

Guest Editor's Message

Aloha kakou!

It's our pleasure to invite the Hawai'i Journal of Medicine and Public Health (HJMPH) readership to this special issue of selected papers on health disparities among Native Hawaiians, Pacific Islanders, and Native Peoples in Hawai'i and the Pacific region. Many of these papers were presented at our most recent health disparities conference perennially referred to as "*He Huliau ~ a Turning Point*". The 2012 He Huliau Conference was particularly memorable as our Center for Native and Pacific Health Disparities Research partnered for the first time with the Association of American Indian Physicians (AAIP) to jointly share the overall theme of the conference "Advancing Native Health and Wellness."

More than 350 people attended our joint *He Huliau* and AAIP co-sponsored conference in Anchorage, Alaska from July 31 to August 5, 2012. (http://www2.jabsom.hawaii.edu/native/conf_anhw2012.htm) This special issue honors the many friendships, collaborations and shared memories of all attendees, Native (Alaska Native, American Indian, and Native Hawaiian) health professionals, traditional healers, tribal doctors, cultural practitioners, faculty, students, researchers, and community participants who shared their knowledge, skills, and wisdom.

We dedicate this issue to the many voices and faces that took part in our "Advancing Native Health and Wellness" conference. A special *mahalo piha* (true gratitude) to Dr. Donna Galbreath and Dr. Marjorie Mau for serving as Co-Chairs of the conference. Both chairs provided deliberate leadership and enduring patience before, during, and following the conference event!

The papers in this special issue similarly reflect the qualities of the 2012 Conference Co-Chairs: Purposeful and focused while mindful of needed stamina, and participation of diverse communities. The overall scientific theme of this special issue is health disparities with a focus on metabolic syndrome conditions such as obesity, diabetes, stroke, and heart disease in Native Hawaiians (NHs), Pacific Islanders (OPIs) and other Native Peoples in the Pacific.

Overview of Papers

Two manuscripts describe the impact of Type 2 Diabetes Mellitus (T2DM) on hospital outcomes in patients with ischemic stroke (Nakagawa, et al) and on the prevalence of preventable hospitalizations for T2DM complications (Sentell, et al) comparing multiple racial and ethnic groups in Hawai'i. These results reaffirm known health disparities in some minority populations (NHs and OPIs) but also highlight diversity in health outcomes in which some Asian populations (Japanese and Chinese) may have a lower burden of disease compared with Whites. This simple fact about racial and ethnic diversity even within government defined racial categories has been increasingly recognized in recent publications and suggests that further disaggregation of racial/ethnic categories may be on the rise.

Heart disease remains the top cause of mortality in the USA and in NHs and OPIs. Mau, et al, examines the risk factors associated with heart failure severity, a leading cause of hospitalization, in a population of NHs and OPIs. Their results suggest modifiable risk factors that may help to reverse the excess burden of cardiomyopathy in NHs and OPIs.

We are especially delighted to include two manuscripts that include the wisdom and perspectives of traditional healers and cultural practitioners. Look, et al, provides the perspectives or *mana'o* (thoughts) of a select group of highly regarded hula practitioners. Their insights on the holistic health derived from practicing the art and discipline of hula are inspiring. Dillard and Carpenter, et al, share the experience of Na Lomilomi O Papakolea (The lomilomi practitioners of Papakolea) in a special "Case Report from the Field" that describes an integrated approach of traditional healing and western medicine. Both papers remind the reader of how bridging both worlds can enhance the health of patients and entire communities who are seeking wellness.

Kaholokula, et al, and the PILI 'Ohana Partnership provides an in-depth look into how grassroots communities have played a key role in addressing health disparities in their families and communities by developing a special partnership between academia and communities to address concerns identified by the communities themselves. Now in its 9 years of existence, the PILI 'Ohana partnership has served as a model for meaningful relationships that extend way beyond research ... and delves into taking ownership of one's own health and wellness. Similarly the case study by Okihiro, et al, on the largest federally designated community health center in Hawai'i, the Waianae Coast Comprehensive Health Center (WCCHC), and their journey to bring organizational capacity to a disadvantaged community is a powerful message that is worth repeating many times over. From science in diverse clinical settings to cultural practitioners to organizational capacity and community relationships ... we hope that this special issue reminds you of the diversity of health and wellness that exists in our Native Hawaiian and multi-ethnic communities in Hawai'i. We hope that you are inspired by the innovative approaches and ideas that have been shared to overcome challenges in health inequities to achieve a state of being ... we refer to as *PONO*.

With warmest aloha for all that have journeyed with us in the past, present, and into the future,

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