by shedding light on the urgent need for culturally informed SUD treatment approaches. The findings provide valuable insights for healthcare providers, policymakers, and community leaders seeking to develop and implement effective programs that are respectful of Native Hawaiian culture and promote sustainable recovery. Ultimately, this research aimed to contribute to

addressing long-standing health disparities and promote a more equitable and effective system of care for Native Hawaiians grappling with SUDs.

Data Collection and Analysis

Due to significant challenges and the sensitive nature of the topic only one interview was secured despite persistent outreach efforts. However, the sole participant, a respected cultural practitioner (P1), provided rich, in-depth insights that offered valuable perspective on the topic. After a discussion and approval from the committee, I supplemented the primary data with a case study and a thorough review of secondary sources, adding depth and context to the findings.

A capstone or dissertation case study is a research approach that provides an in-depth, contextual analysis of a particular instance, event, or phenomenon within a defined system (Thomas & Harden, 2022). This approach is particularly valuable in exploring complex issues within real-world settings, allowing for a deeper understanding of the factors, processes, and relationships that shape the subject under investigation. In dissertation research, case studies enable scholars to collect rich, qualitative data through interviews, observations, and documents, offering detailed insights into the nuances of a particular context. The focus is often on understanding the "how" and "why" of a phenomenon, rather than just the "what," making it ideal for exploring intricate social, cultural, and organizational dynamics.

Recent research by Thomas and Harden (2022) emphasized that a case study in dissertation research can illuminate critical insights that contribute to theory-building, policymaking, and practice improvement. By utilizing multiple data sources and

employing a flexible, qualitative approach, case studies provide a comprehensive understanding of real-world phenomena that may not be captured through broader surveys or experimental designs. This method is particularly effective in human services and education research, where the focus is on understanding individual or community-level issues in context.

This case study employed a qualitative research design utilizing an interview with a Native Hawaiian cultural practitioner (P1) to gather diverse perspectives, challenges, experiences, and successes of existing and potential culturally appropriate interventions related to SUDs treatment within the Native Hawaiian community. The study also utilized secondary data. This study emphasized a narrative approach that allowed P1 to share stories and perspectives that fostered a rich understanding of experiences (Gilstein, 2024). Qualitative interview research provided in-depth insights into phenomena and generated innovative ideas (Lim, 2024). Thematic, deductive and inductive analysis was used for data analysis to identify recurring patterns and insights that ultimately informed recommendations (Ahmed et al., 2025) for developing and improving culturally sensitive SUD treatment approaches.

Key themes explored in this section include Ho'oponopono (a traditional Hawaiian practice of reconciliation and healing), restorative justice, cultural belonging, and the impacts of cultural shunning. Additionally, the discussion addressed the role of public policy in shaping these experiences, historical and cultural trauma, manifestations of learned helplessness, and holistic approaches to SUD treatment within Native Hawaiian communities.

A culturally responsive coding strategy was essential while undertaking qualitative research focused on Native Hawaiians and SUD treatment. Conducting qualitative research that centers on Native Hawaiians and culturally appropriate SUD treatment demands not only methodological sophistication, but a deep sensitivity to cultural nuances, histories, and worldviews (Antonio et al., 2023). The approach was grounded in an Indigenous framework called *Nā Pou Kihi* (Kaholokula, 2019), ensuring that the coding process respected and reflected the lived realities, values, and epistemologies of Native Hawaiian communities (Kaholokula, 2019). The following breakdown outlines the key considerations and approaches I developed for a robust, respectful coding strategy, ensuring that the research remains both analytically rigorous and culturally resonant.

Qualitative research centered on Native Hawaiian SUD treatment necessitates a coding strategy that is both analytically rigorous and deeply culturally sensitive. The *Nā Pou Kihi* framework offered a powerful lens, foregrounding systemic changes across political, educational, economic, and social domains to enhance Native Hawaiian health and well-being (Kaholokula, 2019). By combining deductive coding grounded in *Nā Pou Kihi's* principles with inductive coding for emergent themes, I yielded significant findings that honor lived realities and cultural priorities while maintaining methodological sophistication. The *Nā Pou Kihi* framework, four corner posts, consist of Ke Ao ʻŌiwi: Indigenous Cultural Space, Ka Wai Ola: Social Justice, Ka Malama ʻĀina: Environmental Stewardship, and Ka ʻAi Pono: Healthy Consumption. *Nā Pou Kihi* seeks to systematically change political, educational, economic, and social systems

(Kaholokula, 2014) to advance the well-being of Native Hawaiians. Kaholokula (2014) emphasizes that cultural values, health equity research, Indigenous scholarship, and social determinants are a pathway to well-being. I systematically reviewed all qualitative data (e.g., interview, journal, secondary data) and applied the predetermined *Nā Pou Kihi* codes, where relevant. I documented coding decisions and maintained an audit trail for transparency and confirmability. I efficiently organized codes and tracked coding processes.

While the *Nā Pou Kihi* framework guides deductive coding, I remained open to new insights arising directly from the data, especially P1 perspectives, lived experiences, and nuances not fully captured by the initial framework. I read through the transcript line-by-line, identifying concepts, language, and phenomena not represented in the existing coding. I created new codes for unexpected issues, unique cultural expressions, or emergent challenges and strengths within the Native Hawaiian context. For example, P1's emphasis on the importance of "Ho'oponopono" or references to "learned helplessness" in secondary data related to historical trauma warranted new codes.

I grouped related codes into overarching themes and subthemes. This process revealed the core issues and values shaping Native Hawaiian experiences with SUD treatment, and highlights intersections between traditional practice and wider societal factors. I reviewed coded segments for recurring patterns or contrasts. I developed theme definitions, included illustrative quotations, and considered how themes related to the *Nā Pou Kihi* domains. I iteratively refined themes through secondary data. I practiced reflexivity by journaling the assumptions and positionality throughout the coding process.

I identified and coded segments that reference key Native Hawaiian concepts, including Mauli Ola (optimal health and well-being), kuleana (responsibility), and kupuna (elders). I examined how these relate to culturally appropriate treatment and recovery pathways, and how participants' language signals cultural worldviews. I coded references to land (ʻāina), people (kānaka), and spirituality (akua), recognizing the holistic interconnectedness embedded in Native Hawaiian health beliefs. I highlighted how these elements inform healing practices, program design, and participant engagement.

I maintained audit trails and iterative coding. I documented all coding decisions, the rationale for code definitions, and any changes made during the analysis. This supported transparency, confirmability, and dependability. I iteratively revisited and revised codes and themes as immersion in the data deepened. I also regularly checked for alignment with the *Nā Pou Kihi* framework, while remaining open to emergent findings.

By integrating deductive coding guided by the *Nā Pou Kihi* framework and inductive coding for emergent themes, I produced a robust, respectful, and culturally resonant analysis of qualitative data in Native Hawaiian SUD treatment research. Centering cultural sensitivity throughout the process ensured that findings authentically reflect community perspectives, facilitating more effective and equitable program design for Native Hawaiians facing substance use challenges.

RQ

The RQ that was addressed is as follows: What are the culturally appropriate components for a SUD program for Native Hawaiians?

Presentation of the Results

The Case: Description of Participants

In Native Hawaiian culture, cultural practitioners are individuals who embody and transmit the traditional knowledge, values, and practices passed down through generations. Serving as essential custodians of cultural heritage, they preserve and perpetuate Hawaiian identity through diverse expressions such as storytelling, language, music, art, and ceremonial practice. Their expertise often arises from a combination of traditional mentorship, formal education, and a deep, lifelong commitment to their community.

The cultural practitioner (P1) featured in this case study is a formally trained Hawaiian educator, born and raised in Hawai‘i, with a deep-rooted connection to Native Hawaiian traditions. P1 life's work is dedicated to the preservation and continuation of Hawaiian cultural knowledge. P1 brought a uniquely personal perspective to the issue, having supported a close family member through the struggles of SUD. In addition to this lived experience, P1 possessed extensive knowledge of Hawaiian history, mythology, genealogy, and spiritual beliefs, elements integral to the healing process within Indigenous frameworks. P1’s qualifications extend beyond academic or traditional learning; P1 also reflects a commitment to cultural integrity. P1’s approach is grounded in a deep responsibility to act in ways that are both culturally appropriate and aligned with the well-being of the broader community and environment.

Secondary Data

Secondary data, information collected by individuals or organizations other than the primary researcher, serves as a cornerstone in many academic capstone projects (Kelly et al., 2024). Harnessing secondary data can provide broad context, enrich research findings, and substantially reduce the time and resources required for original data collection (Kelly et al., 2024). When utilized thoughtfully, secondary data enables researchers to gain valuable insights into their topics, illuminating patterns, trends, and perspectives that might otherwise remain hidden (Kelly et al., 2024).

The foundation of successful secondary data collection lies in clear RQs and well-articulated objectives (Research Rebels, 2024). I coded secondary data related to the *Nā Pou Kihi* framework and Native Hawaiian culturally appropriate SUD treatment programs. I first needed to gather relevant secondary data sources. These included published research studies, evaluation reports of Native Hawaiian SUD programs, government health data, reports from Native Hawaiian health organizations, and culturally informed program descriptions.

Next, I further identified the core principles and concepts of the *Nā Pou Kihi* framework. Ke Ao Ōiwi (cultural knowledge and space), this pillar emphasizes accessing and incorporating Native Hawaiian culture, language, traditions, and spiritual practices (Kaholokula, 2014). Ka Mālama ʻĀina (community/environmental stewardship), this focuses on the connection to the land (ʻāina) and the importance of a healthy and supportive physical environment for healing and well-being (Kaholokula, 2014). Ka Hana Pono (exercising healthier choices), this pillar highlights individual and family

resilience and the promotion of positive behaviors and relationships (Kaholokula, 2014). Ka Wai Ola (social justice), this emphasizes achieving social justice and addressing systemic inequities that impact Native Hawaiian health and well-being (Kaholokula, 2014).

Then, I developed a coding scheme based on the *Nā Pou Kihi* framework to analyze the gathered data. This involved identifying key themes and concepts within each data source that align with the framework's principles. Finally, I applied the developed coding scheme to categorize and analyze the secondary data. This involved systematically going through each data source (reports, articles, etc.) and coding the segments that correspond to the different *Nā Pou Kihi* pillars. For instance, data describing the use of traditional healing practices in an SUD program were coded under "Ke Ao ʻŌiwi," while data on community-based treatment initiatives were coded under "Ka Ai Pono".

Findings

In the initial phase of coding both interview data and secondary sources, 80 unique codes were identified. Through the process of removing redundancies and consolidating overlapping concepts, this list was refined to 32 distinct codes, which were subsequently organized into nine categories. These categories were further condensed into five overarching themes. Thematic analysis of both the interview and secondary data surfaced five central themes: (a) the intersection of Hoʻoponopono and restorative justice with SUDs, (b) issues of cultural belonging and cultural shunning in the context of substance use, (c) the influence of culturally responsive public policy on SUDs, (d) the

role of historical trauma, cultural trauma, and learned helplessness, and (e) the importance of a culturally appropriate, holistic approach to SUD treatment. These findings are consistent with relevant literature and contribute valuable insight to the field of culturally responsive SUD research.

Theme 1: Hoʻoponopono and Restorative Justice Related to SUDs

Hoʻoponopono and Restorative Justice

> As Mary Kawena Pukui (1972) describes it,
>
> Hoʻoponopono is getting the family together to find out what is wrong. Maybe to find out why someone is sick, or the cause of a family quarrel. Then, with discussion and repentance and restitution and forgiveness-and always with prayer-to set right what was wrong.
>
> Research by Yamamoto (2023) on social healing through justice uses the Native Hawaiian saying "pūpūkahi i holomua," which translates to "[u]nited, as in harmonious co-operation [to move] forward". This describes a restorative justice framework that emphasizes the need for all stakeholders to unite and work towards a more just future.

Scholars have begun to examine the integration of Hoʻoponopono, a traditional Native Hawaiian practice of reconciliation, with restorative justice as a culturally grounded framework for supporting individuals with SUDs (Kaulukukui & Walker, 2021). The synthesis shows a nonpunitive, relationally focused model that centers dialogue, mutual understanding, and collective healing over retribution. The research analyzes how both practices intentionally bring together those affected by harm,

including the broader community, to facilitate structured conversations around accountability, reconciliation, and emotional restoration (RADIAS Health, 2023). The literature has suggested that in doing so, these models encourage personal responsibility while simultaneously acknowledging the broader social and relational dimensions of healing. Within the context of SUDs, this integrative approach is increasingly recognized for its capacity to reconnect individuals with cultural identity, rebuild interpersonal trust, and establish a foundation for sustainable recovery. By foregrounding values such as respect, compassion, and interconnectedness, the combined application of restorative justice and Hoʻoponopono offers a transformative and culturally resonant pathway not only for individual recovery but also for community resilience (RADIAS Health, 2023).

I have found in the research that other similarities lie in the shared goal and community involvement. Further, the similarities between these approaches are found in their common objectives and the emphasis on community participation. Insights from research indicate both aim to address the harm caused by substance abuse, encourage healing, and promote accountability. Additionally, they highlight the crucial role of community support and involvement in the processes of healing and recovery.

The differences that I analyzed are in the cultural context, application, and focus. When reviewing the literature, comparing Hoʻoponopono and modern restorative justice highlights their distinct cultural and philosophical foundations. While Hoʻoponopono is deeply embedded in Native Hawaiian spiritual and cultural values, restorative justice is generally framed within secular and democratic principles (Kaulukukui & Walker, 2021). Researchers have noted that Hoʻoponopono traditionally functioned as a familial practice

aimed at resolving interpersonal conflict and fostering reconciliation among relatives. In contrast, the evidence shows that restorative justice has evolved as a formalized approach used in criminal justice and community contexts, often involving unrelated individuals. Although both practices emphasize healing and accountability, their focal points diverge. Restorative justice typically addresses harm resulting from offenses through structured dialogue and reparative actions, whereas Hoʻoponopono prioritizes individual introspection and responsibility for one's experiences and relationships to achieve personal and relational harmony (Kaulukukui & Walker, 2021).

In the context of substance use disorder (SUD) treatment, I increasingly examined the integration of restorative justice principles with Hoʻoponopono as a culturally aligned approach to healing. The synthesis demonstrates potential for addressing the multifaceted and interwoven harms associated with addiction, including familial rupture and the enduring impacts of historical trauma. The research has shown that by drawing on both relational accountability and cultural reconnection, I highlight how this integrated model offers a pathway that is not only therapeutically effective but also culturally responsive to the lived experiences of those affected by SUD.

In sum, the evidence showed integrating both restorative justice and Ho'oponopono into substance use disorder interventions cultivates a nuanced and holistic pathway to healing (Kaulukukui & Walker, 2021). Further, restorative justice, grounded in community engagement, accountability, and collaborative problem-solving, provides practical mechanisms for addressing the broader social impacts of substance use (Kaulukukui & Walker, 2021). Additionally, in contrast, Ho'oponopono draws upon deep

cultural roots, centering on personal responsibility, reconciliation, and the renewal of relationships through forgiveness and traditional values (Exclusive Hawaii Rehab, 2025). The research revealed the synergy of these frameworks recognizes that true recovery is multidimensional requiring both systemic support and individual transformation (Kaulukukui & Walker, 2021).

