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Cultural competency efforts are an integral part of the curriculum in undergraduate and graduate medical education. Cultural competence is defined as:

Cultural and linguistic competence is a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations. "Culture" refers to integrated patterns of human behavior that include the language, thoughts, actions, customs, beliefs, and institutions of racial, ethnic, social, or religious groups. "Competence" implies having the capacity to function effectively as an individual or an organization within the context of the cultural beliefs, practices, and needs presented by patients and their communities.¹

The John A. Burns School of Medicine’s (JABSOM) mission and vision position the school to be at the forefront of educational and research initiatives that integrate cultural competency. JABSOM’s mission statement reads as follows:

JABSOM, as part of the fabric of Hawai`i, is a diverse learning community committed to excellence and leadership in:

Educating current and future healthcare professionals and leaders.

- Delivering high-quality healthcare
- Conducting research and translating discoveries into practice
- Establishing community partnerships and fostering multidisciplinary collaboration
- Pursuing alliances unique to Hawai`i and the Asia-Pacific region
- Acting with forethought regarding right relationships, respect, and ethical action. *Pono*

There is no lack of cultural competency efforts throughout the school; however, in Fall 2007, preliminary inquiries with various departments, offices, programs, and individuals revealed that documentation of cultural competency efforts were not readily available from a "centralized" source. We initiated this project in Spring 2008 to summarize JABSOM’s cultural "competency" initiatives and programs into a centralized resource guide in order to increase communication and collaboration among JABSOM departments, offices, programs, and individuals. A list of questions regarding perceptions and concerns regarding cultural competency efforts and a summary grid were sent via e-mail. Those who opted to participate could either complete the attachments, responding

by e-mail, or through a face-to-face or phone interview. Initially responses were limited to JABSOM departments, offices, and programs, but later expanded to include schools, departments, and programs who frequently collaborate with JABSOM on cultural competency efforts. This is our eighth update.

Initially, this project was also designed to assist JABSOM with its preparation for the Liaison Committee on Medical Education (LCME) accreditation. The results of our data collection served as the basis for some of the responses to LCME questions related to cultural competency. Under the direction of Dr. Richard Kasuya, M.D., MSEd (then Associate Dean for Medical Education) and Dr. Damon Sakai, M.D. (then Director of the Office of Medical Education), an online survey was sent in July 2013 to course directors and medical students to obtain their perceptions of the cultural competency curriculum at JABSOM. The survey results aided in the LCME accreditation that was completed in early 2017.

After receiving requests for an updated version from both faculty and staff, we provided the departments/offices/programs who had contributed to the past guides with an opportunity to update their sections. However, this guide should be viewed as a work in progress. As cultural competency efforts are refined, and new initiatives added, we intend to update the guide as needed to reflect these changes.

We have done our best to reflect the information in as accurate a manner as possible. Any questions, concerns, or suggestions regarding this guide should be directed to: Maria B.J. Chun, Ph.D. at mariachu@hawaii.edu or (808) 586-2925.
We would like to thank those departments, offices, programs, and individuals who took the time to respond to our survey and provide updates. They not only provided us with wonderful insight into their cultural competency initiatives, but also shared helpful information, such as evaluation and assessment tools, that may be of interest and use to others. Special thanks to the following individuals who contributed towards the guide in past editions:

Richard T. Kasuya, M.D., MSEd  
Former Associate Dean for Medical Education  
Professor, Office of Medical Education  
John A. Burns School of Medicine

Martina L. Kamaka, M.D.  
Associate Professor  
Cultural Competency Curriculum Development Committee  
UHM Department of Native Hawaiian Health

Danny M. Takanishi, Jr., M.D., FACS  
Professor and Associate Chair for Academic Affairs  
UHM Department of Surgery

John Paul Arios, B.A.  
Maya Bousquet, M.A.

Ngoc Anh Dao, B.S.  
Peter Deptula, M.D.

Momal Mazhar, M.D.  
Aniket Natekar, M.D.

Arlene C. Parubrub, M.S.  
Keane G.M. Young, B.S.
Introduction

In general, each respondent had at least one type of cultural competency initiative or effort. The initiatives or efforts included guest lecturers and/or presentations, educational sessions, formal courses, internships/externships, teaching strategies, research endeavors and collaborations within JABSOM and with other University of Hawai`i (UH) schools/departments, and partnerships with community groups. Increased collaboration and communication among the JABSOM departments, as well as those outside of the medical school, would contribute to a more cohesive and integrated effort at UH. Some of the respondents commented on the lack of funding and staffing as barriers to the development, implementation, and maintenance of cultural competency efforts. Other limiting factors preventing the optimal development of cultural competency initiatives include minimal teaching resources outside of the classroom and competing agendas/curricular times between cultural and other didactic courses.

Cultural competency efforts were found in the curriculum for both medical students (e.g., Department of Native Hawaiian Health, Office of Medical Education) and residents (e.g., Departments of Psychiatry, Geriatric Medicine, Surgery). Although faculty development in the area of cultural competency appeared to be rather limited in the past, the Office of Medical Education and Department of Native Hawaiian Health have expanded their existing initiatives to include faculty. Another area in need of improvement is evaluation of cultural competency efforts to assess efficacy. Beyond course evaluations, few programs conducted formal evaluations of their cultural competency efforts. Currently, only four departments reported utilizing a standardized tool (Communication Sciences and Disorders, Native Hawaiian Health, and Surgery).

A number of departments, such as Native Hawaiian Health, Psychiatry, Quantitative Health Sciences, and Communication Sciences and Disorders, have heavily integrated cultural competency into their departments’ missions. Their educational, training, and research programs start with the understanding of the importance of cultural competence, or as some prefer, “cultural humility.” Several departments found the term cultural “competence” to be a little misleading because they feel no individual can be truly “competent” in understanding any culture. However, we opted to use this term since it is the “official” term of reference for the accrediting bodies, such as the LCME.

Other departments also appreciate the importance of culture and have begun to develop various initiatives. The Department of Surgery has continued its efforts to study cultural competency in surgical residency and is currently conducting its tenth pre-posttest of a cultural standardized patient exam that was the result of collaboration with the Department of Family Medicine and Community Health.

Following is a list of departments and/or programs who have updated/shared their cultural competency efforts with us. We have provided contact persons and information. When available, we have also included table summaries and sample evaluation tools.
The Department of Communication Sciences and Disorders (UHCSD) is a graduate program of the University of Hawai‘i. The UHCSD program must meet prescribed standards in order to be granted accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. Students receive academic and clinical training in speech pathology and audiology, resulting in a Master’s degree upon graduation.

The vision statement of our department states: “Our vision as a center of educational and clinical excellence is to establish and maintain dynamic, productive, and cost effective programs in the field of communication sciences and disorders, to serve the people of Hawai‘i and beyond.” Inherent in that statement is the obligation to incorporate cultural competency as we work with clients and families from many countries and many diverse cultural backgrounds.

Our staff and students are also representative of culturally diverse backgrounds of ethnicity, gender, religion, language, and experience. Each semester guest speakers in class, colloquium, and special events incorporate yet another dimension of valuable cultural exposure. The department has applied for a $4,000.00 SEED grant to increase our resources for staff and student training on cultural diversity, and to hold a UH community workshop to serve the language developmental needs of the bilingual population in our community.

The American Speech-Language Hearing Association (ASHA) is the national professional organization that provides certification of speech-language pathologists to ensure that the highest professional standards have been achieved and maintained. All UHCSD faculty members must be certified by ASHA. ASHA provides extensive resources and references addressing all areas of professional speech, language, and hearing issues. Cultural competence is one of these important areas. For detailed information on the ASHA cultural competency standards on which the foundation of academic and clinical programs in UHCSD was built, please visit: American Speech-Language-Hearing Association (n.d.). Cultural Competence. (Practice Portal). Retrieved from [www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence](http://www.asha.org/Practice-Portal/Professional-Issues/Cultural-Competence)
Cultural Competency Initiatives

The mission of the Department of Family Medicine and Community Health is to provide training for its students and residents to become skilled primary care physicians who provide high quality, culturally-relevant and cost-effective care to Hawai‘i’s diverse population. The Department has an active research and health policy agenda with indigenous peoples of the Pacific, increasing the quality of health care to disenfranchised and Medicare populations in Hawai‘i, and cancer and chronic disease prevention in the US Affiliated Pacific. Students and residents have numerous opportunities to participate in research and primary care quality improvement projects.