Ultimately, the data indicated success in addressing SUDs among Native Hawaiians and similar communities lies in honoring the cultural specificity of healing practices (Exclusive Hawaii Rehab, 2025). Further, by thoughtfully weaving together restorative justice's communal strengths with the cultural resonance of Ho'oponopono, practitioners can create interventions that are both effective and deeply respectful of individual and collective identities (Kaulukukui & Walker, 2021).This approach that I analyzed not only addresses the immediate challenges of substance use but also helps to restore a sense of belonging, dignity, and well-being, strengthening both individuals and their communities for generations to come.

Restorative Justice in Hawaii

Restorative justice or restorative processes are a method for repairing harm and rebuilding relationships, particularly in the context of conflict or wrongdoing (UNODC, n.d.). It emphasizes dialogue, accountability, and finding solutions that address the needs of all involved parties, rather than solely focusing on punishment (UNODC, n.d.). In this study, this approach is rooted in the belief that relationships are central to community well-being and that when harm occurs, it is crucial to address the underlying causes and work towards healing and restoration (Community Restorative Justice Center, n.d.)

I foresee by embracing restorative justice principles and practices, Hawaii can potentially offer more holistic and effective approaches for individuals struggling with SUDs, fostering healing, accountability, and successful reintegration into the community (HFRJ, n.d.). Overall, I have observed through the secondary data that Hawaii is actively exploring and implementing various initiatives. Their aim is to integrate restorative justice principles into its response to SUDs (HFRJ, n.d.). The focus is on rehabilitation, community involvement, and addressing systemic inequities (HFRJ, n.d.). By embracing restorative justice principles and practices, I identified Hawaii can potentially offer more holistic and effective approaches for individuals struggling with SUDs, fostering healing, accountability, and successful reintegration into the community.

Restorative Justice and SUDs

The findings revealed that restorative justice can play a crucial role in assisting individuals with SUDs by moving beyond traditional punitive approaches and focusing on healing and rehabilitation (RADIAS Health, 2023). Further, to address root causes, restorative justice delves into the underlying factors contributing to substance abuse, such as trauma, poverty, or mental health issues (RADIAS Health, 2023). Additionally, by understanding these root causes, interventions can be tailored to address the individual's specific needs, leading to more effective and sustainable recovery outcomes (RADIAS Health, 2023).

I synthesized the evidence indicating that to promote healing and reconciliation, restorative practices create a supportive environment for open conversation and understanding among individuals with SUDs, those they may have

harmed, and the wider community (AMA, 2024). Data from the study indicates, these practices help address trauma, repair fractured relationships, and set the stage for forgiveness and collective healing (AMA, 2024).

Although I analyzed that restorative justice offers significant potential for addressing SUDs, it is important to recognize that it cannot serve as a universal remedy. The findings revealed that implementing restorative approaches may encounter obstacles, such as resistance to alternatives to punishment, existing power dynamics between those harmed and those who caused harm, and questions about whether these practices are appropriate for more serious offenses. Further the study indicates that addressing these challenges is essential for effective implementation. However, research shows that by focusing on a holistic, trauma-informed approach that prioritizes accountability, community engagement, and rehabilitation, restorative justice offers a compelling alternative to traditional punitive measures in addressing the complex issue of SUDs (RADIAS Health, 2023).

Theme 2: Cultural Belonging and Cultural Shunning Related to SUDs

Cultural Belonging

"Kānaka, come home." (K. Barrett, 2023)

The data recognizes cultural belonging as the sense of safety and reassurance one experiences when they are part of a community, group, or organization that truly acknowledges and values their identity, beliefs, and contributions (Bissell, 2019). It is a feeling of genuine connection and acceptance that empowers individuals to express their authentic selves, free from judgment or the fear of being excluded (Bissell, 2019).

History reflects that Hawaiian cultural belonging is deeply rooted in the concept of aloha and interconnectedness with land, family, and spiritual beliefs (Jara & Phan, 2024). I emphasize and legitimize that holistic well-being encompasses physical, emotional, social, and spiritual dimensions, rather than an individualistic perspective.

The research shows that this sense of belonging is fostered through practices like ʻohana (family), respect for the ʻāina (land), and honoring traditions like hula and chants. Additionally, research has found this profound sense of cultural belonging acts as a protective factor and a source of resilience, particularly for Native Hawaiians facing adversity or navigating systems that may not reflect their values (Jara & Phan, 2024). Analysis by Jara and Phan (2024) demonstrates that individuals who are grounded in their cultural identity and supported by their community are more likely to effectively navigate life's challenges and engage in health-promoting, purpose-driven behaviors. I affirm that such belonging not only nurtures personal well-being but also strengthens collective bonds, reinforcing the importance of community-driven healing processes (Jara & Phan, 2024).

In the context of substance use disorder interventions, acknowledging cultural belonging can play a vital role in promoting recovery, restoring dignity, and fostering hope for individuals and families alike (Daniels et al., 2022). The research showed that for Native Hawaiians grappling with SUDs, cultural belonging takes on a critical role in both the genesis of their struggles and their journey toward recovery (Daniels et al., 2022). I explored the key aspects of cultural belonging. The key aspects stem from

feeling valued and respected, a sense of connection, psychological safety, authenticity, and inclusiveness.

The findings suggest that historical context and its impact play a large factor in SUDs for Native Hawaiians. According to the research, the trauma of colonization, including the forced suppression of the Hawaiian language, restricted access to sacred lands, and the disruption of traditional practices, has left deep and lasting scars within the Native Hawaiian community (Pieper-Jordon, 2025). The further research indicated that over generations, this collective wound has contributed to a profound sense of cultural disconnection and loss, undermining both individual and communal well-being (Pieper-Jordon, 2025).

Daniels et al. (2022) showed that the consequences of such historical trauma are evident in the disproportionate rates of SUDs and mental health challenges faced by Native Hawaiians today. For instance, the introduction and normalization of alcohol consumption have been intricately linked to colonial influences and the pressure to assimilate into Western norms and lifestyles (Pieper-Jordon, 2025). The results of the findings demonstrate that as cultural anchors eroded, many individuals turned to substances as a coping mechanism, seeking relief from pain, alienation, and the ongoing challenges brought by the legacy of colonization. Additionally, this dynamic is further complicated by the intergenerational transmission of trauma, where the experiences of loss, marginalization, and displacement echo through families and communities, exacerbating vulnerability to substance use and perpetuating cycles of harm (Pieper-Jordon, 2025).

Cultural Shunning

"unacceptable, even to be shunned." (Substance Abuse and Mental Health Services Administration, n.d.). This is in reference to Native Hawaiian healing practices.

Documentation shows that cultural shunning, also known as social exclusion or ostracism, can manifest in numerous ways within communities and can carry significant consequences for individuals (Dimple, 2025). I found that when discussing Native Hawaiians and cultural shunning, it is essential to understand the historical context and the impact of colonization on Hawaiian culture and traditional practices. History dictates that in traditional Hawaiian society, life was organized around the system of kapu, a set of taboos or sacred prohibitions that predated Western influence (Dimple, 2025). These kapu shaped everyday living, fostering harmony and respect for the sacred, for mana (spiritual power), and for natural resources (Dimple, 2025). History has also dictated that social structures, such as the separation between the aliʻi (chiefs) and the makaʻāinana (commoners), reflected distinctions or limits on interaction, but did not amount to social shunning or complete exclusion as understood today (Dimple, 2025).

The analysis of the data shows that cultural shunning, particularly when experienced by Native Hawaiians with SUDs, can have profound and multifaceted impacts on both individuals and their wider communities. The evidence suggests that one of the most immediate effects is an increase in isolation and feelings of worthlessness (Baker, 2025). When individuals are excluded or ostracized, they may experience deep loneliness and a sense of disconnection from family and community, key sources of strength within Hawaiian culture. The literature suggests this disconnection can erode

self-worth and, in turn, raise the risk of seeking solace in substances as a coping mechanism.

Shunning does not occur in a vacuum; it often acts to worsen existing mental health conditions (Albath et al., 2025). Research has shown that Native Hawaiians already face disproportionately high rates of mental health disparities, including depression, anxiety, and PTSD, stemming from historical trauma and the enduring effects of colonization (Daniels et al., 2022). When I assessed the documents, cultural shunning is layered atop these challenges, therefore it can further exacerbate symptoms and increase vulnerability to substance misuse, with individuals sometimes turning to drugs or alcohol as a form of self-medication.

In addition, the categorization of data showed that cultural stigma and fear of judgment create significant barriers to seeking help (Ahad et al., 2023). Further research showed that many Native Hawaiians may hesitate to access psychiatric or addiction treatment services, fearing they will be criticized or rejected by their community (Ahad et al., 2023). Additionally, this fear, compounded by cultural aversion toward discussing mental health or substance use, can delay treatment and worsen outcomes for those struggling with SUDs.

In the accumulation of the data, shunning also weakens essential social support systems (Ahad et al., 2023). In Hawaiian culture, the concept of ʻohana (family) and the broader community network are foundational to well-being and healing. When individuals are shunned, these vital relationships may fracture, cutting off emotional and practical support that is critical during recovery (Ahad et al., 2023). Moreover, cultural

exclusion can result in a loss of connection to identity and traditional practices, undermining protective factors that cultural affiliation offers against substance use (Bo et al., 2024). This process of exclusion may also make it difficult for individuals to reconnect with their cultural heritage (Bo et al., 2024). According to recent studies, barriers to participating in cultural activities and traditional healing practices can impede recovery, with individuals feeling estranged from the very customs and community engagements that might otherwise aid their journey back to wellness (Bo et al., 2024).

The research shows that barriers to effective treatment and recovery are further compounded by a longstanding mistrust of Western healthcare systems. Further research indicates that historical trauma and experiences of discrimination have fostered wariness among many Native Hawaiians, and shunning can intensify this mistrust. Insights from the research indicate that if treatment programs are perceived as culturally insensitive or disconnected from Hawaiian values, affected individuals may be less likely to seek or remain engaged in care. Furthermore, evidence is clear, the scarcity of culturally competent and responsive treatment options can leave those who are already isolated feeling even more adrift, unable to find programs that honor and integrate their cultural beliefs (Bo et al., 2024).

Cultural shunning also perpetuates cycles of intergenerational trauma (Ahad, Sanchez-Gonzalez & Junquera, 2023). Apparent research insights reveal that unresolved grief and historical trauma are often reactivated by experiences of exclusion, causing distress that may trigger relapse and hinder recovery efforts (Ahad et al., 2023). Again, the research indicates that the emotional pain associated with shunning reinforces

negative beliefs about oneself, feelings of unworthiness and hopelessness, which can sap motivation for recovery and engagement in self-care (Ahad et al., 2023).

I synthesized that considering these complex and interrelated challenges, addressing cultural shunning and its interplay with SUDs among Native Hawaiians demands a comprehensive, culturally informed approach. This includes the development and implementation of prevention and treatment programs that are grounded in Hawaiian cultural values, as well as broader community efforts to reduce stigma and promote understanding (Daniels et al., 2022). The research data has revealed it is equally important to establish policies that support culturally relevant approaches to recovery, ensuring that individuals and families can access the support they need within a framework that respects their unique identities and heritage (Daniels et al, 2022).

Data from the investigation suggests that ultimately, healing from SUDs within Native Hawaiian communities requires not only individual transformation but also the restoration of supportive, inclusive relationships and the reclamation of cultural belonging (Bo et al., 2024). Through the insights a collaborative, culturally anchored solutions, communities can begin to mend the wounds of exclusion, restore dignity, and foster lasting resilience for generations to come.

Cultural Shunning and Its Impact on Recovery

Cultural shunning or social exclusion within Native Hawaiian communities can exacerbate isolation, worthlessness, and mental health challenges, increasing vulnerability to substance misuse (Daniels et al., 2022). It fractures essential social support systems such as ‘ohana and community networks, impeding access to culturally

competent treatment and recovery resources (KFF, 2024). Shunning also perpetuates intergenerational trauma and stigma, creating barriers to seeking help and sustaining recovery. Addressing cultural shunning requires culturally informed prevention, treatment, and policy efforts that reduce stigma and promote inclusive support systems (Yamane et al., 2024).

Strengthening Families and Communities

The findings revealed that central to Native Hawaiian healing is the recognition that addiction rarely affects only the individual. Evidence has shown that family-focused approaches like Hoʻoponopono facilitate the resolution of interpersonal conflicts and restore balance within ʻohana, addressing the relational dimensions of SUD (Okamoto et al., 2017). These practices build resilience, empower families to support each other, and foster intergenerational transmission of cultural pride and health (Okamoto et al., 2017).

An analysis of the data shows restorative justice initiatives further reinforce this collective ethos. Programs such as restorative circles, piloted for reentry populations in Hawaiʻi, reflect the principles of Hoʻoponopono by encouraging accountability and healing among those formerly incarcerated, their families, and the broader community (Walker, 2015). Evidence showed that when former offenders participate in culturally anchored healing sessions, rates of recidivism drop significantly, demonstrating the transformative potential of these methods (Walker, 2015).

Focus on Relationships: The Heart of Healing

Hoʻoponopono directly addresses the restoration and maintenance of harmony within families and communities, recognizing that fractured relationships are both a cause

and consequence of trauma and ill health (Pukui et al., 1972, 2024). I interpreted the *Nā Pou Kihi* framework identifies strong social connections and supportive relationships as crucial determinants of health. Further, together, they reinforce the notion that communal healing and resilience arise from practices that nurture trust, understanding, and connection (Kaholokula, 2014).

The correlation that Hoʻoponopono, as a time-honored tradition for healing and harmony, does more than complement the *Nā Pou Kihi* framework, it fortifies it. By grounding systemic health efforts in a practice that is both practical and deeply rooted in Native Hawaiian epistemology, communities are empowered to address individual and collective well-being in ways that resonate with their lived realities (Antonio et al., 2023). This alignment cultivates a pathway where cultural strengths, restorative justice, and communal resilience are interwoven, enabling Native Hawaiians not only to heal from past wounds but to thrive and define their own future of well-being (Antonio et al., 2021).

Family and Community Involvement

"ʻO ka ʻohana ke ʻano o nā mea a pau." (Family means everything.)

The comprehensive thematic analysis of the research and literature around family and community involvement in culturally appropriate treatment programs for Native Hawaiians with SUDs reveals several deeply intertwined themes. At the heart of effective healing and recovery are cultural foundations rooted in traditional Hawaiian wisdom, which inform both the structure of interventions and the processes of transformation (Yamane et al., 2024). Practices such as Hoʻoponopono, centered on repentance, forgiveness, love, and gratitude, are increasingly woven into SUD treatment, offering

approaches that focus on resilience and strengths rather than deficits. These cultural practices extend healing beyond the individual to embrace the family (*ʻohana*) and community, reflecting the Native Hawaiian conceptualization of health as a lōkahi triangle: a dynamic balance among spirituality, people, and the land (ʻāina) (Stanford Medicine, 2025).

I discovered that central to this approach is the recognition that family and community involvement are not just beneficial, but essential to lasting recovery and well-being. It is evident that strong family and community support structures are repeatedly cited as critical for successful outcomes. Family therapy, for example, is particularly effective in Hawaiʻi, as it addresses both the impact of addiction on family dynamics and the healing potential of strengthened familial bonds (Mana Recovery Center, 2025). Programs such as Strengthening Hawaiʻi Families deliberately engage parents, children, and extended ʻohana in building resilience and preventing substance abuse, reinforcing the collective responsibility and interconnectedness that are hallmarks of Native Hawaiian culture (CDFH, 2024).

However, the journey toward healing for Native Hawaiians is often complicated by layers of historical and cultural trauma. These traumas, including the loss of land, language, and traditional practices through colonization and Western influence, are linked to higher rates of substance use and persistent health disparities (Riley, 2023). Western treatment models, which may prioritize individualism and symptom management, frequently fail to resonate with Indigenous approaches that emphasize holistic, community-based well-being (Antonio et al., 2023). In response, culturally based

interventions work to reclaim identity, language, and ancestral practices, aligning healing with the ongoing process of decolonization (Jara & Phan, 2025).

I identified that barriers to accessing culturally appropriate treatment remain a significant challenge. Many Native Hawaiians face limited availability of programs that honor Indigenous approaches, while traditional assessment methods can feel alienating or mistrustful (Schumacher et al., 2024). Integrating methods such as "talking story," a narrative, relational approach to sharing, can help bridge these gaps, fostering trust and deeper engagement (Gillon et al., 2023). Furthermore, addressing underlying SDOH is critical to tackling the root causes of substance use disparities and fostering environments where recovery is possible (Riley, 2024).

Though the evidence base for culturally grounded SUD programs continues to grow, additional research is needed to fully substantiate their effectiveness (Daniels et al., 2022). Strategic data collection and targeted interventions are essential to understanding and addressing the unique experiences of Native Hawaiians (Schumacher et al., 2024). Initiatives like the Hawai‘i Strategic Prevention Framework Partnerships for Success (HI-SPF-PFS) exemplify efforts to employ comprehensive, data-driven approaches that specifically address the needs of underserved populations, including Native Hawaiians, in tackling underage and overall substance misuse (HI-SPF-PFS, 2025).

In summary, the thematic analysis underscores the vital importance of family and community involvement, cultural values, and traditional healing practices in addressing SUDs among Native Hawaiians. I found that healing is most effective when it is holistic, culturally grounded, and attentive to the legacies of historical and cultural trauma. By

adapting treatment approaches to align with Indigenous worldviews, and by building systems of care that honor collective resilience, communities can move toward not only recovery but flourishing for individuals and families (Oneha et al., 2023).

The *Nā Pou Kihi* framework, a culturally responsive model for advancing the well-being of Native Hawaiians, draws upon the powerful metaphor of the hale (house), where four foundational posts (pou kihi) uphold not only the physical structure but the vitality, resilience, and intergenerational continuity of its inhabitants (Look, Soong & Kaholokula, 2020). I synthesize that within this framework, the involvement of family (ʻohana) and community is not simply a supportive element; rather, it is the living thread that interweaves and animates each of the four pillars, ensuring that cultural values, collective strengths, and shared responsibilities form the bedrock of holistic health and flourishing.

Ke Ao ʻŌiwi, accessing the native world, is a pillar dedicated to cultivating and sustaining a distinctly Native Hawaiian cultural space, a realm shaped by ancestral values, customs, language, and practices (Look, Soong & Kaholokula, 2020). I observed that here, family and community serve as the primary vessels through which cultural knowledge is both preserved and actively lived. Families nurture the transmission of traditions, stories, spiritual beliefs, and the Hawaiian language, ensuring that each generation can express its cultural identity with pride and without fear of discrimination (Look, Soong & Kaholokula, 2020). Meanwhile, I identified that the broader community provides the context for collective ceremonies, cultural gatherings, and the protection and

revitalization of heritage. Together, ʻohana and community act as the lifeblood of Ke Ao ʻŌiwi, rooting individuals in a legacy of belonging and resilience (Kaholokula, 2014).

The second post, Ka Mālama ʻĀina, accessing supportive and nurturing environments, centers on the interconnectedness between people and the land (ʻāina) (Look, Soong & Kaholokula, 2020), recognizing that well-being is inseparable from environmental health. Within this pillar, families are often the first to instill values of mālama ʻāina, caring for, respecting, and sustaining the land (Affect, n.d.) (Kona Cloud Forest Sanctuary, n.d.) Through hands-on stewardship, storytelling, and lived example, they instruct children about reciprocal relationships with the environment and the responsibilities that come with it (Affect, n.d.). It is evident that the community at large embodies these values by collectively stewarding resources, safeguarding sacred sites, and promoting sustainable living conditions. I acknowledge these shared efforts foster environments that are physically, emotionally, and spiritually nourishing, anchoring recovery and growth in both place and practice.

Ka Hana Pono, exercising healthier choices, speaks to the cultivation of healthier lifestyle choices and behaviors that support long-term well-being (Look, Soong & Kaholokula, 2020). Here, supportive, and cohesive family relationships are vital, directly influencing positive behavioral health outcomes and academic achievement for Native Hawaiian youth (Affect, n.d.). The home environment, shaped by encouragement, structure, and cultural grounding, serves as the foundation for resilience (Look, Soong & Kaholokula, 2020). Communities reinforce this pillar by providing culturally relevant programs, mentorship, and social opportunities that promote healthy habits and

discourage substance misuse or other risk behaviors (Kawai‘ae‘a et al., 2024). Through interconnected rings of support, families and communities together create a resilient web that empowers individuals to make choices aligned with collective values and aspirations (Okihiro, 2024).

The fourth pillar, Ka Wai Ola, is rooted in the pursuit of social justice, encompassing educational achievement, equitable economic opportunities, and the dismantling of systemic barriers for Native Hawaiians (Look, Soong & Kaholokula, 2020). Families strive to create pathways for educational and economic advancement, transmitting knowledge, values, and encouragement that fuel aspirations and empower youth to navigate institutional systems (OHA, n.d.). At the community level, collective advocacy is paramount: communities organize to address inequalities, champion culturally responsive education, and demand resources and policies that are just and inclusive (Institute for Youth in Policy, 2023). A recurring theme was identified in the data that Ka Wai Ola thus reflects the understanding that health and well-being extend beyond the individual to encompass social, political, and economic determinants, a vision that can only be realized through unified family and community action.

The *Nā Pou Kihi* framework illustrates that family and community involvement are not confined to any single pillar but are instead woven throughout the entirety of the structure (Look, Soong & Kaholokula, 2020). I found their roles encompass cultural grounding. Further, ensuring that programs, interventions, and systems of care are authentically rooted in Native Hawaiian values, traditions, and ways of knowing.

I analyzed that building strong relationships requires fostering trust, collaboration, and meaningful connections between families, schools, and communities, which are central to effective healing and learning. Additionally, empowerment and resilience, and drawing upon the inherent strengths, wisdom, and resources within ʻohana and community support well-being and self-determination. Systemic change recognizes that individual flourishing is inseparable from broader systems, and advocating for policies, environments, and opportunities that support the optimal health of Native Hawaiians (Institute for Youth in Policy, 2023).

In summary, within the *Nā Pou Kihi* framework, family and community are not peripheral supports but the very posts that uphold a thriving, just, and resilient house of Native Hawaiian well-being. It is evident that by honoring these relationships and their foundational role, practitioners, policymakers, and community leaders can help cultivate environments in which healing, learning, and cultural identity are sustained for generations to come.

Theme 3: Culturally Responsive Public Policy Related to SUDs

Public Policy

The cultural practitioner for this study states that “We need new public policies”. Through the dissemination of the data, public policy for SUDs in Native Hawaiian communities emphasizes culturally grounded, community-based approaches. Further, this includes integrating traditional Hawaiian practices, promoting resilience, and addressing SDOH. Efforts focus on prevention, treatment, and recovery support tailored to the unique needs and cultural context of Native Hawaiians (Papa Ola Lōkahi, 2025).

Research suggests that building upon these foundational principles, several targeted policy recommendations are essential for effectively addressing SUDs within Native Hawaiian communities (Hawaii State Department of Health, 2023). Further research shows these recommendations emphasize the integration of culture, accessibility, and evidence-based strategies across every stage of prevention, treatment, and recovery (Hawaii State Department of Health, 2023).

An analysis of the data showed that prevention efforts should prioritize the implementation of culturally relevant programs that foster healthy lifestyles, resilience, and a sense of cultural pride. Such initiatives might include culturally tailored educational campaigns, activities that celebrate Native Hawaiian heritage, and programming within schools and community centers that encourages connection to ʻohana, ʻāina (land), and traditional practices (Hawaii State Department of Health, 2023). From the research, it appears that, early intervention strategies that reinforce positive identity and teach coping skills can help mitigate risk factors and empower families to support one another in maintaining wellness across generations (Hawaii State Department of Health, 2023).

The effectiveness of various interventions during the research was evaluated to determine the most suitable solution for those seeking treatment. It is vital to provide services that are both accessible and culturally competent. Further research indicates substance use treatment programs must be delivered by providers who possess a deep understanding of, and respect for, Native Hawaiian culture and language. This may require recruiting and training staff from within the community and ensuring ongoing cultural competency education for all service providers (Hawaii State Department of

Health, 2023). In addition, increasing the availability of treatment services in rural and neighbor islands, accompanied by reliable transportation, removes significant barriers to care (Hawaii State Department of Health, 2023). Additionally, research showed that exploring and integrating traditional healing practices, such as ʻauʻau (traditional bathing), lomi lomi (massage), and Ho'oponopono (conflict resolution), into individualized treatment plans can enhance effectiveness by honoring cultural values and supporting holistic healing.

Recovery extends beyond clinical treatment, requiring robust community-based supports that sustain individuals as they rebuild their lives (Williams et al., 2019). In According to recent studies, expanding peer support programs that connect individuals in recovery with mentors who share similar cultural backgrounds can provide inspiration, accountability, and practical guidance (Williams et al., 2019). The Cultural Practitioner stated,

> You know, and I think when we talk about space, it's a sense of belonging. Where can they go where they feel like they belong that they don't have to deal with these issues, or these problems that trigger them to want to use, you know, the substances and stuff like that.

Further research indicated that supporting the development of culturally grounded recovery centers and safe spaces fosters a sense of belonging, crucial for preventing relapse and nurturing long-term well-being. Findings reveal these centers can serve as hubs for ongoing education, spiritual practices, group activities, and connection to resources.

Central to successful prevention and intervention is the cultivation of a culturally competent workforce (Hawaii State Department of Health, 2023). Research by the Hawaii State Department of Health (2023) showed investments should be made in training and education programs for healthcare professionals, counselors, and peer support specialists, with an emphasis on cultural humility, language proficiency, and trauma-informed care. In the data collection, I have found that encouraging the recruitment of Native Hawaiians into these roles not only strengthens the workforce but also ensures services are delivered with an authentic understanding of cultural context and community needs.

Finally, improved data collection and research efforts are essential for understanding the unique needs and experiences of Native Hawaiians facing SUDs. By gathering accurate, disaggregated data and evaluating the effectiveness of culturally tailored interventions, policymakers and practitioners can continuously refine strategies, allocate resources effectively, and advocate for sustained support at the local and systemic levels (Hawaii State Department of Health, 2023). Community-engaged research approaches that involve Native Hawaiian voices at every stage, from design to dissemination, will help ensure findings are relevant, respectful, and actionable (Hawaii State Department of Health, 2023).

I synthesize that Hoʻoponopono, the traditional Hawaiian practice of reconciliation and forgiveness, plays an increasingly recognized role in addressing SUD within Hawaiian public policy. Additionally, this approach emphasizes cultural

reconnection, holistic healing, and community-centered solutions for individuals struggling with addiction (Kauahikaua, 2022).

Policy and Infrastructure

Data from the investigation suggests that at the systemic level, public policy increasingly supports integrated care systems that are responsive and coordinated (Hawaii CARES, 2025). Hawaii CARES is a statewide initiative providing universal intake, assessment, and linkage to appropriate SUD services, ensuring that individuals can access care suited to their needs, regardless of where they live (Hawaii CARES, 2025). Parallel to this, workforce development remains a priority: recruiting and training providers who possess cultural competence and are rooted in the community enhances the accessibility and relevance of treatment (Robin Recovery, 2025).

According to the research, recent developments in strategic health planning illustrate a growing emphasis on culturally grounded approaches to care delivery. ʻImi Ke Ola Mau, a program initiative highlighted in a 2025 report by Papa Ola Lōkahi, exemplifies this trend through its articulation of a comprehensive vision for substance use and mental health services. The initiative prioritizes a sense of place and fosters connection to ʻāina (land) as central components of healing and resilience. Notably, the strategy integrates Indigenous knowledge systems with Western medical modalities, reflecting a broader movement toward holistic, community-based frameworks in health planning. This model underscores the potential for culturally informed strategies to enhance both accessibility and effectiveness in behavioral health services.

I found the ongoing collection and disaggregation of data, especially for Native Hawaiian and other underserved populations, guides continuous improvement of programs and policies (Malloy & Minnis, 2022). Further, community-engaged research ensures that interventions remain relevant, and their impact is measurable and visible to those they serve (Malloy & Minnis, 2022).

Public Policy and Culturally Grounded Systems of Care

Hawaiian public policy increasingly supports culturally grounded, community-based approaches to SUD prevention, treatment, and recovery tailored to Native Hawaiian needs (ADAD, 2024). Policies promote integration of traditional healing practices like Hoʻoponopono, ʻauʻau (bathing), and lomilomi (massage). Emphasis is placed on accessible, culturally competent services, workforce development, family and community involvement, and data-driven program evaluation (ADAD, 2024). School-based programs such as Hoʻouna Pono incorporate cultural values to prevent substance misuse among youth (Okamoto et al., 2019). Statewide initiatives like Hawaii CARES provide coordinated access to SUD services (Hawaii DOH, 2025), and strategic plans focus on connection to ʻāina and holistic health.

Theme 4: Historical Trauma, Cultural Trauma, and Learned Helplessness

Recognizing and Addressing Historical and Cultural Trauma

> "Historical and ongoing colonialism, racism, intergenerational trauma, and barriers to accessing health care and social services are some of the root causes of substance use and addiction." (Papa Ola Lōkahi, 2022)

The data highlighted SUD among Native Hawaiians is both a public health challenge and a testament to profound historical and cultural forces. Furthermore, research and community practice increasingly recognize that meaningful and sustainable recovery for Native Hawaiians cannot be achieved through generic, Western-oriented models alone. Instead, culturally grounded frameworks, such as *Nā Pou Kihi*, and a holistic understanding of well-being are essential for addressing the roots of SUD and fostering healing at individual, ʻohana and community levels.

It is evident that at the heart of substance use disparities for Native Hawaiians lies the profound impact of historical and cultural trauma. Historical trauma encompasses the accumulated psychosocial wounds inflicted by colonization, forced assimilation, land dispossession, and the deliberate suppression of language and custom (Quayle & Sonn, 2019). Cultural trauma further signifies the erosion of identity, meaning, values, and belonging within a collective consciousness (Subica & Link, 2023). These traumas are not isolated in the past; they are transmitted intergenerationally, compounding through families and across time (Subica & Link, 2023). The resulting disconnection from ancestral practices, community, and ʻāina (land) manifests as elevated rates of substance use, with SUDs often serving as a coping mechanism for pain and disenfranchisement (Subica & Link, 2023). Ongoing experiences of discrimination and racism further perpetuate these cycles of distress, fueling social pathology and health disparities (Andersen et al., 2023).