- Dr. Gregory Maskarinec, former DFMCH faculty member, and now Director of the Global and International Health, facilitates a cultural immersion class for the incoming family medicine residents. This class includes activities in the lo‘i (taro patch) to experience Native Hawaiian cultural practices.
- Dr. Jill Omori teaches the Culture and Medicine session to the third year medical students.
- Dr. Seiji Yamada teaches the Topics in Community Health session to third year medical students.
- In 2017 and 2018, family medicine medical students joined Dr. Seiji Yamada in a mass screening and treatment program for tuberculosis in Ebeye and Majuro in the Republic of the Marshall Islands.
- In 2017, Dr. Neal Palafox sailed on the closing leg of the Malama Honua Voyage from Tahiti to Hawai‘i as the medical officer. Based on this 24 day open ocean experience with only traditional sailing methods, and in context of the Polynesian Voyaging Society values / mission, Dr. Palafox spoke to medical residents about the voyage and how identity, culture, tradition, ancestry, physical activity, nutrition, policy, and globalization, all weigh on the health of the Pacific.
- As part of the global health/medicine outreach at JABSOM, in 2014 and 2016, Dr. Neal Palafox traveled to Okinawa and Tokyo, Japan to lecture and perform medical rounds with primary care physicians, residents and medical students. It was an opportunity to teach residents across cultures and discuss how Pacific culture interfaces with nuclear disaster, and how learning and teaching in cross-cultural setting is invaluable.
Family Medicine and Community Health

Cultural Competency Initiatives

• In 2013 and 2014, Dr. Seiji Yamada volunteered his medical services with ‘Ohana Medical Missions to help the people in the Philippines affected by Typhoon Haiyan/Yolanda.

Presentations

Faculty have been invited guest speakers to address cultural competency in healthcare at:

• various conferences (e.g., Cross Cultural Health Care Conference, Hawai‘i Conference on Language Access, National Medical Association Annual Convention & Scientific Assembly, Institute of Medicine’s National Cancer Policy Forum, Intercultural Cancer Council Biennial Symposium, World Cancer Congress, World Indigenous Cancer Conference, cross cultural research).

• classes (e.g., medical students, ‘Imi Ho‘ola students, public health students, nursing students, social work students)

• hospitals (e.g., MD Anderson Cancer Center Disparities Grand Rounds, Queen’s Medical Center’s Transplant Center Meeting)

• meetings (e.g., Association of American Medical Colleges Western Group on Educational Affairs Regional Meeting, Compact of Freely Association Task Force)

• In September 2019, Deputy Secretary Eric Hargan of the United States Department of Health and Human Services met with the Pacific Cancer Programs, other JABSOM and UH faculty, and CDC to share our multi-sector, multi-strategy efforts to improve the health of the peoples of Hawai‘i and the USAPI.

• In July 2019, the Pacific Cancer Programs met with Dr. Jerome Adams, the Surgeon General of the United States during a round table discussion about health (including influence of culture) throughout the Pacific Region.

Pacific Cancer Program (PCP)

The Department's Pacific Cancer Program (PCP) focuses on international activities aimed in developing health care capacity within the U.S. Affiliated Pacific Islands (USAPI) jurisdictions to address the spectrum of cancer prevention and control. The USAPI include American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau. The Department serves as the Secretariat for the Cancer Council of the Pacific Islands, a USAPI regional board; coordinates regional implementation plans for cancer control, which has a large multidisciplinary training component (for clinicians, nurses, public health professionals); provides technical assistance and training in policy strategies to reduce tobacco exposure and promote healthy nutrition; and implements the Pacific Regional Central Cancer Registry surveillance system. One of the primary goals of the PCP is to share cancer and non-communicable disease culturally appropriate best practices and program successes between partners. Resources, publications, and evidence-based program evaluation reports made by the program are created in a culturally appropriate participatory manner with the Pacific partners, which requires an in-depth understanding of
the cultural nuances of each jurisdiction. The resources assists healthcare and public health workers to implement culturally competent strategies towards their patients/clients with diverse customs, values, and beliefs.

Publications

Four special-themed publications on improving health and health care among Pacific Islanders in the USAPI and Hawai`i.
1. “Cancer in the Pacific” published by the Pacific Health Dialog in September 2004 (Vol 11, No 2)
2. “Developing Human Resources for Health in the Pacific” published by the Pacific Health Dialog in March 2007 (Vol 14, No 1)
3. “Pacific Islander Health” published by the Hawaii Medical Journal in June 2010 (Vol 69, No 6, Suppl 3)

Books and Book Chapters


In Press


2019


2018


2016-2017

19. Foliaki S, Bates C, Tukana I, Palafox NA. Cancer control in the Pacific: A South Pacific collabora-
Family Medicine and Community Health

Publications


2006 and Earlier


Cultural Competency Initiatives

The Department of Geriatric Medicine's goal is to develop knowledge, attitudes, and skills that enable effective delivery of care in diverse cross-cultural settings with improved outcomes. Ethnogeriatrics and cultural competency is taught to all levels of learners, including medical students, residents, fellows, practicing physicians, and allied health students and faculty. Several innovative curricula have been developed. In addition, there have been several research projects in ethnic minority populations, where cultural factors play a key role. This includes the Kuakini Honolulu Heart Program and Kuakini Honolulu-Asia Aging Study.

Publications

1. Dr. Patricia Blanchette, Emeritus Professor, was editor of the API section of an online course on cultural competence and co-authored several of the sections - the Stanford Ethnogeriatrics website http://www.stanford.edu/group/ethnoger/.


4. Dr. Marianne Tanabe, Associate Clinical Professor, authored a chapter on Japanese Americans in Doorway Thoughts Cross Cultural Health Care for Older Americans, 2008, published by Jones and Bartlett Learning.
5. Dr. Karen Lubimir and Dr. Aida Wen published a manuscript entitled “Towards cultural competency in end-of-life communication training” in *Hawaii Medical Journal*.


8. Dr. Fernandes co-authored a publication entitled “Patient navigator training in the Republic of the Marshall Islands” in the *Journal of Palliative Medicine* 2014; 17(2)133-4.


10. Dr. Fernandes and Dr. Masaki were co-authors on a publication entitled “Memory Clinic Model for Underserved Populations in a Patient-Centered Medical Home” in the *Annals of Gerontology and Geriatric Research* 2014; 1(4):1017.

11. Dr. Masaki was a co-author on a publication entitled “High Rates of Native Hawaiian and Older Japanese Adults Hospitalized with Dementia in Hawai’i” in the *Journal of the American Geriatrics Society* 2015; 63(1):158-64.

12. Dr. Fernandes was a co-author on a publication entitled “Home Healthcare and Hospice: A Pacific Islands Perspective” in *Home Healthcare Now* 2018; 36(4):252-257.

13. Dr. Lauren Okamoto, Dr. Kamal Masaki, Dr. Christina Bell and Dr. Anna Tamai were co-authors on a publication entitled “Evolving Palliative Care Practices among Marshall Islanders in Hawai’i: Generational Comparisons,” soon to be published in the *Hawaii Journal of Health and Social Welfare*. 
The Department of Medical Technology does not have any specific cultural competency initiatives or programs. However, as guest speakers are invited to address the topic, cultural competency is informally introduced in the Clinical Laboratory Management course, which is offered during the first semester of the program. In addition, it is mandatory for all undergraduate students to complete the University’s General Education Requirements that include two courses (six credits) in Global and Multicultural Perspectives as part of their Foundations Requirements. Since 2011, the department engages in annual student and faculty exchanges with the Niigata University of Health and Welfare in Japan.