Traditional Western models of SUD treatment often foreground individual pathology and recovery, valuing symptom management and linear progress (Daniels et

al., 2022). However, for Native Hawaiians, whose worldviews are profoundly collective, spiritual, and interconnected, such models may lack resonance (McLean et al., 2022). Western approaches frequently overlook the unique historical and cultural traumas that underpin substance use in Indigenous communities (Daniels et al., 2022). Research showed the persistent overrepresentation of Native Hawaiians in Western treatment settings, as highlighted in sources like Ka Wai Ola, underscores these shortcomings and points to a disconnect between mainstream approaches and the lived experience of Native Hawaiian clients (Oneha et al., 2023). The study revealed that without intervention frameworks that honor and integrate Indigenous identity and collective healing, outcomes remain limited, and the cycles of trauma and substance use persist.

I assess that emerging from both research and community testimony is the critical value of culturally appropriate, Indigenous-centered treatment models. Cultural reclamation, a process of returning to, revitalizing, and embodying Native Hawaiian identity, beliefs, and practices is central to healing from cultural trauma (Jara & Phan, 2024). In essence, I identified that programs that embed traditional healing methods recognize that recovery is not merely individual, but a collective journey involving ‘ohana, community, and ancestors.

Integration of traditional practices such as Ho'oponopono (conflict resolution and forgiveness), (Pukui et al., 1972, 2019) hands-on engagement with the ‘āina (such as lo‘i work), and the revitalization of language (*‘Ōlelo Hawai‘i*), storytelling (*mo‘olelo*), and metaphorical meaning (*kaona*) are among the powerful tools used in culturally grounded interventions. The research indicated the focus should be on collective healing.

Moreover, these approaches recognize that the well-being of the individual is inseparable from the well-being of the family and community. The transmission of cultural knowledge, communal support, and shared purpose are foundational to recovery, fostering resilience and pride (Fiveable, 2024). The research showed that participating in cultural practices nurtures cultural pride and a sense of belonging, strengthening protective factors against substance use and enhancing the capacity for resilience in the face of adversity builds

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It is evident that the need to advocate for equity in funding and policy is essential. Further, adequate resources and supportive policies are needed to develop, sustain, and measure the effectiveness of culture-based programs. Involvement of ʻohana and community mentors in prevention, treatment, and aftercare is necessary for meaningful, lasting change.

Frameworks like *Nā Pou Kihi* (Kaholokula, 2014), comprising Ke Ao ʻŌiwi (identity and tradition), Ka Mālama ʻĀina (stewardship and land connection), Ka Hana Pono (right action and relationships), and Ka Wai Ola (justice and equity), (Look, Soong & Kaholokula, 2020) offer both a conceptual map and a practical toolkit for embedding cultural values into every level of care.

The thematic analysis affirms that addressing SUDs among Native Hawaiians requires more than adaptation; it demands a fundamental realignment of care with Indigenous worldviews, values, and healing systems. By elevating cultural identity, restoring ancestral connections, and advocating for systemic equity, culturally grounded interventions lay the foundation for genuine, sustained recovery and collective well-being.

The research showed despite meaningful progress, challenges persist in bridging traditional and Western paradigms within formal healthcare systems (Raja et al., 2024). Additionally, resource allocation remains an evolving issue, as shifting from punitive responses toward upstream, health-based solutions requires sustained advocacy and funding (Raja et al., 2024). Continuous research and program evaluation are essential for tracking outcomes, refining existing services, and informing future policy changes (Raja

et al., 2024). Granular data and ongoing assessment are crucial for tailoring interventions to meet the diverse needs within Native Hawaiian communities (Cook et al., 2013).

I established that ultimately, the embrace of practices such as Hoʻoponopono signals a transformative shift in Hawaiʻi's public health approach to SUDs. By assessing the data, honoring cultural knowledge, fostering belonging, and empowering individuals and families, these policies and interventions chart a path toward healing and resilience that is both culturally rooted and forward-looking. Further, such an approach not only addresses the immediate challenges of addiction but also strengthens the collective spirit and well-being of Hawaiʻi's communities.

Learned Helplessness

From the research, learned helplessness describes a state where people or communities, after enduring repeated adversity, begin to believe they have little or no control over their circumstances (Leonard, 2024). Clear evidence showed that for Native Hawaiians, this outlook has roots in the historical trauma of colonization, often resulting in feelings of apathy, hopelessness, or difficulty acting to improve their own lives, even when opportunities are present. Native Hawaiians are meeting this challenge with strength, drawing on culturally grounded strategies and traditions that empower individuals and communities to break free from the cycle of learned helplessness (Leonard, 2024).

The findings suggest to effectively break cycles of learned helplessness and restore well-being, Native Hawaiian communities are drawing on a wealth of culturally rooted strategies that center on revitalization, reconnection, and empowerment.

Additionally, this multidimensional approach not only addresses the impacts of historical trauma but also actively fosters resilience, hope, and agency among individuals and families (RADIAS Health, 2024).

Research indicated cultural revitalization and reclaiming identity are foundational to healing. Engaging deeply in traditional practices, such as speaking ʻŌlelo Hawaiʻi (Hawaiian language), performing hula, composing, and singing mele, and chanting oli, reinvigorates a powerful sense of cultural identity and pride (Ka ʻOhā Blended Learning, n.d.), research suggests. Further, these practices serve not only as expressions of heritage but as living sources of connection, enabling individuals to reclaim their narratives and challenge the negative stereotypes and internalized beliefs that have resulted from generations of marginalization (Ka ʻOhā Blended Learning, n.d.). The act of reconnecting with the ʻāina (land) through aloha ʻāina and stewardship traditions further strengthens this process, nurturing belonging and responsibility while addressing trauma rooted in colonial dispossession and environmental loss (Nightingale & Richmond, 2022).

Studies have shown strengthening community and family bonds remains a vital pillar of resilience and collective healing. The ʻohana (family) and extended community provide critical support systems, helping individuals navigate adversity and reinforcing intergenerational ties (Aziz, 2025). Insights from the research indicate practices like Hoʻoponopono, centered on reconciliation, forgiveness, and the restoration of harmony, are pivotal for resolving conflict, healing shame, and nurturing relationships fractured by historical and personal trauma. Discernment, through the research, shows these collective processes, not only are fostered but woven into the very fabric of community life,

enabling the intergenerational transmission of strength, pride, and well-being (Lee, 2025). Equally important is the development and delivery of culturally appropriate interventions.

The literature has suggested that addressing systemic barriers and advocating for change is an ongoing process, with Native Hawaiians actively challenging structures that perpetuate disempowerment and marginalization (Nakamura, n.d.). The literature further suggested grassroots movements for self-determination, land rights, and resource equity exemplify the commitment to systemic transformation (Nakamura, n.d.). Education and youth empowerment initiatives, grounded in the teaching of history, culture, and leadership skills, are instrumental in building resilience, agency, and future leadership within the community (Nakamura, n.d.).

Finally, insights indicated that fostering a sense of agency and efficacy is essential for sustained recovery and self-determination (Lee, 2025). According to recent studies, emphasizing and celebrating the inherent strengths, accomplishments, and resourcefulness found within Native Hawaiian culture helps combat feelings of helplessness and fortifies the belief in one's capacity to overcome adversity (Lee, 2025). I synthesize that setting achievable goals, celebrating milestones, and building robust social support networks, within both the ‘ohana and broader community, create a powerful buffer against isolation and despair, paving the way for collective healing and empowerment (Lee, 2025). Analysis from the data showed through these interconnected strategies, grounded in tradition, community, advocacy, and empowerment, Native Hawaiians are leading the way in overcoming learned helplessness, reclaiming agency,

and building a future where their cultural strengths and resilience are not only honored but fully realized (Kawehi'lani Morland-Tellez, 2024).

Theme 5: Culturally Appropriate, Holistic Approach to SUD Treatment

Holistic Approach

“"Ua Ola Loko I Ke Aloha. Love Gives Life Within."

This proverb reflects a core aspect of Native Hawaiian healing, highlighting the significance of aloha (love, compassion, kindness) in recovering from SUD. The healing journey involves various approaches, including harm reduction. It stresses the importance of embodying the spirit of aloha—coordinating mind and heart—when supporting those on their path to healing” (Papa Ola Lōkahi, 2022).

The thematic landscape of SUD treatment for Native Hawaiians is defined by an urgent call to integrate traditional values, practices, and worldview into all levels of care (ADAD, 2022). The results indicated that central among the identified themes is the profound impact of colonization, which disrupted ancestral ways, suppressed the use of Hawaiian language and ceremony, and fractured the relationship between individuals, ‘ohana, and ‘āina. Further, this legacy of trauma, woven through generations, continues to reverberate in health disparities and the prevalence of SUD within the Native Hawaiian community.

I analyze that against this backdrop; the necessity of a holistic approach is clear. Native Hawaiian concepts of health are rooted in the understanding that individuals are inextricably linked to their family, community, environment, and spirituality (Kawakami et al., 2022). Effective healing must transcend symptom management, encompassing the

physical, mental, emotional, and spiritual dimensions of well-being (Jara & Phan, 2024). Treatment programs that honor this interconnectedness, rather than adhering solely to Western, individual-focused models, have demonstrated greater resonance and success (Papa Ola Lōkahi, 2023).

A key theme from the data showed emerging from both lived experience and scholarly analysis is the central role of cultural practice in fostering resilience and recovery. Integrating hula, Hoʻoponopono, storytelling (moʻolelo), and stewardship of the land through aloha ʻāina and hands-on work in the loʻi offers a pathway to cultural pride and belonging (Kona Cloud Forest Sanctuary, n.d.). These practices help to mend the disconnection wrought by historical trauma, reconnecting individuals to lineage and place, while also nurturing collective identity and responsibility, a foundation for lasting healing (Salzer, 2024).

I found that the vital role of ʻohana and community cannot be understated. Further, traditional Hawaiian healing is a communal endeavor, marked by the transmission of cultural knowledge, emotional support, and shared purpose. I evaluated that family involvement in treatment and prevention not only strengthens outcomes but also preserves the generational flow of wisdom and identity. Community participation, through mentorship, advocacy, and culturally relevant programming, builds an ecosystem of support that extends beyond the clinic or counseling room, rooting recovery in everyday life and shared experience (Substance Abuse and Mental Health Services Administration, n. d.).

This paradigm shifts in care calls for a culturally responsive system grounded in Native Hawaiian knowledge systems (Riley, 2024). Moving away from linear, Western frameworks, a cyclical and interconnected model is advocated, mirroring the traditional ahupuaʻa land management system that harmonizes environmental stewardship, social harmony, and spiritual well-being (Miner et al., 2024). Such an approach not only facilitates prevention, treatment, and recovery as mutually informing processes but also ensures that documentation and reporting in clinical contexts authentically represent cultural services and outcomes (Daniels et al., 2022; Papa Ola Lōkahi, 2025).

I found that addressing SUD in the Native Hawaiian community further requires recognition of root causes, including historical trauma, loss of land, and eroded cultural ties, not merely treating presenting symptoms. Programs like Papa Ola Lōkahi's ʻImi ke Ola Mau plan, Honu House Hawaii, and the Ohana Addiction Treatment Center exemplify culturally adapted interventions. The data reveals that these initiatives ground recovery in connection to place, language, and ʻohana, and embrace holistic healing modalities such as yoga, meditation, traditional arts, and spiritual practices, guided by cultural practitioners and community leaders. Ultimately, the synthesis of these themes reveals that lasting recovery for Native Hawaiians lives in reclaiming and revitalizing their own frameworks for health and healing. I analyzed that culturally grounded, holistic approaches that center ʻohana, community, and the wisdom of kupuna set the stage for well-being that is both sustainable and transformative, restoring dignity, balance, and hope to individuals and the lāhui as a whole.

I assessed that a holistic and culturally appropriate approach to SUDs treatment for Native Hawaiians finds profound resonance within the *Nā Pou Kihi* framework, which sets forth four guiding pillars designed to restore balance, equity, and well-being for individuals and the larger lāhui. Further, each pillar, Ke Ao ʻŌiwi, Ka Mālama ʻĀina, Ka Hana Pono, and Ka Wai Ola, offers a lens through which culturally grounded interventions can be both developed and measured for effectiveness.

I found the Ke Ao ʻŌiwi pillar is culturally attuned for SUD programs that intentionally weave Hawaiian language, values, beliefs, and practices into the fabric of treatment and recovery. Additionally, by doing so, they foster a powerful sense of identity, belonging, and ancestral connection, directly supporting the cultivation and transmission of Native Hawaiian cultural identity as envisioned in Ke Ao ʻŌiwi. Such programs restore pride and rootedness, counteracting the disconnection wrought by historical trauma and colonization (Osorio, 2021).

The second pillar Ka Mālama ʻĀina embrace nature-based therapies for SUD programs and emphasize a reciprocal relationship with the ʻāina (Look, Soong & Kaholokula, 2020). As research suggests, gardening, loʻi work, and other land-based activities reconnect participants with land stewardship, grounding healing in the natural world and honoring ancestral obligations (Odom et al., 2019). This alignment with the Ka Mālama ʻĀina pillar acknowledges the land as both a physical and spiritual source of health, reinforcing well-being through direct engagement with the environment (Look, Soong & Kaholokula, 2020).

I identified that Ka Hana Pono, the third pillar, is empowering individuals and communities to make pono (right) choices which is central to both holistic SUD treatment and the *Nā Pou Kihi* framework. Culturally anchored programs mentor clients in cultivating resilience, relational skills, and ethical conduct rooted in Hawaiian values (Yamane et al. 2024). The teachings of Ka Hana Pono encourage participants to honor themselves, their families, and their communities, nurturing harmonious relationships and supporting lasting recovery (Look et al., 2020).

The last pillar, Ka Wai Ola is at the heart of *Nā Pou Kihi*. It is a call for social justice, equity, and transformation. Holistic, culturally responsive SUD programs address not only individual recovery but also larger systemic inequities in health, education, and economic opportunity (SAMHSA, n.d.). By integrating traditional healing, community engagement, and advocacy, these interventions strive to break cycles of addiction, restore dignity, and create conditions for a new life, Ka Wai Ola, where Native Hawaiians can thrive (Papa Ola Lōkahi, 2025).

In summary, I synthesize the harmony between holistic, culturally grounded SUD treatment and the *Nā Pou Kihi* framework is founded upon a profound recognition of interconnectedness: the inseparable bonds among individual, family (‘ohana), wider community, land ('āina), and spiritual well-being. The data revealed that by consistently centering Native Hawaiian knowledge, practices, and values in every phase of care, these approaches affirm that healing is not an isolated journey but a collective resurgence. Moreover, this alignment not only nurtures the transformation of individuals but also

strengthens the health, hope, and resilience of entire communities and future generations, ensuring that well-being is restored and sustained across the lāhui.

Culturally Grounded Treatment and Prevention

I identified the strengths and weaknesses of the existing solutions to identify areas for improvement therefore, within the landscape of SUD treatment and prevention in Hawaii, culturally grounded approaches have emerged as cornerstones of effective, sustainable healing, particularly for Native Hawaiian individuals and communities. In further research, traditional Hawaiian healing practices, such as Hoʻoponopono, have gained recognition for their efficacy in addressing not only substance use but also co-occurring mental health conditions, which frequently intersect with SUDs (SAMSHA, n.d.). By providing frameworks, such as *Nā Pou Kihi* (Kaholokula, 2014), for restoring harmony within families and fostering reconciliation, Hoʻoponopono and similar therapeutic modalities address the root causes of distress and promote holistic well-being (Substance Abuse and Mental Health Services Administration, n.d.).

The research showed that connection to culture is central to these interventions. Further, engaging in traditional practices allows individuals to reclaim their heritage and strengthen their sense of identity, key protective factors in recovery. The Hawaii Journal of Health and Social Welfare (2023) noted that reconnecting with ancestral knowledge and values through therapy can be a powerful motivator, nurturing feelings of pride, hope, and belonging throughout the healing journey.

The evaluated research show that policies within the state of Hawaiʻi increasingly reflect a holistic approach, blending Western medical models with traditional Hawaiian

healing. The aim is to create environments, at home, in schools, and within communities, that are both safe and nurturing, supporting individuals as whole beings connected to their ʻohana (families), āina , and spiritual traditions (Affect, n.d.). Integrative models may include a combination of counseling, peer support, and access to native healing practices, all tailored to the unique needs of Native Hawaiians (Affect, n.d.). Further research shows that Western-centric models are not effective in treating SUDs in Native Hawaiians (Daniels et al., 2022).

Incorporating Cultural Reclamation and Traditional Healing Practices

I identified that incorporating cultural reclamation and traditional healing practices within SUD treatment programs for Native Hawaiians is not only a matter of cultural pride, but also a pragmatic intervention rooted in the recognition that Western models alone cannot sufficiently address the unique historical, cultural, and spiritual realities faced by this community. Several key themes emerge when these approaches are examined holistically: the pervasive roots of historical and cultural trauma; the role of cultural reclamation in fostering resilience; the integration of traditional Hawaiian healing modalities; ethical and systemic challenges; and the imperative for community-driven, culturally anchored systems of care. These intergenerational traumas have translated into health disparities, including elevated rates of substance use among Native Hawaiians, as individuals and ʻohana grapple with the disconnection from cultural identity, community, and ʻāina (Pieper-Jordon, 2025; Yamane et al., 2024).

Intergenerational trauma, as experienced by Native Hawaiians, is not a distant echo of the past but a living, dynamic force that shapes health outcomes in the present

day (Riley, 2024). The profound wounds resulting from colonization, loss of land, suppression of language, forced assimilation, and deliberate disruption of ancestral practices have reverberated across generations, embedding themselves within the collective psyche of the lāhui (people) (Riley et al., 2022). These traumas did not simply dissipate with the passage of time; instead, they became woven into the very fabric of community and familial life, manifesting as disparities in health, well-being, and resilience (American Psychological Association, 2025).

I observed that the disconnection from cultural identity, community, and ʻāina (land) is at the heart of this enduring trauma. For Native Hawaiians, identity is not an isolated construct but one deeply rooted in relationship to ʻohana, to community, and to the ʻāina. Further, when these threads are severed or frayed by external forces, a profound sense of loss and disorientation emerges. The suppression of ʻōlelo Hawaiʻi (Hawaiian language) and traditional practices, alongside displacement from ancestral lands, has eroded the sources of meaning, belonging, and pride that once anchored generations of Hawaiians (University of Hawaii Foundation, 2023).

I interpreted that this collective disconnection has direct and measurable consequences for health. It is well-documented that communities experiencing such historical and cultural trauma face higher rates of chronic illnesses, mental health challenges, and, notably, SUDs (ADAD, 2023). For many, the pain of displacement, marginalization, and lost identity finds expression in the form of substance misuse, a coping mechanism (ADAD, 2023) for emotional and spiritual wounds left unaddressed by mainstream health systems.

Within Native Hawaiian communities, the struggle with substance use is thus not merely an individual pathology but a symptom of systemic disruption (Prevention Technology Transfer Center, 2024). The loss of culturally affirming structures, ritual, language, communal support, stewardship of the land, has left many without a clear pathway to healing or a sense of belonging (McKeague, 2022). The resulting feelings of isolation, marginalization, and disenfranchisement further perpetuate cycles of distress, which are often compounded by contemporary experiences of discrimination and racism (Andersen et al., 2023).

Moreover, I attest that traditional Western models of care may inadvertently deepen these wounds. By prioritizing individual pathology and symptom management, and by neglecting the unique historical and cultural realities of Indigenous communities, these paradigms risk alienating those they seek to serve (Hawaii Medical College, 2025). For Native Hawaiians, healing is a communal, relational, and spiritual process, one that is inseparable from the reclamation of identity, restoration of ancestral ties, and reconnection to ʻāina. When these elements are absent from care, the root causes of substance use remain unaddressed, and cycles of trauma persist.

Conversely, I found culturally grounded interventions that center Native Hawaiian knowledge, values, and practices offer a path toward true healing and resilience. By revitalizing language, engaging in traditional arts and communal stewardship, and fostering intergenerational transmission of wisdom, such approaches rebuild the foundations of identity and belonging (Porter & Cristobal, 2018). These protective factors not only buffer against substance use but actively promote holistic well-being, affirming

that healing is possible when individuals and communities are empowered to reclaim their place, their culture, and their future.

The process of cultural reclamation offers a path to healing that is both restorative and transformative. Grounded in the understanding that Indigenous peoples thrive when connected to their heritage, cultural reclamation positions culture itself as a foundational intervention (Jara & Phan, 2024). An analysis of the data shows participation in traditional practices, such as Hoʻoponopono (conflict resolution and forgiveness), lomi lomi (spiritual massage), laʻau lapaʻau (herbal medicine), hula (dance), and aloha ʻāina (land stewardship), not only strengthens the ties between individuals and their ancestral roots but also builds resilience within ʻohana and communities. Additionally, these activities foster a sense of belonging, identity, and communal support, all of which are protective against substance misuse and vital to the journey of recovery.

Within culturally based SUD programs, these practices are not simply add-ons but are woven into the fabric of care. For example, initiatives like Kōkua Kalihi Valley Comprehensive Family Services (KKV) have demonstrated the effectiveness of integrating traditional knowledge and Hawaiian values into clinical and community settings (Kōkua Kalihi Valley, 2025) Such programs create space for storytelling by kupuna, hands-on work in loʻi, and other forms of cultural immersion, allowing participants to rediscover meaning, purpose, and connection.

However, implementing these approaches is not without challenges. The predominance of Western diagnostic and treatment frameworks has often led to the marginalization or outright exclusion of Indigenous healing methods (Daniels et al.,

2022; Oneha et al., 2023). Funding remains a significant barrier, as current policies may not recognize or reimburse traditional practices through mechanisms like Medicaid (Kaiser Family Foundation, 2024). Additionally, assessment and intake processes rooted in Western models can deter engagement, underscoring the need for approaches grounded in Indigenous ways of knowing, such as "talking story" (Rieger et al., 2023) Authenticity and cultural appropriateness must be safeguarded to prevent tokenization or misuse of sacred practices, necessitating the development of practice standards in close partnership with Native Hawaiian cultural practitioners (Souza, 2023).

Looking ahead, a paradigm shift is required. Effective, sustainable change can only be achieved through community-driven, culturally grounded systems of care (Fredrick & Foster, 2024). The evidence indicates this involves building programs from the ground up, collaboratively designing, implementing, and evaluating interventions with Native Hawaiian communities, not merely for them. Policymakers, health practitioners, and researchers are called upon to support and invest in programs that center ʻohana, community, and spirituality while elevating Native Hawaiian knowledge and values as primary, evidence-based modalities (Daniels et al., 2022).

In summary, the incorporation of cultural reclamation and traditional healing practices is not simply a supplement to existing treatment approaches; it is the cornerstone of a revitalized, equitable, and effective system of care for Native Hawaiians facing SUDs (Daniels et al., 2022). The data highlights that by honoring the interconnectedness of person, ʻohana, community, ʻāina, and spirit, these approaches

address both the root causes and the ongoing expressions of trauma, laying the groundwork for collective healing, restored dignity, and enduring resilience.

Alignment with the framework *Nā Pou Kihi*, developed by Kaholokula (2014), further illuminates the transformative role of cultural reclamation and traditional healing in advancing the health and well-being (Mauli Ola) of Native Hawaiian communities. *Nā Pou Kihi* outlines four foundational pillars that serve as both conceptual anchors and practical strategies for systemic change.

Ke Ao ʻŌiwi (Accessing the Native World) are cultural reclamation efforts, such as ʻōlelo Hawaiʻi (Hawaiian language) revitalization programs, are central to this pillar, nurturing cultural identity, belonging, and aspirations within Native Hawaiian communities (Look, Soong & Kaholokula, 2020). By integrating traditional knowledge and worldviews into educational settings and daily life (Viscogliosi et al., 2020), individuals reconnect with ancestral roots and strengthen their sense of self. Traditional healing practices, likewise, offer pathways for accessing inherited wisdom from kupuna and reaffirming identity, which is essential for both individual and collective well-being (Viscogliosi et al., 2020).

The Ka Mālama ʻĀina pillar (Supportive and Nurturing Environments), from the *Nā Pou Kihi* framework underscores the reciprocal bond between people and ʻāina (land). Cultural reclamation means engaging directly with land-based practices that reinforce stewardship and responsibility, restoring not only the environment but also the health and harmony of communities (Keliʻiholokai et al., 2020). The research findings reveal traditional healing practices draw upon the natural world for both physical and spiritual

restoration, deepening the relationship with ʻāina and fostering a holistic sense of wellness that recognizes the interconnectedness of people, place, and practice.

Ka Hana Pono (Exercising Healthier Choices) requires a nurturing cultural and environmental context where individuals are empowered to make healthier choices for themselves and their families. Again, participation in cultural practices and traditional healing modalities, such as Hoʻoponopono (conflict resolution) and lāʻau lapaʻau (herbal medicine), cultivates resilience, supports emotional regulation, and strengthens familial and communal ties. These experiences become protective factors against substance use and form the basis for sustained recovery and well-being.

Ka Wai Ola (Social Justice) for cultural reclamation also serves as a vehicle for social justice, enabling Native Hawaiians to reclaim self-determination, address historical trauma, and pursue equity in health and society. By integrating traditional healing within healthcare and social service systems, *Nā Pou Kihi* advocates for culturally congruent care that honors Indigenous knowledge and disrupts legacies of marginalization (Kaholokula, 2019). Insights from the research indicate this commitment to social justice is not only about correcting inequities, but also about ensuring that Native Hawaiians can thrive as themselves, with dignity and purpose, in every domain of life.

Together, these pillars embody a systemic realignment, one that situates culture and tradition at the heart of healing and recognizes that the restoration of well-being is inseparable from the reclamation of identity, land, and rights (Papa Ola Lōkahi, 2025). By weaving cultural reclamation and traditional healing practices into the fabric of policy, education, healthcare, and community life, the *Nā Pou Kihi* framework offers a

blueprint for addressing historical trauma and advancing holistic health for Native Hawaiians.

Recovery Influences

I analyzed that Native Hawaiian cultural history is deeply woven into the fabric of SUD recovery, offering a holistic framework that integrates self-care, dignity, and communal responsibility (Williams et al., 2022). Further, these cultural principles are not merely philosophical; they are embodied through daily practices and communal traditions that shape the experience and trajectory of healing for Native Hawaiians (Williams et al., 2022).

According to recent research, self-care, in this context, extends beyond the individual to encompass mind, body, and spirit, aligning with the foundational belief in interconnectedness (Williams et al., 2022). I synthesized practices such as Hoʻoponopono emphasize reconciliation and forgiveness, fostering inner peace and emotional balance as a cornerstone of recovery. The understanding is that traditional therapies, including lomilomi massage and laʻau lapaʻau (herbal medicine), further reinforce holistic well-being through their focus on the unity of physical, emotional, and spiritual health (Williams et al., 2022). Further, activities like caring for the land, mindfulness, and the consumption of traditional foods reconnect individuals to their heritage and environment, cultivating deeper self-awareness, personal growth, and self-esteem throughout the recovery journey (Williams et al., 2022).

The principle of dignity is anchored in the concept of Aloha, which transcends a simple greeting to encompass love, compassion, and profound respect for oneself and

others (Hughes, 2024). I analyzed recovery programs grounded in these values foster environments in which individuals are treated with kindness and respect. Additionally, this experience of being valued and understood is essential for rebuilding self-worth and nurturing the resilience needed to sustain recovery (The Orlando Recovery Center, 2025). Moreover, mutual respect and compassion are at the heart of supportive relationships, creating a space where healing can truly flourish (Sidor & Dubin, 2025).

The research shows that equally significant is the cultural value placed on obligation to kupuna (elders) and the broader community. In the Native Hawaiian tradition, the ʻohana, or extended family, forms the bedrock of social support, while kupuna are revered as repositories of wisdom and guidance (Fiveable, 2025). Research indicates their involvement in healing processes not only honors tradition but also strengthens the transmission of cultural values across generations (Fiveable, 2025). The findings revealed the sense of kuleana (responsibility) to family, community, and 'āina (land) fosters a collective commitment to recovery, encouraging supportive relationships (pilina) and reinforcing the interconnectedness of all things (Pintor, 2023). Community-based, land-centered initiatives like the Hoʻouna Pono curriculum exemplify how culturally grounded storytelling and engagement with the natural world can promote prevention, resilience, and long-term wellness, especially among youth (NativeAIR, n.d.) (Jarra & Phan, 2024).

By reclaiming and integrating these cultural values and practices into contemporary approaches to SUD treatment, Native Hawaiians are empowered to address both the immediate challenges of addiction and the deeper wounds of historical trauma

(Jones, 2024). I found this culturally rooted framework not only supports individual healing but also strengthens the collective spirit, resilience, and well-being of the entire community.

ʻĀina and Environment Connection

I constructed a cohesive understanding that cultivating a deep connection to the ʻāina (land) and natural elements is another powerful cornerstone of both healing and resilience within Native Hawaiian programs. Incorporating activities such as tending the loʻi kalo (taro fields), engaging in traditional fishing practices, and caring for wahi pana (sacred places) not only honors ancestral knowledge but also grounds participants in the rhythms and gifts of the environment (Hoʻoulu ʻĀina Kokua Kalihi Valley Comprehensive Family Services, 2022). I synthesize that these experiences require and nurture physical discipline, sharpen cognitive attention, and invite emotional reflection, while encouraging spiritual openness and reverence for Hawaiʻi's living landscape.