Recent News

Cultural Competency Initiatives

The Department of Native Hawaiian Health is involved with a number of cultural competency initiatives for medical students. Most of the activities occur under the guidance of the Departments’ C3 Team (Cultural Competency Curriculum Team). For first year medical students, the team developed an “Introduction to Hawaiian Health” lecture, a series of three four-hour workshops, “The Interaction of Culture and Health,” a Native Hawaiian (NH) cultural simulated patient encounter and a year-long elective focusing on Native Hawaiian health and traditional healing. In addition, it offers a Cultural Immersion Weekend, which is a 2.5-day experiential learning experience in the Waianae community. The C3 team has also helped develop a longitudinal PBL (Problem based learning case) that students encounter in the first and second years of medical school. A fourth colloquium (workshop) occurs during the third year. The curricular content of the initiatives by the DNHH are designed to employ a variety of teaching modalities such as lectures, small group discussions, role-playing, experiential learning and standardized patient encounters. Traditional healers and cultural consultants are invited lecturers and cultural resources within the community are utilized. Topics are wide ranging, emphasize a holistic view of health and include: NH history, NH health disparities, social justice, cultural trauma, culture of medicine, self-awareness, patient-physician interaction, traditional healing practices, environmental and community health.

Other initiatives include a certificate of distinction in Native Hawaiian health, second and fourth year elective rotations in Native Hawaiian communities and orientations to Native Hawaiian Health workshops for the Family Medicine and Internal Medicine Residencies. The C3 team has also organized two faculty cultural immersions.

Members of the C3 team (Cultural Competency Curriculum) include community members, faculty from the Departments of Native Hawaiian Health, Family Medicine, Surgery as well as the School of Social Work and the Office of Medical Education. For more details on the department’s cultural competence initiatives, please see the following table.
<table>
<thead>
<tr>
<th>Initiative/Program</th>
<th>Description</th>
<th>Target Population/Group</th>
<th>Method(s) Used to Evaluate the Initiative/Program</th>
<th>Contact Person(s) and Information</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Introduction to Native Hawaiian Health</td>
<td>One hour lecture early in the fall which introduces students to basics of Hawaiian health, with a focus on health disparities, their causes, and related research</td>
<td>1st year medical students</td>
<td>&quot;Pre test&quot; survey Post-course evaluation</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td>Lecture is designed to complement workshops (see below)</td>
</tr>
<tr>
<td>Workshops on the Interaction of Culture and Medicine (OME colloquia) for MS1s</td>
<td>Three 4-hour workshops focusing on health disparities, cultural competency, social justice, social determinants of health, rural health, cultural trauma, self-awareness, doctor-patient relationship and communication, self-awareness, and traditional healing</td>
<td>1st year medical students</td>
<td>Post-course Evaluation Post test survey after colloquium #3</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td></td>
</tr>
<tr>
<td>Workshop on Interaction of Culture and Medicine (OME colloquia) for MS3s</td>
<td>Legacy of the Ali‘i trusts in Hawaii and Hawaiian health, Family as First Culture</td>
<td>3rd year medical students</td>
<td>Post course evaluation</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
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<tr>
<td>Cultural Immersion Weekend</td>
<td>2.5 days, 2 nights experiential learning activity located in Waianae featuring visits to WCCHC, Kaala Farms, Makua Valley, Pokai Bay, Navigational Heiau. Also features small group discussions &amp; traditional food preparation.</td>
<td>1st year medical students</td>
<td>Pre- and post-test Post-course evaluation</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td></td>
</tr>
<tr>
<td>Standardized Patient Exercise</td>
<td>NH culturally based standardized patient scenario</td>
<td>1st year medical students</td>
<td>Post-course evaluation JABSOM Cultural Standardized Patient Assessment Tool (CSPAT)</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian Health Elective, Past, Present, and Future</td>
<td>1st year elective (community health selective). Class meets weekly, focusing on traditional healing and NH holistic concepts around health. Features field trips and service learning projects.</td>
<td>1st year medical students</td>
<td>Post-course evaluation</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
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<td>Native Hawaiian Health 4th year elective</td>
<td>Elective rotation featuring clinical time in a community serving NH population. Students also shadow a traditional healer.</td>
<td>4th year medical students (JABSOM, US, and international)</td>
<td>Post-course evaluation</td>
<td>Dee-Ann Carpenter, M.D. (808) 587-8558 <a href="mailto:deeannnc@hawaii.edu">deeannnc@hawaii.edu</a></td>
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<tr>
<td>Problem-Based Learning Cases</td>
<td>Longitudinal PBL case incorporating cultural issues &amp; topics (case recurs during first 2 years)</td>
<td>1st year and 2nd year medical students</td>
<td>Post-course Evaluation</td>
<td>Vanessa Wong, M.D. (808) 692-1032 <a href="mailto:wongvanz@hawaii.edu">wongvanz@hawaii.edu</a></td>
<td>Collaborative effort across departments</td>
</tr>
<tr>
<td>Dean's Certificate of Distinction in Native Hawaiian Health</td>
<td>Recipients fulfill requirements related to improving Native Hawaiian health by giving back to community through research, education, service learning, community engagement.</td>
<td>Medical students</td>
<td>Reflection papers, research or education related project, Service learning hours</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td>Certificate awarded at graduation</td>
</tr>
<tr>
<td>MD 5</td>
<td>Elective involving clinical placement in NH community or practice</td>
<td>Medical students</td>
<td>Post course eval or reflection paper</td>
<td>Dee-Ann Carpenter, M.D. (808) 587-8558 <a href="mailto:deeannnc@hawaii.edu">deeannnc@hawaii.edu</a></td>
<td></td>
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<tr>
<td>NHH 699</td>
<td>Electives within the DNHH that allows for individualized research or independent study</td>
<td>Medical Students</td>
<td>Reflection papers or finished project</td>
<td>Dee-Ann Carpenter, M.D. (808) 587-8558 <a href="mailto:deeannnc@hawaii.edu">deeannnc@hawaii.edu</a></td>
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<td>Debriefing critical incident simulation case</td>
<td>Use of manikin simulation case which is tied into longitudinal cultural competency related PBL case.</td>
<td>Incoming third year medical students</td>
<td>Small group discussion with critical incident debriefing.</td>
<td>Vanessa Wong, M.D. (808) 692-1032 <a href="mailto:wongvanz@hawaii.edu">wongvanz@hawaii.edu</a></td>
<td>Have started with orientation with the internal medicine residency program</td>
</tr>
<tr>
<td>NH health orientation workshop and didactic lectures for Family Medicine (FM) residency</td>
<td>Intern orientation lectures as well as didactic lecture series focusing on NH health. Past activities have included field trips and sessions with traditional healers.</td>
<td>FM residents and faculty</td>
<td>Post course evaluation</td>
<td>Martina Kamaka, M.D. (808) 692-1014 <a href="mailto:martinak@hawaii.edu">martinak@hawaii.edu</a></td>
<td>Have started with orientation with the internal medicine residency program</td>
</tr>
</tbody>
</table>
Cultural Competency Intiatives

The Office of Global Health and International Medicine, in the Dean's Office, in collaboration with the clinical departments, oversees reciprocal student exchanges between JABSOM’s 4th year students and medical students from Asia and the Pacific in their 6th year of medical school. The program seeks to foster mutual understanding and appreciation of another culture and its medical system as part of the wider social/cultural systems of the host countries, particularly in the wider context of social justice in medicine. Our goal is to promote for our students and visitors appreciation of the ways that global issues impact the health of patients and communities in Hawai‘i, and encourage them to gain experience in international health care settings. As aspired to in the 1948 United Nations’ Universal Declaration of Human Rights (article 25) the Office of Global Health and International Medicine advocates that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.”