An analysis of the data shows culturally appropriate SUD programs in Native Hawaiian communities often emphasize the interconnectedness with the land, or āina, as a vital component of healing and recovery. Further, among the most vital threads running through these culturally attuned approaches is the relationship to ʻāina, the land itself. For Native Hawaiians, healing and recovery are not isolated acts of personal willpower, but deeply communal processes rooted in place, history, and reciprocity with the natural world (Daniels et al., 2022). Culturally appropriate SUD programs often foreground this interconnectedness: they recognize that restoring a sense of place and belonging, anchored in ancestral land and practices, is essential for reweaving cultural identity and

resilience (Daniels et al., 2022). The principle of aloha ʻāina, or love of the land, is not merely a poetic sentiment but a living philosophy enacted through hands-on stewardship, tending loʻi kalo (taro patches), cultivating traditional gardens, or caring for wahi pana, the storied sacred sites of Hawaiʻi (The Trust for Public Land, 2025). These activities do more than rehabilitate the environment; they offer participants a structured, purposeful discipline that grounds mind and body, while transmitting a legacy of responsibility, pride, and belonging. A recurring pattern was identified in the data that showed through such engagement, elders and caregivers pass down moʻolelo ,stories and ancestral knowledge, nourishing cultural pride and rooting individuals within a wider narrative of endurance and hope. I established the rhythm of working with the land is inherently therapeutic, it invites mindfulness, self-reflection, and sometimes a profound spiritual awakening. Additionally, healing, in this context, is cultivated not only by addressing individual wounds, but also by reestablishing prosocial values like cooperation, reciprocity, and communal responsibility. Āina-based programs embody a holistic, strength-based paradigm, reflecting the Indigenous worldview that physical, emotional, mental, and spiritual well-being are inseparable (Antonio et al., 2023). Rather than focus solely on deficits or symptoms, these initiatives build on the enduring strengths of individuals and communities, drawing forth resilience from the very soil and stories beneath their feet (Antonio et al., 2023).

The results indicated nature-based interventions, ranging from contemplative walks in the forest to group farming, hiking, or native tree planting, are woven into the fabric of recovery. Such immersion in Hawaiʻi's landscapes helps quiet the mind, reduce

cravings, and offer alternative pathways for coping and growth (Antonio et al., 2023). These practices foster not only individual restoration but collective healing, as the act of caring for ʻāina becomes a means to reconnect fractured relationships, address historical trauma, and reclaim cultural identity (Antonio et al., 2023). I found the land itself becomes a living partner in recovery, its rhythms and abundance teaching patience, persistence, and hope (Antonio et al., 2023). I analyzed that ultimately, these culturally rooted SUD programs emphasize that thriving is possible when healing is grounded in place, story, and community. By honoring the powerful connection to ʻāina, Native Hawaiians are creating pathways to long-term wellness that are as enduring and regenerative as the land they cherish, healing not just individuals, but families, communities, and generations to come (Antonio et al., 2023). Programs incorporating āina-based practices often utilize a holistic approach that recognizes the interconnectedness of physical, mental, emotional, and spiritual well-being (Antonio et al., 2023). The research showed that this resonates with the collective worldview prevalent in many Indigenous communities and emphasizes building on individual and community strengths rather than solely focusing on deficits (Antonio et al., 2023).

The findings suggest nature-based therapeutic interventions such as engaging with the natural environment provides a powerful therapeutic avenue for individuals in recovery. Further, this can include nature immersion and mindfulness, such as spending time in nature, including guided walks and quiet contemplation, which can help individuals connect with the present moment, reduce cravings, and explore their emotions (Samba Recovery, 2025). Hiking, farming, or tending gardens can provide a sense of

purpose, improve physical health, and offer alternative coping mechanisms. Cultural-based therapy activities like planting Indigenous trees integrate traditional knowledge and values into the healing process (Mental Health and Climate Change Alliance, 2022).

Studies demonstrate that addressing historical and cultural trauma such as the loss of traditional lands and cultural practices has been linked to increased substance abuse within Indigenous communities (Gordon & Zukowski, 2023). Further, reconnecting with āina and engaging in traditional healing practices, like those on Kahoʻolawe, can help individuals and communities address historical trauma, reclaim their cultural identity, and foster resilience. Additionally, community and social connection āina-based programs often emphasize the importance of community and social support in recovery (Salzer, 2024). The data highlights working together on the land can strengthen relationships, build a sense of belonging, and promote collective healing.

The *Nā Pou Kihi* framework recognizes that well-being for Native Hawaiians cannot be separated from the health of the land and the intricate relationships between people and place (Look, Soong & Kaholokula, 2020). The Ka Mālama ʻĀina pou kihi, representing community and environmental stewardship, is both foundational and transformational (Look, Soong & Kaholokula, 2020). It draws upon the ancestral concept of ʻāina not as mere property, but as a living relative, one that nurtures, teaches, and requires reciprocal care (Look, Soong & Kaholokula, 2020).

Embedding the principle of mālama ʻāina, caring for the land, within educational and health contexts ensures that learners grow with a sense of kuleana (responsibility) toward their environment (Kona Cloud Forest Sanctuary, n.d.). This responsibility is

enacted not just through traditional practices like sustainable fishing, responsible agriculture, and gathering, but also through contemporary place-based education that weaves together the unique natural, cultural, and historical elements of each locality Eitel, 2022). By fostering this deep connection to ʻāina, communities instill values that sustain both cultural identity and environmental health for future generations (Kona Cloud Forest Sanctuary, n.d.).

Within the *Nā Pou Kihi* framework, the nurturing of supportive environments extends beyond the physical to include the social and spiritual dimensions (Look, Soong & Kaholokula, 2020). When individuals and communities are grounded in their relationship to ʻāina, they are better equipped to pursue social justice (Ka Wai Ola), advance knowledge, and address systemic inequities (Look, Soong & Kaholokula, 2020). The interdependence between environmental stewardship and social well-being becomes clear: improvements in educational achievement and economic opportunity are intimately tied to a strengthened connection with land and culture (Look, Soong & Kaholokula, 2020).

Thus, I synthesize that Ka Mālama ʻĀina pillar is not simply one component of *Nā Pou Kihi*, but a vital source of holistic health and thriving. It underscores the imperative to uplift traditional knowledge and practices, respect the gifts and limits of the natural world, and pass on these lessons to future generations (Kona Cloud Forest Sanctuary, n.d.). The literature supports this holistic vision of healing, learning, and community resilience that grow from the same root system, one that is nourished by ʻāina

and sustained by the reciprocal commitments of all who call Hawai‘i home (Kona Cloud Forest Sanctuary, n.d.).

Immersion in the natural beauty of Hawai‘i’s environment is increasingly recognized as a form of nature-based therapy that supports holistic well-being and restoration (Aloha Psych Associates, 2024). Research supports the ideas that by fostering a sense of belonging and responsibility to the land, programs help individuals reconnect with core cultural values and find healing in harmony with their surroundings. This relationship with ‘āina becomes a living source of strength, helping participants not only to recover but to thrive in body, mind, and spirit by rooting their journey in the enduring wisdom and abundance of the land (Keli‘iholokai, 2020). A comparative synthesis of sources revealed common theoretical perspectives therefore, in essence, culturally appropriate SUD programs in Hawaii should harness the power of āina and the environment to create a holistic, culturally relevant, and empowering path toward healing and long-term recovery.

Cultural Identity and Spirituality

I explored the relationship between cultural identity, spirituality, and SUDs among Native Hawaiians. I found it is deeply influenced by the legacy of colonization, historical trauma, and the suppression of Indigenous values and practices. The loss of sovereignty, land, and cultural lifeways has left many Native Hawaiians navigating the challenges of cultural disconnection, a circumstance that research has linked to heightened stress, diminished wellbeing, and higher rates of substance use (Pieper-Jordan, 2025). Research showed that for youth and young adults especially, questions of

identity and belonging are often magnified by the ongoing impacts of historical injustices and the imposition of Western values over traditional Hawaiian ways of knowing and being (Yamane et al., 2024).

I interpreted that engagement with Hawaiian culture and traditions, through practices such as hula, music, storytelling (moʻolelo), and the revitalization of language, has emerged as a wellspring of resilience and a powerful protective factor against SUDs. Further, these cultural touchstones offer not only a sense of rootedness and pride but also foster holistic well-being by reconnecting individuals to their ancestors, community, and ʻāina (land). In essence, the reawakening of cultural identity, therefore, becomes both an act of healing and a form of resistance against forces that have sought to erase it.

Traditional Native Hawaiian spirituality is inseparable from the recovery process, as it reflects a worldview in which physical, mental, emotional, and spiritual health are fundamentally interconnected (Antonio et al., 2020). Colonization disrupted these spiritual lifeways, replacing them with foreign systems and suppressing deeply held beliefs and ceremonies (Kanaka to Kanaka, 2024). Nevertheless, Native Hawaiian healing practices such as hoʻoponopono (conflict resolution and spiritual cleansing) and lomilomi (spiritual and physical healing through touch) have persevered and are increasingly integrated into SUD treatment as vital pathways to restoration (Williams et al., 2021). These practices honor not only the individual but the collective, reaffirming the importance of forgiveness, gratitude, and harmonious relationships within the family (ʻohana) and community (OHA, 2025).

The thematic analysis of the literature reinforces the urgent need for culturally appropriate treatment programs tailored to the lived experiences of Native Hawaiians. I found that conventional Euro-Western models of addiction treatment, which often prioritize individual symptom management, may fall short in addressing the holistic needs of this community. Instead, interventions that center cultural values, traditional healing, and community support demonstrate greater promise (Substance Abuse and Mental Health Services Administration, n.d.). Programs such as Hoʻomau Ke Ola and the ʻImi Ke Ola Mau plan illustrate the benefits of integrating language, connection to place, mentorship, and traditional practices into recovery, with positive outcomes documented in reduced substance use and enhanced psychological well-being (Papa Ola Lōkahi, 2025).

I synthesize that despite these advances, significant challenges remain. Barriers such as a shortage of culturally competent providers, geographic isolation, stigma around mental health and addiction, and a lingering mistrust of Western institutions can hinder access to effective care (Kaiser Family Foundation, 2024). Addressing these challenges requires more than programmatic change; it calls for a paradigm shift that place cultural reclamation and Indigenous knowledge at the heart of healing (Daniels et al., 2022; Jara & Phan, 2024) . I discovered narrative approaches like “talking story,” traditional sports, ceremonial practices such as ʻawa (kava) use, and collective activities like surfing, canoe paddling, and hula cultivate not only individual strengths but also reinforce collective identity and responsibility.

In conclusion, a culturally grounded approach to SUD treatment for Native Hawaiians must reckon with historical trauma, foster deep cultural reclamation, and weave traditional healing into every phase of the recovery journey. When the wisdom of ancestors, the support of family and community, and the enduring presence of ʻāina are honored, the path to well-being becomes not only possible but transformative, restoring balance, dignity, and hope (Kreif, 2020).

Cultural identity and spirituality are not merely discrete elements within Native Hawaiian well-being they are interwoven through every pillar of the *Nā Pou Kihi* framework (Look, Soong & Kaholokula, 2020), serving as both foundation and guiding light. The first pou kihi, Ke Ao ʻŌiwi, affirms that the preservation and active transmission of language, tradition, and ancestral practices are vital for sustaining Native Hawaiian identity (Kaholokula, 2017). Here, spirituality is experienced as a living connection to ancestors and ʻāina, a relationship that scholar-sources describe as fundamental to the flourishing of Indigenous rights and self-expression (Porter & Cristobal, 2018).

In the second pou kihi, Ka Mālama ʻĀina, cultural identity is inextricably linked to the reciprocal stewardship of land (Look, Soong & Kaholokula, 2020). The kuleana, or profound responsibility, to care for ʻāina forms a core part of Hawaiian identity, while the act of stewardship itself is imbued with mana which is the spiritual energy that connects people, land, and all living things (Sproat & Palau-McDonald, 2022). I analyzed that this interplay between environmental care and spiritual reverence solidifies community bonds and grounds well-being in place and practice.

Ka Hana Pono, the third pillar, turns to the cultivation of healthier choices, demonstrating how a robust sense of cultural belonging, rooted in both family and collective values, strengthens resilience against adversity (Look, Soong & Kaholokula, 2020). The spiritual teachings and relational ethos fostered by Ke Ao ʻŌiwi and Ka Mālama ʻĀina guide individuals toward pono, right action, encouraging choices that honor both personal and communal well-being (Look, Soong & Kaholokula, 2020).

The fourth pillar, Ka Wai Ola, is the pursuit of social justice, recognizing that true well-being requires equitable access to education, economic opportunity, and the dismantling of systemic barriers (Kaholokula, 2014). I synthesized that within this space the perpetuation of cultural and spiritual values is not only a pathway to individual thriving but a blueprint for societal transformation. By re-centering ʻŌiwi perspectives, including spiritual worldviews, the framework seeks to restore balance and justice (Lum, 2023).

Thus, cultural identity and spirituality form the living threads that unify all dimensions of the *Nā Pou Kihi* framework (Kaholokula, et al., 2020). I identified their presence ensures that approaches to healing, prevention, and flourishing are not only holistic but authentically rooted in Native Hawaiian worldviews. By strengthening these core elements, communities create fertile ground for health, resilience, and hope, sustaining the well-being of individuals, families, and the lāhui (nation/group) as a whole (Crabbe et al., 2017).

Presentation of the Final Logic Model

Program: Native Hawaiian Holistic Cultural Treatment Program for Substance Use Disorders

This logic model outlines a culturally appropriate SUD treatment program for Native Hawaiians, grounded in the *Nā Pou Kihi* framework. *Nā Pou Kihi* proposes systemic changes across political, educational, economic, and social systems to improve Native Hawaiian health. The research indicates this framework also emphasizes the importance of culturally relevant programs rooted in Native Hawaiian culture.

Problem statement: Native Hawaiians experience disproportionately higher rates of SUD and related health disparities compared to the general population (Daniels et al., 2022). According to the research, existing SUD treatment approaches may not always be culturally appropriate or responsive to the unique needs and experiences of Native Hawaiians, leading to lower engagement, retention, and treatment success. Factors contributing to this problem include historical trauma, intergenerational trauma, lack of culturally competent providers, and barriers to accessing culturally relevant services.

Goal: To achieve optimal Mauli Ola (health and well-being) for Native Hawaiians and their communities by reducing the prevalence of SUD and promoting long-term recovery through culturally grounded treatment and recovery support services, utilizing the *Nā Pou Kihi* framework.

Nā Pou Kihi framework elements integrated into the program:

Cultural Foundations: Rooting treatment in Native Hawaiian values, practices, beliefs, and resilience. This includes incorporating traditional healing practices, spirituality, and community-specific traditions where appropriate.

Systemic Change: Addressing health inequities among Native Hawaiians by advocating for policy development and systemic changes that improve access to healthcare, education, economic opportunities, and safe environments.

Kuleana (purpose/responsibility): Connecting individuals to their sense of purpose within the community and fostering a sense of responsibility towards self, ‘ohana, and the environment.

Connection to 'Āina (land): Promoting a strong connection to the land and natural resources, recognizing its role in spiritual and physical well-being.

'Ohana (family) and Community Engagement: Involving families in the healing process and strengthening community bonds to provide crucial support for recovery.

Figure 3 shows the final logic model.

Figure 3

Final Logic Model

Resources **Inputs:**	**Activities** **Treatment & Recovery Services:**	**Outputs** **Direct Services Provided:**	**Short-term** **Outcomes (0-6 months)**	**Intermediate Outcomes (7 months – 1 year)**	**Long-term** **Outcomes (1 year and beyond)** **Impact:**
*Funding *Culturally competent staff *Curricula and materials *Community partnerships *Facilities and space *Evaluation tools **Partnerships**: *Community organizations *Native Hawaiian cultural practitioners *State and local agencies *Educational institutions	*Culturally tailored individual and group counseling * Incorporation of traditional healing practices (e.g., Lā‘au Lapa‘au, Ho‘oponopono, cultural ceremonies) *Family therapy and ‘ohana engagement activities * Connection to land-based cultural activities and practices (`Āina-based healing) * Peer support programs and mentorship utilizing lived experience and kupuna wisdom * Workforce development focused on cultural competency and indigenous healing approaches **System-Level Activities:**	* Number of clients participating in culturally informed counseling sessions * Number of cultural workshops and ceremonies offered and attended * Number of families participating in family therapy sessions * Number of clients participating in `Āina-based activities * Number of peer support sessions and client participation * Number of staff trained in culturally competent practices and indigenous healing modalities * Increased collaboration and partnerships with other organizations and agencies	* Increased client engagement and retention in treatment * Improved understanding of the interconnected-ness between culture, health, and recovery * Increased sense of belonging and cultural identity * Increased connection to ‘āina and natural resources * Enhanced self-efficacy and coping skills rooted in cultural practices * Increased awareness of the impact of trauma and the importance of healing-informed care * Improved access to culturally appropriate services across the continuum of care	*SUD participants will advocate for themselves & the Native Hawaiian community *SUD participants will continue establishing *Nā Pou Kihi* pillars into their life goals	* Reduced SUD prevalence and relapse rates among Native Hawaiians * Enhanced Mauli Ola (health and well-being) for individuals, families, and communities * Strengthened cultural pride and resilience within Native Hawaiian communities * Improved social determinants of health for Native Hawaiians, leading to better overall health outcomes * Reduced health disparities between Native Hawaiians and the general population * Policy changes and systemic improvements that address social determinants of health and support Native

	* Advocacy for policy changes that promote health equity and culturally responsive services * Developing partnerships with Native Hawaiian cultural organizations and practitioners * Evaluation and continuous improvement of program effectiveness and cultural responsiveness	* Participation in policy discussions and advocacy initiatives * Number of partnerships formed and sustained * Regular program evaluation reports and implementation of recommendations	* Improved understanding of Native Hawaiian health disparities and potential solutions * Increased availability of culturally competent providers and services * Data-driven program improvements and enhanced accountability		Hawaiian well-being * Enhanced Mauli Ola (health and well-being) transmitted across generations *Native Hawaiians with SUD will have incorporated the *Nā Pou Kihi* pillars framework into their life goals

Assumptions: Native Hawaiian communities desire and support culturally based SUD treatment and recovery support services.

Culturally competent staff and practitioners can be recruited and retained.

Adequate funding will be available to support the program and its activities.

Collaboration and partnerships among stakeholders will be effective.

Policy changes and systemic reforms will support the program's goals.

Evaluation: Process Evaluation: Track implementation of activities, partnerships formed, number of participants, and client satisfaction.

Outcome Evaluation: Measure short-term and long-term outcomes through quantitative and qualitative methods, including client interviews, surveys, focus groups, and analysis of SUD-related data (e.g., engagement, retention, abstinence, and relapse

rates). Evaluate improvements in cultural identity, sense of belonging, connection to ʻāina, and SDOH.

Culturally Responsive Evaluation: Ensure evaluation methods are respectful of cultural practices and perspectives. Involve Native Hawaiian community members in the evaluation process.

This logic model provides a framework for developing and evaluating a culturally appropriate SUD treatment program rooted in the *Nā Pou Kihi* framework. By addressing the unique needs and cultural context of Native Hawaiians, the program aims to promote healing, recovery, and overall Mauli Ola within the community.

Summary

The key findings I uncovered in the study are SUD treatment for Native Hawaiians requires a culturally grounded, holistic approach that integrates traditional Hawaiian practices, values, and spirituality to address the complex interplay of historical trauma, cultural disconnection, and systemic inequities. This study explored the role of Hoʻoponopono, restorative justice, cultural belonging, cultural shunning, cultural reclamation, strengthening families and communities, public policy, culturally grounded treatment and prevention, generational trauma, learned helplessness, recovery influences, and the *Nā Pou Kihi* framework as foundational elements in creating effective, culturally appropriate programs for Native Hawaiian communities facing SUD challenges.

The document concludes by emphasizing the urgent need to shift from Western-centric SUD treatment toward culturally grounded, Indigenous frameworks like *Nā Pou Kihi* that integrate Native Hawaiian values, practices, and systemic change. This

approach is pivotal and fosters healing, resilience, and equity across individual, family, community, and societal levels. The final logic model outlines a culturally appropriate SUD treatment program incorporating traditional healing, family engagement, land connection, and policy advocacy, aiming to reduce SUD prevalence and promote Mauli Ola (health and well-being) for Native Hawaiians. The *Nā Pou Kihi* comprehensive framework underscores the necessity of honoring cultural identity, restoring ancestral connections, and addressing systemic inequities to achieve sustainable recovery and collective well-being among Native Hawaiians affected by SUDs (Kaholokula, 2019).

In the concluding section of this study, I will include personal reflections, insights as a scholar-practitioner, and recommendations for the human services and behavioral health fields and advocacy that will emerge as a crucial driver for social change.

Section 4: Conclusion and Reflections

Introduction

In this final section, I present the reflections on this doctoral study and the ways it has influenced me personally, professionally, and spiritually. This research has shown that healing for Native Hawaiians extends beyond clinical intervention—it requires a restoration of cultural identity, ancestral wisdom, and pilina (relationships) with ʻohana, community, and ʻāina. Approaches such as Hoʻoponopono embody these values, offering a structured process for forgiveness, reconciliation, and the reestablishment of pono (balance and harmony).

Reflection of Self

Throughout the doctoral journey, I have experienced a profound transformation both personally, professionally, and spiritually. Immersing theself in the study of culturally grounded SUD treatment for Native Hawaiians has deepened the understanding of healing as a process that transcends clinical boundaries. I have come to appreciate the power of ancestral wisdom, the importance of restoring cultural identity, and the significance of pilina, relationships with ʻohana, community, and ʻāina, as foundational to well-being. This journey demanded a reckoning with the own perspectives, pushing me to embrace humility, learn and listen actively, speak utilizing the very few Hawaiian words that I knew, and dig deeper into the existing knowledge. The process of engaging with traditional practices such as Hoʻoponopono has encouraged me to cultivate greater empathy, patience, and openness, fundamentally reshaping the sense of self and purpose.

Undertaking this research was not without its challenges. One of the most significant barriers was navigating feelings of isolation and self-doubt, particularly when confronting the complexities of Indigenous methodologies and the weight of historical trauma. There were moments when balancing academic rigor with cultural sensitivity seemed daunting. Building trust with Native Hawaiian community members and cultural practitioners was extremely difficult to the point that I had to readjust the final doctoral study plan. I overcame these challenges by seeking knowledge from secondary data sources, and prioritizing self-care and reflection. Through these efforts, I learned to honor the own limitations while celebrating progress, ultimately finding resilience in connection and a renewed commitment to fostering healing and equity through culturally rooted scholarship.

Reflection of Scholar-Practitioner

The doctoral journey produced a deep change in me, both personally and professionally, redefining the approach to human services and scholarship in ways I had never anticipated. Immersing myself in the study of culturally grounded SUD treatment for Native Hawaiians demanded that I move beyond theoretical knowledge and engage deeply with Indigenous wisdom, and traditions. I learned to embrace humility, curiosity, active listening and dissemination. The process required me to reevaluate my assumptions and cultivate a more holistic understanding of healing that integrates cultural identity, ancestral connection, and collective well-being.

Throughout this journey, I confronted significant challenges that tested my resolve and adaptability as a scholar-practitioner. One of the greatest barriers was

navigating the complexities of Indigenous methodologies, especially as I sought to honor the narratives and lived experiences of Native Hawaiian communities without imposing Western frameworks. Feelings of isolation and self-doubt often surfaced, particularly when balancing rigorous academic standards with cultural sensitivity and ethical responsibilities. Building trust with a cultural practitioner required patience, openness, and a willingness to learn from setbacks. To overcome these obstacles, I leaned on secondary data sources, prioritized self-care and reflection, and sought mentorship from Indigenous scholars when possible. These strategies enabled me to find resilience in connection, and to recommit myself to championing culturally responsive, community-driven approaches in both research and practice.

Ultimately, this doctoral study has empowered me to become a more effective advocate for social change, equipped with the insight and empathy needed to support healing and equity within Native Hawaiian and other marginalized communities. My transformation as a scholar-practitioner is reflected not only in my expanded knowledge, but also in my renewed sense of purpose and responsibility to uplift Indigenous voices and bridge gaps across disciplines, cultures, and systems.

Recommendations for Human Services Organization or Human Services Field Advocacy

Based on the findings of this study, it is recommended that human services organizations prioritize the integration of culturally grounded frameworks, such as *Nā Pou Kihi*, into all SUD treatment and prevention strategies for Native Hawaiian communities. This involves engaging cultural practitioners, kupuna, and community

leaders in the co-design and delivery of services, ensuring that traditional healing practices, spiritual values, and connections to ʻāina (land) are central components of care. Building staff capacity through cultural competence and humility training is also essential, as is recruiting and retaining cultural practitioners who share or deeply understand the lived experiences of Native Hawaiians. Furthermore, organizations should establish strong partnerships with local stakeholders, including families, educational institutions, and grassroots groups, to create a holistic network of support that honors cultural identity and promotes community-driven solutions.

There are significant opportunities for advocacy at multiple levels. Organizations can champion policy reforms that recognize and fund Indigenous healing modalities, challenge existing systemic inequities, and expand access to culturally responsive behavioral health services. Advocacy efforts should also focus on securing sustainable funding for culturally specific programs, supporting research that elevates Indigenous methodologies, and promoting public awareness of the unique strengths and needs of Native Hawaiian communities. By amplifying Native voices, advocating for the restoration of cultural rights, and addressing SDOH, human services organizations can play a transformative role in fostering healing, resilience, and equity for present and future generations.

Summary

Section 4 provided a comprehensive reflection on the doctoral journey, detailing how research into culturally grounded SUD treatment for Native Hawaiians transformed personal, professional, and spiritual perspectives. The section emphasized that true

healing for Native Hawaiians must go beyond clinical approaches and integrate restoration of cultural identity, ancestral wisdom, and strong relationships within ʻohana, community, and ʻāina. The process of engaging with traditional practices like Hoʻoponopono is highlighted as vital for fostering forgiveness, reconciliation, and harmony.

Challenges encountered included overcoming isolation, self-doubt, and navigating Indigenous methodologies while maintaining cultural sensitivity. The importance of building trust with Native Hawaiian community members and adapting research strategies is discussed, emphasizing resilience gained through self-reflection, mentorship, and connection to community.

The section stressed the scholar-practitioner transformation, advocating for culturally responsive, community-driven approaches in both research and practice. Recommendations urge human service organizations to integrate frameworks such as *Nā Pou Kihi* into SUD treatment, engage cultural leaders, and prioritize cultural competence. Advocacy at organizational and policy levels is encouraged to promote Indigenous healing modalities, challenge systemic inequities, and secure resources for culturally specific programs. By uplifting Native Hawaiian voices and restoring cultural rights, lasting healing, resilience, and equity can be achieved for future generations.

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Appendix: White Paper

Introduction

Native Hawaiians continue to experience disproportionately high rates of substance use disorders (SUDs) and related health disparities (Choi et al., 2024). Standard Western models of treatment often fail to meet the cultural, spiritual, and communal needs of Native Hawaiian individuals and families. To achieve meaningful healing, treatment must be culturally grounded, honoring Native Hawaiian values, traditions, and collective ways of being.

This white paper presents findings from a doctoral study on culturally appropriate approaches to SUD treatment. Central to this work is the practice of Hoʻoponopono, a traditional process of reconciliation and conflict resolution, that restores pono (balance and harmony) within individuals, ʻohana (families), and communities. When integrated with counseling and mental health services, such practices promote resilience, reduce relapse, and foster collective healing.

Native Hawaiian healing practices strengthen treatment outcomes by reconnecting individuals to cultural identity, ʻohana, and ancestral wisdom. Hoʻoponopono provides a structured, culturally rooted method for addressing unresolved trauma, conflict, and disconnection, which are often at the heart of substance use. Incorporating values such as aloha (compassion), kuleana (responsibility), mālama ʻāina (care for the land), and lōkahi (unity) into treatment frameworks enhances both individual and community healing.

To advance substance use disorder treatment for Native Hawaiians, it is essential to expand culturally grounded programs by increasing funding and support for centers

that integrate Native Hawaiian practices into their services. Equally important is training providers in cultural responsiveness, requiring ongoing education for counselors, clinicians, and human services professionals to ensure a deep understanding of Native Hawaiian healing traditions. Strengthening partnerships between licensed mental health providers and cultural practitioners will foster collaboration and enhance the cultural relevance of care. Finally, supporting further research is vital, investing in studies that document the outcomes of culturally rooted SUD programs will help guide best practices and inform future innovations in treatment.

Culturally appropriate treatment is more than an intervention, it is a restoration of identity, balance, and community well-being. By honoring Native Hawaiian traditions within modern substance use disorder treatment, we can foster healing that is both clinically effective and rich in cultural meaning. This approach strengthens not only individuals but also the collective spirit of ʻohana and community, guiding us toward a future rooted in resilience and harmony.

"I ulu no ka lālā i ke kumu" – The branches grow because of the trunk. Healing for the future begins with strength from our roots (Chandler, 2018).

Problem Statement

Native Hawaiians continue to experience disproportionately high rates of substance use disorders (SUDs), including alcohol, opioids, and methamphetamines, compared to other populations in Hawaiʻi (Daniels et al., 2022). These disparities are compounded by social determinants of health such as poverty, housing insecurity, intergenerational trauma, and limited access to culturally relevant care. While Western

treatment programs offer valuable tools, they are often rooted in individualistic approaches that do not align with the collective and relational worldview of Native Hawaiian culture.

Mainstream SUD treatment programs typically emphasize individual pathology, focusing on personal responsibility and symptom reduction. While effective in certain contexts, these models often overlook the role of intergenerational and historical trauma stemming from colonization and cultural suppression. Additionally, Western models fail to address the collective importance of ʻohana (family), community, and ʻāina (land) in the healing process. In effect, treatment neglects spiritual dimensions of health and well-being central to Indigenous and Native Hawaiian worldviews. As a result, many Native Hawaiian clients find traditional treatment environments culturally alienating or incomplete, contributing to lower engagement, higher relapse rates, and missed opportunities for meaningful healing.