Each year, approximately 15 JABSOM students participate in an international elective, while up to 30 international medical students visit Hawai‘i for one month. All students are required to write a summary of their experiences that include what aspects of cultural understanding improved as a result of their elective.

Recent News

- Fifteen JABSOM students participated in one-month reciprocal exchange programs: Bali - Udayana University; Japan – Jikei University, Juntendo University, Keio University, Tokai University and Tokyo Women's Medical University; Korea – Jeju National University and Pusan National University.

- Thirty-one fifth- and sixth-year undergraduate and graduate medical trainees came from Japan, Philippines, South Korea, and Thailand to participate in a one-month reciprocal exchange program here in Hawai‘i.
Office of Global Health and International Medicine

Recent News

- Ten short-term physician consultants and one long-term consultant were sent to Okinawa Chubu Hospital (OCH); the contract to continue this program for two years (2019-2021) was signed; the 52nd Graduation ceremony was held on March 20 and attended by Dr. Junji Machi, who participates also in the OCH Residency Future Advisory Committee meetings and in the OCH Alumni seminar twice a year.

- Twelve Japanese medical schools are participating in the Hawai`i Medical Education Program (HMEP), which includes special classes every Saturday and online-learning materials to students; Dr. Machi visited more than ten Japanese medical schools this year to promote HMEP.

- Dr. Maskarinec this year gave lectures on social justice and global health at medical schools in South Korea (National University in Seoul, Jeju, Pusan and Hallym), Indonesia (Udayana and Warmadeva), and Nepal (Patan and Jumla).

- Dr. Machi has arranged collaboration and support for workshops and conferences in Honolulu, including JADECOM in July; Gumma Paz in March and Fukuoka Jikei Iken Group in July; and for Hawai`i Tokai International College Medical Students in March.

- Inter-residency Global Health Didactics, for residents of JABSOM Departments of Family Medicine, Internal Medicine, Pediatrics, Psychiatry and Ob/Gyn. Two sessions of global health didactics will be held for residents of these programs annually. This year, the sessions were:

  20 March 2019:
  1. Drs. Maya Maxym and Anna-Lena Lüker: Placing Peds Residents in Global Rotations
  2. Drs. Maya Maxym and Anna-Lena Lüker: Introduction to Global Health
  3. Dr. Elizabeth Kiefer: HIV and Global Health
  4. Dr. Asad Ghiassuddin & Davis Rehuer: Micronesian Mental Health Issues

  4 September 2019:
  1. Dr. Shandhini Raidoo: Global Context of Adolescent Health
  2. Dina Shek, J.D.: The Medical-Legal Partnership for Children in Hawai`i
  3. Dr. Jill Omori: The Hawai`i HOME Project: Outreaching to our Homeless Micronesian Community
  4. Dr. Seiji Yamada: Health and Human Rights in the Philippines
The Office of Medical Education is tasked with supporting the implementation and evaluation of the medical student educational experience, primarily in the first and second years of study (known as the pre-clerkship years). The office oversees a number of centralized courses that focus on exposing medical students to working with diverse populations. The office also collaborates with the Department of Native Hawaiian Health on a number of its cultural competency initiatives. Below is a list of courses and related contact information.

### Table 2. Courses Integrating Cultural Competency - OME

<table>
<thead>
<tr>
<th>Contact Person(s)</th>
<th>Course(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>John S. Melish, M.D.</td>
<td>Clinical Skills Series MDED 571-577</td>
<td>The Clinical Skills Series instructs students on medical interviewing and physical exam skills pertinent to the basic physical exam. Cultural sensitivity is part and parcel to the interpersonal, communication, and physical examination skills taught in the Clinical Skills Courses in the first two years at JABSOM. Students are taught that illness is the manifestation of disease process in a unique individual. Cultural sensitivity comprises understanding the patient’s response to his/her illness in terms of cultural identity and personal beliefs. Practice, diagnostic, and treatment plans are adapted accordingly. In addition, students are instructed to understand the impact illness has on a patient in the setting of family, educational and religious background, economic circumstances, and insurance realities. Avoidance of stereotypes is emphasized.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vanessa Wong, M.D., M.S.</th>
<th>Associate Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>651 Ilalo Street MEB 306A</td>
<td>651 Ilalo St. MEB</td>
</tr>
<tr>
<td>Honolulu, HI 96813</td>
<td>Honolulu, HI 96813</td>
</tr>
<tr>
<td>(808) 692-1032</td>
<td>(808) 692-0939</td>
</tr>
<tr>
<td><a href="mailto:wongvanz@hawaii.edu">wongvanz@hawaii.edu</a></td>
<td><a href="mailto:stnishim@hawaii.edu">stnishim@hawaii.edu</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stephanie Nishimura, Ph.D.</th>
<th>Associate Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>651 Ilalo St. MEB</td>
<td></td>
</tr>
<tr>
<td>Honolulu, HI 96813</td>
<td></td>
</tr>
<tr>
<td>(808) 692-0939</td>
<td><a href="mailto:stnishim@hawaii.edu">stnishim@hawaii.edu</a></td>
</tr>
<tr>
<td>Contact Person(s)</td>
<td>Course(s)</td>
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<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Kenton J. Kramer, Ph.D.,</td>
<td>MD1 Community Health (MDED 581)</td>
</tr>
<tr>
<td>(808) 692-0934 <a href="mailto:kramer@hawaii.edu">kramer@hawaii.edu</a></td>
<td>MD2 Community Health (MDED 582)</td>
</tr>
<tr>
<td>Vanessa S. Wong, M.D., M.S.</td>
<td>MD3 Community Health (MDED 583)</td>
</tr>
<tr>
<td>(808) 692-1032 <a href="mailto:wongvanz@hawaii.edu">wongvanz@hawaii.edu</a></td>
<td>MD4 Community Health (MDED 584)</td>
</tr>
<tr>
<td>Royce Shimamoto, M.D.</td>
<td>Topics in Health and Illness (MDED 566)</td>
</tr>
<tr>
<td>(808) 692-0920 <a href="mailto:roycedr@yahoo.com">roycedr@yahoo.com</a></td>
<td></td>
</tr>
</tbody>
</table>
### Table 2. Courses Integrating Cultural Competency - OME Cont.