Purpose of the Evaluation

The purpose of this evaluation is to explore and define the culturally appropriate components of a substance use disorder (SUD) treatment program for Native Hawaiians, guided by the *Nā Pou Kihi* (The Corner Posts: 4 Pillars) (Kaholokula, 2014) framework. This framework emphasizes four foundational pillars. The pillars include Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014) that reflect the holistic balance essential to Native Hawaiian health. By applying *Nā Pou Kihi* as an evaluative lens, this assessment examines whether current or

proposed program elements align with Native Hawaiian values, traditions, and community priorities. The formative evaluation also aims to generate evidence-based recommendations that strengthen program relevance, effectiveness, and sustainability. Ultimately, the findings will inform service providers, policymakers, and community stakeholders on how to design or enhance treatment approaches that reduce disparities, foster healing, and advance health equity for Native Hawaiians.

Engagement With Archival Data and Stakeholder

This evaluation drew primarily on archival data to examine the culturally appropriate components of substance use disorder (SUD) programs for Native Hawaiians through the lens of the *Nā Pou Kihi* framework. Program reports, evaluation summaries, and historical documents were reviewed to identify practices that have either supported or hindered recovery efforts within Native Hawaiian communities. In addition, existing literature on health disparities, generational trauma, and culturally grounded interventions provided critical context for understanding the systemic challenges Native Hawaiians face in accessing effective treatment. The *Nā Pou Kihi* framework was applied as an analytic guide, allowing for the systematic assessment of how past and current program models address the four foundational pillars. This archival approach ensured that the evaluation was grounded in both documented evidence and Indigenous knowledge systems, providing a foundation for recommendations that honor Native Hawaiian values and promote health equity.

To ensure the evaluation was grounded in Indigenous knowledge and practice, I consulted with a cultural practitioner to explore the question, *"What are the culturally*

appropriate components for a substance use disorder program for Native Hawaiians?" The practitioner's insights emphasized the importance of aligning treatment with the four pillars of *Nā Pou Kihi* while also restoring balance between individuals, families, and communities. This consultation highlighted that culturally appropriate components must go beyond clinical interventions to incorporate Native Hawaiian values, language, and practices such as connection to ancestral knowledge, spirituality, and communal responsibility. The perspective of the cultural practitioner provided essential guidance in shaping recommendations that honor Native Hawaiian worldviews and ensure program relevance and effectiveness.

Ethical Considerations

Ethical considerations for data collection prioritize considerations, such as ensuring that the research is conducted in a respectful, fair, and responsible manner and produces findings that can contribute to positive and more informed change in society (innovate MR, 2023). In addition, conducting ethical qualitative research requires a commitment to upholding the rights and dignity of participants, while also producing valuable and valid findings (innovate MR, 2023). There are five ethical considerations that I concentrated on. The ethical considerations are obtaining informed consent, protecting confidentiality and privacy, showing respect for participants, conducting appropriate data collection and analysis, and using findings responsibly (innovate MR, 2023). I strictly followed these considerations in my research.

I obtained Institutional Review Board (IRB) approval before recruiting participants or collecting data. Informed consent means that participants are fully

informed about the purpose and nature of the research, the procedures involved, any potential risks or benefits, and how their data will be used. Participants must have the right to refuse to participate or to withdraw from the study at any time (innovate MR, 2023). I gained informed consent from all research participants through email.

Protecting confidentiality and privacy are essential qualitative research ethics to consider and are often protected by law (innovate MR, 2023). Participant's personal information and responses must always be kept confidential and private. The verbal part of the interview was recorded via Zoom. The stored data is on my desktop in One Drive, a cloud-based platform, which is password protected, and I only have the password, which is not written down. I assigned the participant a pseudonym, P1. Any words identifying a participant are redacted (such as the organization's name). The disseminated study results are audience-appropriate two-page summary emailed to the participants. After the Chief Academic Officer (CAO) signs off on my capstone, I will store the data for five years. After the CAO sign-off, I will transfer all files to an external flash password protected drive stored in a locked safe for the required five years, destroying the drive after that period.

Showing respect for the participants is necessary for researchers. I was sensitive to the needs, values, and beliefs of the participant, and always treated P1 with dignity and respect (innovate MR, 2023). This means that I was aware of my own biases and assumptions to avoid imposing my own beliefs on the participant. I was also sensitive to cultural and linguistic differences. I found culturally appropriate ways to communicate

effectively with the participant who may have diverse backgrounds or experiences (innovate MR, 2023).

Data collection and analysis must be appropriate and valid. I did not manipulate or alter the data in any way to convey a different story. Also, I was transparent about my methods and ensured the research is replicable (innovate MR, 2023). Researchers must use their findings in a responsible and respectful manner to ensure that they are not used to harm or stigmatize participants or groups (innovate MR, 2023). I was also transparent about the limitations of my findings and avoided making over-generalizations that may not be supported by the findings (innovate MR, 2023).

Roles and Responsibilities of the Evaluator

The role of the evaluator is to ensure the process is both culturally responsive and methodologically sound. The evaluator is responsible for grounding the assessment in Native Hawaiian values by applying the four pillars of *Nā Pou Kihi* as guiding principles and seeking validation from cultural practitioners. The evaluator must also gather and analyze archival data and literature to identify treatment components that align with spiritual, mental/emotional, physical, and cultural well-being. Ethical accountability remains central, requiring respect for Indigenous knowledge, protection of confidentiality, and transparency in reporting. Finally, the evaluator carries the responsibility of translating findings into actionable recommendations that are accessible to both academic and community audiences, while also supporting local capacity to design, implement, and sustain culturally grounded SUD programs that advance health equity for Native Hawaiians.

Description of the Program Features to be Evaluated

The program features to be evaluated focus on identifying the culturally appropriate components of a substance use disorder (SUD) program for Native Hawaiians through the application of the *Nā Pou Kihi* framework. Central to this evaluation are the ways treatment approaches incorporate the four pillars into program design and delivery. Key features include the integration of Native Hawaiian healing practices, such as Ho'oponopono, and values, the use of culturally grounded approaches to counseling and recovery support, the involvement of families and communities in the healing process, and the alignment of services with ancestral traditions and responsibilities. Additional features to be evaluated include program accessibility, sustainability, and the extent to which treatment addresses the holistic needs of participants rather than focusing solely on the clinical aspects of substance use. Together, these elements reflect the degree to which a program is both responsive to Native Hawaiian worldviews and effective in reducing health disparities.

Logic Model

The evaluation is guided by a logic model that links culturally grounded inputs and activities to anticipated outcomes for Native Hawaiian communities. Program inputs include cultural knowledge from a practitioner, archival evidence, and the *Nā Pou Kihi* framework, which provides the foundation for aligning services with the four pillars that include Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014). . Activities involve integrating Native Hawaiian healing practices

(Ho'oponopono), strengthening family and community involvement, and tailoring counseling and recovery supports to reflect Indigenous values. The expected outputs are culturally relevant treatment components, increased accessibility to services, and strengthened trust between providers and the community. In the short term, these outputs are anticipated to enhance cultural identity, community connection, and treatment engagement. Over the longer term, the logic model envisions reduced substance use disparities, sustained recovery, and improved overall health equity for Native Hawaiians. By mapping this pathway, the logic model demonstrates how culturally grounded approaches can lead to measurable and sustainable outcomes.

Key Evaluation Process Objectives: Formative

The formative evaluation process is designed to strengthen program development by ensuring that culturally appropriate components are identified and integrated from the outset. Key objectives include assessing how well program activities align with the four pillars of the *Nā Pou Kihi* framework, identifying gaps between current treatment practices and Native Hawaiian cultural values, and gathering feedback from stakeholders to refine program design. The process also seeks to examine the feasibility and acceptability of incorporating cultural practices such as spirituality, family involvement, and ancestral traditions into treatment models. By focusing on these objectives during the formative stage, the evaluation provides actionable insights that guide program refinement, enhance cultural responsiveness, and improve the likelihood of long-term effectiveness and sustainability.

Anticipated Outcome Options

Several outcomes are anticipated from evaluating culturally appropriate components of a substance use disorder program for Native Hawaiians using the *Nā Pou Kihi* framework. In the short term, outcomes may include stronger cultural alignment of treatment practices, increased engagement of participants in recovery programs, and greater trust between service providers and the community. Intermediate outcomes are expected to involve improved treatment retention, enhanced family and community involvement in the recovery process, and strengthened cultural identity among participants. Long-term outcomes may include reductions in substance use disparities, improved overall health and well-being, and the establishment of sustainable, culturally grounded treatment models that honor Native Hawaiian traditions while addressing contemporary health needs. These outcomes provide multiple pathways for measuring effectiveness, demonstrating how culturally rooted approaches can promote both individual healing and broader social change.

Process Evaluation Design

Data collection for this evaluation focused on gathering both archival and stakeholder-informed perspectives to identify culturally appropriate components for a substance use disorder (SUD) program for Native Hawaiians using the *Nā Pou Kihi* framework. Archival data sources included program reports, evaluation summaries, and existing literature on Native Hawaiian health, substance use, and culturally grounded interventions. Consultation with a cultural practitioner provided Indigenous insight and validation of culturally relevant program features, while stakeholder input from service

providers, families, and individuals in recovery offered practical and lived perspectives. Data were analyzed thematically, with the *Nā Pou Kihi* framework serving as the analytic lens to categorize findings across the four pillars: the approaches include Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014). This process allowed for the systematic identification of gaps, strengths, and opportunities for aligning treatment with Native Hawaiian values. The combined analysis produced a comprehensive understanding of how culturally rooted approaches can enhance the design, delivery, and sustainability of SUD programs in Hawaiʻi.

Findings

By referencing the logic model, this study revealed that culturally grounded approaches to substance use disorder (SUD) treatment are essential for the healing and well-being of Native Hawaiians. The data demonstrated that Native Hawaiian individuals in recovery benefit most when treatment integrates cultural identity, ancestral practices, and communal responsibility, rather than focusing solely on individual pathology that are consistent with the outcome goals of the logic model. The evidence suggests that cultural disconnection, unresolved historical trauma, and strained family relationships often serve as underlying factors driving substance use. Therefore, healing must restore not only the individual but also the ʻohana, the community, and the relationship with ʻāina.

Central to these findings is the framework of *Nā Pou Kihi,* the four corner posts that represent the foundations of Hawaiian well-being. Just as a hale (house) cannot stand without its corner posts, Native Hawaiian wellness cannot be sustained without balance

across these dimensions. In the context of SUD treatment, *Nā Pou Kihi* provides a culturally relevant model that affirms holistic healing.

The findings demonstrate that when one pou is weakened or neglected, the entire hale of well-being is at risk. Building upon this foundation, the *Nā Pou Kihi* framework identifies four essential corner posts for Native Hawaiian well-being: Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Malama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014). Each pou represents a vital dimension of holistic health, reflecting the interconnected nature of spirit, mind, body, family, and land. According to Kaholokula (2014), Nā Pou Kihi provides a systematic approach to transforming political, educational, economic, and social systems, all with the aim of advancing Native Hawaiian well-being.

Ke Ao ʻŌiwi centers Indigenous cultural space, affirming Native Hawaiian identity, language, and traditional practices as the foundation of resilience and healing. Ka Wai Ola champions social justice, recognizing the need for equitable access to resources and representation within systems that have historically marginalized Native Hawaiians. Ka Malama ʻĀina calls for stewardship of the land, honoring the reciprocal relationship between people and ʻāina for spiritual and physical nourishment. Ka ʻAi Pono focuses on healthy consumption, advocating for nutrition and lifestyle choices rooted in ancestral wisdom.

Kaholokula (2014) emphasizes that the integration of cultural values, health equity research, Indigenous scholarship, and attention to social determinants creates a

pathway to collective well-being. Framing data points and program outcomes according to the Nā Pou Kihi framework ensures that interventions are not only clinically sound, but also culturally relevant and transformative. This approach aligns with the evidence that healing must restore balance across all four pou, supporting the full spectrum of Native Hawaiian wellness in the face of substance use and its associated challenges.

For many participants, substance use was both a symptom of imbalance and a catalyst for further destabilization across the four pou. Conversely, when treatment approaches intentionally reinforced all four pou, participants experienced deeper and more lasting healing. This holistic framework not only affirms Native Hawaiian cultural knowledge but also provides a roadmap for treatment providers seeking to integrate culturally responsive care.

Overall, the evidence indicates that successful recovery for Native Hawaiians requires more than clinical intervention. It requires a process of restoring pono across the spiritual, mental, physical, and relational dimensions of life. By aligning treatment with the *Nā Pou Kihi* framework, programs can support not just sobriety, but true transformation, one that restores balance, strengthens cultural identity, and promotes intergenerational resilience.

Recommendations for Next Steps

Next Steps for the Community based upon Program Evaluation

Healing in Native Hawaiian communities is not solely about overcoming addiction, it is about restoring pono (balance, harmony, righteousness) in relationships with self, ʻohana, community, and ʻāina. When treatment aligns with cultural values and

practices, it becomes more than recovery: it becomes a process of cultural renewal and intergenerational resilience. Key Hawaiian values that inform healing include aloha that embodies compassion, love, and connection as a guiding principle for treatment, kuleana which specifically refers to responsibility to self, family, and community in the healing journey, mālama ʻāina means caring for the land as part of caring for oneself, lōkahi which refers to unity and harmony between people, spirit, and environment, and pono, to be specific means restoring balance and integrity within the individual and the collective.

Hoʻoponopono as a Healing Practice

At the center of culturally grounded treatment is Hoʻoponopono, a traditional Hawaiian practice of reconciliation and conflict resolution. More than a counseling tool, Hoʻoponopono is a process of dialogue, prayer, forgiveness, and accountability that involves individuals and their ʻohana. It allows unresolved conflicts and trauma to be addressed in ways that Western therapies often cannot. When integrated into SUD treatment, Hoʻoponopono reconnects individuals to ʻohana and strengthens family support systems. It provides a culturally appropriate framework for addressing guilt, shame, and relational harm. Hoʻoponopono helps restore spiritual and emotional balance, reducing triggers for substance use.

The Broader Impact

Culturally aligned treatment benefits not only individuals but entire communities. By addressing SUDs through Hawaiian cultural values and practices, programs can reduce relapse and improve long-term recovery outcomes, strengthen families by reinforcing connections and responsibilities within ʻohana, and support cultural

revitalization, ensuring that healing is tied to the survival and flourishing of Native Hawaiian identity.

Next Steps for Human Services Practice Based Upon Program Evaluation

The findings of this evaluation point to clear next steps for advancing human services practice with Native Hawaiian communities. Practitioners should prioritize integrating the four pillars of the *Nā Pou Kihi* framework into program design, ensuring that treatment addresses the four pillars, Ke Ao ʻŌiwi (Indigenous Cultural Space), Ka Wai Ola (Social Justice), Ka Mālama ʻĀina (Environmental Stewardship), and Ka ʻAi Pono (Healthy Consumption) (Kaholokula, 2014). Service providers can incorporate Native Hawaiian healing practices, language, and values into counseling and recovery supports, while also fostering strong family and community involvement in the healing process. Human services organizations should invest in staff training to build cultural competence and strengthen partnerships with cultural practitioners who can guide program development. At a systems level, policies should support the sustainability of culturally grounded interventions by aligning funding, accountability measures, and evaluation criteria with Native Hawaiian worldviews. Taken together, these steps advance equity in human services practice by creating treatment models that are culturally relevant, community-driven, and effective in reducing substance use disparities.