<table>
<thead>
<tr>
<th>Contact Person(s)</th>
<th>Course(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Richard T. Kasuya, M.D., MSEd (808) 691-0940</td>
<td>PBL MD1 (MDED 551)</td>
<td>This course includes lectures and panel discussions, such as Native Hawaiian Health issues and homelessness. With regard to PBL case content, issues related to Native Hawaiian Health, homelessness in Hawaii, health literacy, ageism and effective communication with the healthy elderly, and effective communications with adolescents are covered.</td>
</tr>
<tr>
<td>Damon H. Sakai, M.D. (808) 692-1001</td>
<td>PDL MD2 (MDED 552)</td>
<td>MDED 552 has attempted to incorporate a “human touch” to all its PBL cases by providing information about characters/patients such as age, ethnicity, marital status, interests, hobbies, concerns, and joys. Additionally, much of the cases contain dialogue so that students can get a sense of actual conversations that take place between healthcare workers and patients. These curricular changes are supportive of cultural competency efforts but were more driven by principles of PBL case design than by a specific “cultural competency initiative.” There is no specific evaluation data focusing on the cultural competence aspects of our curriculum.</td>
</tr>
<tr>
<td>David Horio, M.D. (808) 692-1136</td>
<td>PBL MD3 (MDED 553)</td>
<td>The course consists of lectures and panels, such a living with HIV, which includes discussions about various lifestyles. With regard to PBL case content, communicating through an interpreter, living with HIV infections, and Vietnamese attitudes towards health are covered.</td>
</tr>
<tr>
<td>Sheri Fong, M.D., Ph.D. (808) 692-0921</td>
<td></td>
<td>In addition to the aforementioned courses, we also make an attempt to evaluate an aspect of cultural competency in our fourth-year students during their Clinical Skills Assessment course.</td>
</tr>
<tr>
<td><a href="mailto:Kasuya@hawaii.edu">Kasuya@hawaii.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Damon@hawaii.edu">Damon@hawaii.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:dhpathx@gmail.com">dhpathx@gmail.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Sherif@hawaii.edu">Sherif@hawaii.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Person(s)</td>
<td>Course(s)</td>
<td>Description</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Vanessa S. Wong, M.D., M.S.</td>
<td>PBL MD7 (MDED 557)</td>
<td>This course covers the “life cycle,” care across different patient populations, and thus the PBL cases and supplementary lectures, including patient panels, are very much patient-centered. Topics and skills introduced in previous units, such as health literacy and social determinants of health are reinforced and expanded upon in this course. Additional topics are introduced, such as beliefs around death and dying, and allow students to also do some self-reflection to become aware of their own potential biases. (MDED 541). In the standardized patient exam, we ask our patients to rate student performance using a patient perception scale. One of the questions we ask is: Rate the student’s skill at “Respecting your beliefs and ideas.” These types of questions are added to the evaluation, with cultural competency specifically in mind.</td>
</tr>
</tbody>
</table>
Culture is an integral part of the Department of Psychiatry and is an overarching theme for virtually all the work done by faculty and staff, from education and training to research to clinical services to the myriad of community and university endeavors cross-cutting each of these areas of scholarship. The department has several cultural competence initiatives, which span cultural diversity including ethnocultural identification, age, and rural health disparities. These initiatives are outlined in more detail below. The clinical activities that emphasize culture include clinical services and clinical education and training. In addition, the Department of Psychiatry’s robust program of research includes studies of mental health and culture, as well as ethnocultural health disparities research training in these topics: suicide and violence prevention, substance use prevention, aging and cognition, women’s health, and rural and Native Hawaiian health.

Culture and Mental Health Texts

The Department has published a number of important texts on culture and mental health:

*E Ola Mau a Mau*

In a multi-year effort, Papa Ola Lōkahì organized the updating the landmark *E Ola Mau – Native Hawaiian Health Needs Assessment* to understand the current health status of Native Hawaiians and wisely develop and implement programs, services, policy and other strategies to improve the health and well-being of our people. Department faculty served on the editorial team and as co-chairs of several chapters. This is a collective effort to continue building a sustainable Native Hawaiian health care system for the lāhui. Lead Faculty: Naleen N. Andrade, M.D.
Psychiatry

Cultural Competency Initiatives

People and Cultures of Hawai‘i

The editors of the book are the recent past Department Chair (Dr. Naleen Andrade) and the Chair Emeritus (Dr. John McDermott, Jr.). The revision of the original People and Cultures of Hawai‘i is a project of selected department faculty, reflects what has changed since the first publication, discusses how ethnic aspects affect cultural identity, and presents the research and advancements in which the department’s scholars have been involved during the prior 28 years.


Culture and Psychopathology

Since the first edition of Culture and Psychopathology was published, a growing national and international interest in how culture impacts mental disorders and how psychopathology is influenced by culture has become a rising field of focus. In this extensive revision, chapters have been updated with new material and now incorporate the DSM5’s classification system of mental disorders.

Psychiatry

Cultural Competency Initiatives

Culture and Psychiatry Practice


Culture and Clinical Activities

Clinical activities include clinical services and clinical education and training.

Lead Faculty

Clinical Services: Junji Takeshita, M.D.
Medical Student Education: Gretchen Gavero, D.O.
General Psychiatry: Diane Eckert, M.D.
Child & Adolescent Psychiatry: Daniel Alicata, M.D., Ph.D.
Geriatric Psychiatry: Junji Takeshita, M.D.
Addiction Psychiatry/Addiction Medicine: William Haning, M.D.
Administrative Activities: Anthony Guerrero, M.D. (Interim)

<table>
<thead>
<tr>
<th>Table 3. Culture and Clinical Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initiatives</strong></td>
</tr>
<tr>
<td>PSTY 531/532 and 545</td>
</tr>
</tbody>
</table>
### Table 3. Culture and Clinical Activities Cont.

**Medical Education in Culture and Psychiatry – Focus on Medical Students**

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
</table>
| PSTY 531/532 and 545 Psychiatry Block and Longitudinal Clerkship, and senior electives (Years 3-4) | Culture of alcoholism and substance abuse  
Diagnosis and patient care skills demonstrating cultural sensitivity. | Medical Students | Mid-clerkship feedback  
Clinical skills verification examination evaluation (patient interview, oral presentation, and written patient evaluation report with emphasis on the bio-psycho-socio-cultural formulation) | Gavero |

**Medical Education in Culture and Geriatric Psychiatry**

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geriatric Psychiatry</td>
<td>Didactic on cultural psychiatry with aging as part of our didactics.</td>
<td>Geriatric Psychiatry Fellows, Residents, Medical Students</td>
<td>Informal evaluation</td>
<td>Takeshita</td>
</tr>
</tbody>
</table>

**Medical Education in Culture and Child and Adolescent Psychiatry (CAP)**

<table>
<thead>
<tr>
<th>Initiatives</th>
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</table>
### Table 3. Culture and Clinical Activities Cont.

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic internationally telecasted journal clubs</td>
<td>Journal clubs with participation from the University of Indonesia.</td>
<td>CAP fellows, all other psychiatry residents and faculty invited</td>
<td>Tools and resources include: Guerrero, Wiguna, McDermott. The University of Hawai‘i/ University of Indonesia collaboration to build and sustain a child psychiatric workforce. <em>Acad Psychiatry</em>. 2014; 38(2):209-12. doi: 10.1007/s40596-014-0064-4.</td>
<td>Guerrero</td>
</tr>
</tbody>
</table>
## Cultural Competency Initiatives

### Table 3. Culture and Clinical Activities Cont.

#### Medical Education in Culture and Child and Adolescent Psychiatry (CAP)

<table>
<thead>
<tr>
<th>Initiatives</th>
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<th>Faculty Contact</th>
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</table>

#### Medical Education in Culture and Homeless Outreach

<table>
<thead>
<tr>
<th>Initiatives</th>
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<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless outreach</td>
<td>Identify and address cultural factors of homeless patients with high utilization of acute/emergency services and low primary care utilization.</td>
<td>Faculty, resident, medical student and staff.</td>
<td>Weekly discussion at the Department of Psychiatry, multidisciplinary safety and quality meetings.</td>
<td>Makini</td>
</tr>
</tbody>
</table>

#### Medical Education in Culture for General (Adult) Psychiatry Journal Club

<table>
<thead>
<tr>
<th>Initiatives</th>
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<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>General (Adult) Psychiatry Journal Club</td>
<td>Monthly journal club sessions based on a general psychiatry content outline curriculum. Learning objective is to build capacity for critical reading and application of knowledge gleaned from peer-reviewed scientific articles.</td>
<td>Faculty, residents, fellows, students, staff.</td>
<td>Resident evaluation of the journal club articles, resident presenters, faculty discussants, quality of articles, and process and time of the journal club sessions and topics.</td>
<td>Goebert</td>
</tr>
</tbody>
</table>
## Table 3. Culture and Clinical Activities Cont.

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General (Adult) Psychiatry Journal Club</strong></td>
<td>One session is dedicated to reviewing cultural psychiatry papers. Relevant ethnocultural factors are discussed papers reviewed in the journal club.</td>
<td>Faculty, residents, fellows, students, staff.</td>
<td>Planning committee made up of residents and faculty who review feedback from evaluation and make changes to the curriculum to improve the journal club.</td>
<td>Goebert</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initiatives</th>
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<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resident Education and Training</strong></td>
<td>Multi-faceted seminar for Residents in all PGY years of the peoples, ethnicities and cultures of HI. Teach and train on: 1. Practical ethnicity and culture assessment and use in treatment; 2. Didactics on ethnicity and culture among the groups in HI; 3. Experiential culture immersion field trips; 4. Case study and application of models of assessment and treatment.</td>
<td>Residents and students</td>
<td>Resident evaluation of seminar sessions: 1. Resident/faculty presenters and faculty discussants; 2. Assigned readings; and 3. Culture immersion field trips</td>
<td>Andrade</td>
</tr>
</tbody>
</table>
# Psychiatry

## Cultural Competency Initiatives

**Culture and Mental Health Research**

**Lead Faculty:** Earl S. Hishinuma, Ph.D. and Deb Goebert, DrPH  
**Research Council Members:** Earl Hishinuma, Ph.D.; Deb Goebert, DrPH; Naleen Andrade, M.D.; Susana Helm, Ph.D.; Jane Onoye, Ph.D.

**Research Foci:** Aging and Cognition; Alcohol and Drug Prevention in Rural and Native Hawaiian Communities; Native Hawaiian Health; Statewide Substance Use System of Care Policy and Planning; Suicide and Violence Prevention; Women's Health.

## Table 4. Culture and Mental Health Research

<table>
<thead>
<tr>
<th>Initiatives</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Hawai`i Family Study of Cognition (HFSC)</td>
<td>Sub-study explored ethnocultural and family contexts in caregiving, caregiver burden and health decision making in aging parents.</td>
<td>Undergraduate</td>
<td>Interviews, surveys, community dissemination</td>
<td>Onoye</td>
</tr>
<tr>
<td>Ho`ouna Pono</td>
<td>School-based youth drug prevention targeting rural Native Hawaiian communities, using a culturally-grounded approach.</td>
<td>Public schools in rural NH communities; undergrads, graduate students</td>
<td>Efficacy studies, community action plan</td>
<td>Helm</td>
</tr>
<tr>
<td>Micronesian Mental Health Training and Research Group</td>
<td>Address mental health of Micronesians, both in Micronesia and the U.S.</td>
<td>Undergraduate, graduate, medical students and residents; faculty, community members</td>
<td>Formal program evaluations</td>
<td>Hishinuma, Rehuher</td>
</tr>
<tr>
<td>National Center on Indigenous Hawaiian Behavioral Health</td>
<td>Address mental health disparities among Native Hawaiians. Including the update of E Ola Mau A Mau project.</td>
<td>Undergraduate, graduate, medical students and residents; faculty, community members</td>
<td>Student evaluations, resident evaluations</td>
<td>Andrade, Naleen</td>
</tr>
</tbody>
</table>
### Table 4. Culture and Mental Health Research Cont.

#### Culture and Mental Health Research: Active Projects

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian Culture Case Study Puni Ke Ola</td>
<td>Community-based youth drug prevention targeting rural Native Hawaiian communities, using a cultural approach referred to as culture-as-intervention.</td>
<td>Rural NH communities; undergrads, grad students;</td>
<td>Community-based social action; team debriefs;</td>
<td>Helm</td>
</tr>
<tr>
<td>Project PONO (Promoting Optimal Native Outcomes)</td>
<td>Collaboration among Departments of Native Hawaiian Health, Pediatrics and Psychiatry and Waianae Coast Comprehensive Health Center - focus on women's stress and coping.</td>
<td>Health Center, research medical and graduate students</td>
<td>Focus groups, surveys, chart review</td>
<td>Goebert</td>
</tr>
</tbody>
</table>

#### Culture and Mental Health Research: Education and Training

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Cultural Research Work Group</td>
<td>Address mental health and educational disparities for minorities, including for Filipino youth and adults.</td>
<td>Undergraduate students, graduate students, resident, faculty</td>
<td>Student evaluations, resident evaluations</td>
<td>Guerrero</td>
</tr>
<tr>
<td>Adult Research Work Group</td>
<td>Address adult psychiatric patient needs, including those of minority ancestry.</td>
<td>Graduate students, residents, faculty</td>
<td></td>
<td>Goebert, Hishinuma</td>
</tr>
<tr>
<td>PSTY499 Directed Studies in Mental Health Research</td>
<td>Direct, hands-on experience on research projects currently facilitated by DoP principal investigator faculty. Seminars and projects reflect.</td>
<td>Undergraduate and graduate students across Mānoa campus.</td>
<td>Students participate in semi-monthly seminars and weekly lab activities, for which they earn course credit.</td>
<td>Helm</td>
</tr>
</tbody>
</table>
### Table 4. Culture and Mental Health Research Cont.

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Native Hawaiian Research Writing Group</td>
<td>Develop models and theoretical frameworks from epidemiological studies and clinical case studies for understanding the Native Hawaiian psyche and ethos related to mental/behavioral health and wellness. Review literature and clinical vignettes to determine ethnocultural factors that affect responses to preventative and clinical interventions. Develop and propose models of healthcare delivery and healthcare financing reform that enhance Native Hawaiian health.</td>
<td>Native Hawaiian population</td>
<td>Peer-reviewed journals, Regional, national, international scientific conference papers, posters and abstracts, Public policy shaped from work of the group, Books and chapters produced from work</td>
<td>Andrade</td>
</tr>
</tbody>
</table>

### Culture and Mental Health Research: Legacy Projects

<table>
<thead>
<tr>
<th>Initiatives</th>
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<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian/Pacific Islander Youth Violence Prevention Center (APIYVPC)</td>
<td>Address behavioral health disparity of youth violence and contact with the juvenile justice system for Asian/Pacific Islander adolescents.</td>
<td>Graduate students, faculty, community members</td>
<td>Student evaluations</td>
<td>Hishinuma</td>
</tr>
</tbody>
</table>
Psychiatry

Cultural Competency Initiatives

Table 4. Culture and Mental Health Research Cont.

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Description</th>
<th>Target</th>
<th>Evaluative Methods</th>
<th>Faculty Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawai`i’s Caring Communities Initiative for Youth Suicide Prevention</td>
<td>Develop, implement, and evaluate suicide prevention programs by and for youth and community members; Provide and evaluate culturally-aligned gatekeeper trainings.</td>
<td>Community</td>
<td>Interviews, focus groups, surveys</td>
<td>Goebert, Sugimoto-Matsuda</td>
</tr>
<tr>
<td>Papakōlea’s Kukalahela Learning Project</td>
<td>Address educational disparities for Native Hawaiian children, youth, and adults.</td>
<td>Graduate students, faculty, community members</td>
<td>Formal program evaluation</td>
<td>Hishinuma</td>
</tr>
</tbody>
</table>

Publications

The following are Culture and Mental Health Scholarship, Department of Psychiatry Scholarship: Selected Recent Peer Reviewed Publications from 2018 to March 2020

In-Press


2019


Psychiatry

Publications


2018


The Department of Quantitative Health Sciences (DQHS) values the importance of cultural competency among its faculty and staff, and is committed to incorporating concepts of cultural competency into its educational and research activity and initiatives.

DQHS plays a major role in several NIH National Institute of Minority Health and Health Disparities (NIMHD) Infrastructure grants, e.g., U54 RMATRIX and U54 Ola HAWAII, supporting and promoting health disparity research in Hawai‘i and other regions of the Pacific.

Department faculty and staff members have led multiple research investigations focusing on minority health issues, barriers to clinical research participation, and facilitated cultural competency trainings for clinical research investigators and staff. The department oversees the Master’s graduate program in Clinical Research and Translational Research (MSCTR), which integrates cultural competence related topics into its curricula.

<table>
<thead>
<tr>
<th>Table 5. Courses that Include Cultural Competence in the MSCTR Curricula</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BIOM 641 Legal and Regulatory Issues and Bioethics</strong></td>
</tr>
<tr>
<td>Ethical dilemmas in clinical research are identified and resolved in case studies, research on human participants regulation are discussed. Research misconduct is defined. Ethical considerations in protocol development and clinical research are explored. A-F only. (Cross-listed with CMB 626)</td>
</tr>
<tr>
<td><strong>BIOM 646 Clinical Research Seminar</strong></td>
</tr>
<tr>
<td>Provides overview of research related to health and health disparities in Hawai‘i. Seminar topics include ethnic disparities in health research, Native Hawaiian health, childhood research initiatives, fitness and obesity, social and cultural factors and ethics. Repeatable six times A-F only. Pre: consent.</td>
</tr>
<tr>
<td><strong>BIOM 647 Cultural Competence in Biomedical Research I</strong></td>
</tr>
<tr>
<td>Introductory lecture-seminar on the conduct of multidisciplinary research from a culturally competent perspective.</td>
</tr>
<tr>
<td><strong>BIOM 650 Cultural Competence in Biomedical Research</strong></td>
</tr>
<tr>
<td>Explore topics in cultural competence in greater depth, encouraging trainees to address issues from a unified yet flexible conceptual framework. Involves building knowledge, skills and action plans to address a range of learning styles.</td>
</tr>
</tbody>
</table>


Cultural Competency Initiatives

The SimTiki Simulation Center at JABSOM conducts research and educational activities in several technology focused areas encompassing, simulation-based healthcare education, distance learning, and integration of technology-enabled education methods. An extensive portfolio of international education initiatives comprises about 40 percent of SimTiki Educational activities. One focus area for the educational training programs and research initiatives is what is termed “localization” of curriculum transfer. This effort includes consideration of cross-cultural factors, which influence and guide curriculum sharing across international, language, and cultural boundaries. Effective curriculum transfer/sharing strategies are studied as we deliver educational programs and evolve existing curriculum for international participants. Our efforts in this area include curriculum transfer in both directions; U.S. to International, and International to U.S. Considerations of differences in language, clinical healthcare practice patterns, professional culture - especially healthcare system provider vertical relationships (nurse-physician, student-mentor, etc.), and educational systems and expectations are key to the cross-cultural transfer of curriculum; this curriculum transfer process is called “Localization”. Examples of our current activities include development and delivery of a hybrid Japanese language enabled Fundamental Simulation Instructional Methods (FunSIM) course. FunSIM is a two-day program that has been localized with input from and training of international facilitators. In addition to translation we have incorporated instructors from Japan who can accurately integrate culturally appropriate content into the core curriculum at skills stations and during interactive structured and facilitated discussion groups. Similar efforts have resulted in development and delivery of the six-month longitudinal Applied Simulation Instructor Skills for Teaching (ASIST) through collaboration with Akita University, University of the Ryukyus, and Juntendo Medical University in Japan. The course is provided in Japan and focused on post graduate educators. Development of these programs has involved consideration of multiple core cultural competency factors.

SimTiki on-site international programs include post graduate short-term in-residence training programs, and J1 Visa faculty development fellowship for international educators who spend one-year or longer in-residence at SimTiki. The fellowship focus incorporates training in cross cultural aspects of healthcare curriculum development and facilitation techniques. SimTiki fellowship participants have
Sim Tiki Simulation Center

Cultural Competency Initiatives

included healthcare professionals from Thailand, Japan, and Korea.

In addition to international cultural competency, the SimTiki simulation center conducts a broad variety of courses, which are focused on vertical cross-cultural competency within the U.S. health care system. Initiatives in this discipline have been termed interprofessional or interdisciplinary initiatives and are largely focused on communications and teamwork building. This is an area that is not traditionally considered in the cross-cultural competency rubric yet encompasses many of the core elements in the AAMC definition of cultural competence.

SimTiki supports initiatives in Telehealth including leadership of the HRSA funded Pacific Basin Telehealth Resource Center (PBTRC) [www.pbtrc.org](http://www.pbtrc.org). Dr. Deborah Birkmire-Peters of TRI is the PBTRC director. The PBTRC mission includes “Empowering cultural diversity and creating a synergistic telehealth community.”

Recent News

- On February 5, 2020, SimTiki hosted multicultural team training sessions with Residents from Japan and South Korea, and faculty from the U.S. ([https://twitter.com/SimTiki_HI/status/1225198560141926400?s=20](https://twitter.com/SimTiki_HI/status/1225198560141926400?s=20))
- On January 21, 2020, Dr. Yuka Eto from Asahikawa University visited SimTiki for two weeks and created course content used in team training sessions. ([https://twitter.com/SimTiki_HI/status/1219720430316969984?s=20](https://twitter.com/SimTiki_HI/status/1219720430316969984?s=20))
- On May 30, 2018, Royal Thai Army Capt Taothoa & Lt Sanerjai graduate as Sim Ops Specialists ([https://twitter.com/SimTiki_HI/status/1001885594719408129?s=20](https://twitter.com/SimTiki_HI/status/1001885594719408129?s=20))
The UHM Department of Surgery (department) has developed several cultural competency initiatives over the past ten years. These include research projects, curriculum development, and cultural training. Below is a brief description of some of these initiatives. For background on and a detailed description of these initiatives, please read the following article, Chun, M.B.J. (2019). Making progress: The University of Hawai‘i at Manoa’s (UHM) Department of Surgery’s cross-cultural health care efforts. *Hawaii Journal of Health and Social Welfare. 78*(12), Supplement 3, 13-19, which can be accessed at:

https://hawaiijournalhealth.org/past_issues/hjhsw7812_S3_0014.pdf

**Research Projects**

The department’s primary cultural competency research project involves the refinement of a reliable and valid tool - the Cross-Cultural Care (CCC) Survey (Weissman and Betancourt, 2003) - that was designed to measure the preparedness of residents to deliver high-quality care to diverse patient populations. With permission from the survey’s developers, the first phase of our study was comprised of the administration of the survey to our general surgery residents; this allowed us to obtain a baseline assessment to identify existing gaps. For comparative purposes, we also collected and analyzed data from other residency programs within JABSOM (i.e., Family Medicine, Psychiatry, Internal Medicine and OB/GYN). We also conducted a qualitative needs assessment via interviews with our faculty to obtain their views on cultural competency and its potential role in our curriculum. The results of these efforts have been published; see Publications 1, 2, 3, and 4.

We continue to refine the survey and attempt to expand its use to practicing physicians, psychologists, and other health professionals. In addition to taking the lead on development of the JABSOM Cultural Competency Resource Guide, which will be in its 8th edition, our department also initiated the formation of the JABSOM Cross-Cultural Health Care Research Collaborative (CCHCRC).
Surgery

Cultural Competency Initiatives

Currently on hiatus, past representation included the UHM Departments of Surgery, Family Medicine and Community Health, Native Hawaiian Health, Geriatric Medicine, Internal Medicine, and Psychiatry, Office of Public Health Studies, and UHM Shidler College of Business, along with participation from undergraduate, graduate, medical students and residents/fellows. The CCHCRC used to meet three times a year to discuss departmental and interdepartmental projects related to cross-cultural healthcare. Group members still collaborate on projects and meet on an ad hoc basis.

Curriculum Development

Partnering with the UHM Department of Family Medicine and Community Health (DFMCH), we developed a cultural standardized patient exam. The scenario focuses on the issue of informed consent -- an elderly Samoan male with uncontrolled diabetes has injured his foot and must have his leg amputated or face certain death. We piloted the exam in April 2009 with our then-Associate Program Director, and conducted a pretest with our PGY-1s in September 2009 and a follow up in February-March 2010. We utilized the CCC Survey and the OSLE Competencies Tools developed by the family medicine department to assess the residents’ performance. We completed our tenth pretest in Fall 2019. A description of our protocol and the results of our work was published in the Journal of Surgical Education; see Publications 5 & 6.

We have been attempting to determine whether our training efforts adequately prepare and provide our residents with the requisite skills for effectively caring for diverse patient populations. Now actively involved with the development of a standardized cultural training program for general surgery residents (i.e., PACTS, which is described below), the department is considering adopting what hopes to be adopted nationally for all general surgery residents. With regard to premed/undergraduate students, we have developed a cultural competency in health professions course (HON 491) for the UHM Honors Program, which has been taught each Fall semester from 2009 to 2013 and most recently in Fall 2018. A second course on developing cross-cultural healthcare resources was offered in Spring 2013.

Training

The department is the lead coordinator of JABSOM’s Cross-Cultural Health Care Conference: Collaborative and Multidisciplinary Interventions. The inaugural conference was held on February 11-12, 2010 and was supported by the American College of Surgeons - Hawai`i Chapter; Society for Community Research and Action - Western Region; and the UHM Departments of Surgery and Psychology, and the Office of Public Health Studies. The second conference took place on October 7-8, 2011, with over 15 collaborating organizations. Now a biennial event, our conferences have been held at the Ala Moana Hotel on February 8-9, 2013, January 16-17, 2015, February 17-18, 2017, and January 25-26, 2019. Most recently, the conference has partnered with the Society of Asian Academic Surgeons (SAAS) for its conference, which will be held September 18-21, 2020 in Honolulu, Hawai`i.
Cultural Competency Initiatives

Other

One of our department's faculty members, Maria Chun, Ph.D., was asked to present on the first ever cultural competency panel at the 2014 American College of Surgeons (ACS) Clinical Congress. Subsequently, in 2015, she was invited to present at Brigham and Women's Hospital Center for Surgery and Public Health's PACTS (Provider Awareness and Cultural Dexterity Toolkit for Surgeons) strategic planning meeting and has served on the Stakeholder Advisory Board. Invited to continue her involvement with the project, she has been serving as a consultant/co-investigator on PACTS since September 2018 and is on its curriculum, authorship, and analysis work groups.

Also of note, Danny Takanishi, Jr., M.D., FACS presented at a cultural competency panel at the 2017 ACS Clinical Congress.


Publications

The faculty of the Department of Tropical Medicine, Medical Microbiology and Pharmacology are committed to incorporating concepts of cultural competency into its academic courses and research. The department has many projects that assimilate microbiology, entomology, advanced biomedical technology, social sciences, and community research to investigate the dynamics of an infectious organism in a community. Dengue, for example, currently does not have effective chemotherapies for treatment or a vaccine for prevention. Therefore, modifying human behavior to reduce contact with mosquitos is an important component of prevention and control measures. Modifying human behavior requires an intimate knowledge of the cultural aspects of a community and subsequently would work in communities to solve the infectious disease (e.g., water storage, waste disposal, ability to understand disease transmission, cultural myths, and traditional prevention methods). Although changing long held habits and behaviors are difficult, the department is dedicated to finding preventive and control measures taking these cultural characteristics into account. Members of the department are part of the Global Infectious Disease program funded by the National Institutes of Health. This program trains young students and scientists from Africa and Asia to conduct both applied and basic research in areas of infectious disease control and prevention that are applicable in their home countries. Allowing these students to contemplate combining scientific concepts with the customs and traditions of their native country is essential for designing new culturally appropriate disease control programs. The Minority Health International Research Training program for undergraduate and post baccalaureate trainees also funded by the National Institutes of Health (NIH) provides training and summer research experience abroad to sites that include Thailand, India, Liberia and Cameroon. Pre travel coursework includes educational modules on community based participatory research and cultural sensitivity before a student participates in their 8-week research project abroad. During their time abroad, students select and participate in a cultural project, which they report on in addition to their research project upon return. The Northern Pacific Global Health (NPGH), also funded by funded by the NIH provides training and research experience abroad in Africa and Asia. Trainees undergo competency-based training program, which includes cultural competency and how to interact and engage with people from different cultures.


The School of Nursing and Dental Hygiene (SONDH) has a number of programs and initiatives that integrate culture into the curriculum. Cultural education and experiences are woven into the bachelor’s, master’s and doctoral program courses.

Part of the school’s mission is to increase the representation of Native Hawaiian and other underserved people in our programs. The IKE AO PONO program provides academic, cultural and social support to Native Hawaiian, Pacific Islander and Native American nursing students. The Veterans to Nurses program allows veterans with military experience and education to receive academic nursing credit.

The UH Translational Health Science Simulation Center in partnership with the SONDH Global Health program organize educational experiences with international nursing programs to encourage the perpetuation of cultural knowledge and understanding.

Nursing faculty engage with various service and community organizational at a local, national, and international levels. Partnerships include the American Pacific Nursing Leaders Council and nurses from the US Affiliated Pacific Islands. Nursing faculty and student cultural research projects also promote cultural learning. Currently, SONDH has cultural research projects funded by the National Institute for Health.

Lastly, SONDH participates in interprofessional activities coordinated by the College of Health Sciences and promotes cultural competency through these educational events. A focus of these events is on interprofessional simulated learning, with an emphasis on cross cultural factors.
Cultural Competency Initiatives

The Myron B. Thompson School of Social Work (MBT SSW), which includes the Department of Social Work, the Office of Public Health Studies (OPHS), and the Center on Aging (COA), promotes a shared vision of “achieving social justice and health equity for the people of Hawai‘i and citizens in a changing world.” The MBT SSW strives to build a kauhale (village) that fosters multidisciplinary educational and research excellence that are grounded in cultural competency and an appreciation of diversity. There are several school-wide initiatives that demonstrate a commitment to cultural competency with a focus on research, instruction and service.

- **RMATRIX and Ola HAWAI‘I**: While Hawai‘i enjoys the status of being the “healthiest state” in the nation, there are still many people who experience poor health. Two grants from the National Institute of Minority Health and Health Disparities (a) RMATRIX-II (2014-2019), the RCMI Multidisciplinary And Translational Research Infrastructure eXpansion program, and (b) Ola HAWAI‘I (2017-2022), the Health and Wellness Achieved by Impacting Inequalities program, seeks to improve health and reduce health disparities particularly among Native Hawaiians, Pacific Islanders, and Filipinos. It is co-led by the Deans of the John A. Burns School of Medicine (JABSOM) and the MBT SSW, with public health and social work faculty leadership in areas such as community based participatory research and aging and chronic diseases. Faculty from across UH Mānoa, including social work and public health benefit from pilot project support and mentorship [http://rmatrix.jabsom.hawaii.edu/index.jsp](http://rmatrix.jabsom.hawaii.edu/index.jsp) and [http://ola.jabsom.hawaii.edu/](http://ola.jabsom.hawaii.edu/)

- **Hawai‘i Interprofessional Education (HIPE)**: The (HIPE) of the College of Health Sciences and Social Welfare was established in 2014 with partners from the School of Nursing and Dental Hygiene, the JABSOM, the MBT SSW, the OPHS, UH Hilo Daniel K. Inouye College of Pharmacy, and the UH Cancer Center. The HIPE works on strengthening interdisciplinary education and practice through a focus on four domains: values and ethics, roles and leadership of the inter-professional team, communication, and team-based care. Faculty jointly sponsor simulation learning experiences that empower students to understand and use an inter-professional team approach to care for clients, with an emphasis on cross cultural factors. [https://www.hawaii.edu/council-health-sciences/hipe/](https://www.hawaii.edu/council-health-sciences/hipe/)
Ke A`o Mau: This signature social work and public health course is organized around principles and practices that support cultural competency in work with Native Hawaiians. It is designed to maximize learning from kumu loea (expert teachers) in areas that impact health and social justice such as `ōlelo (language), mea`ai (food and nutrition), mele (song), ho`oponopono (family conflict resolution), aloha `āina (caring for the land) and lomilomi (massage). Kumu loea represent diverse fields including, social work, public health, law, Hawaiian history, and medicine. The course is open to students from other fields beyond social work and public health.

Hā Kūpuna Resource Center: Native Hawaiian elders are recognized as sources of wisdom and transmitters of knowledge to younger generations. Unfortunately, many Native Hawaiians experience poorer health than other ethnic groups in Hawai`i. Hā Kūpuna: National Resource Center for Native Hawaiian Elders (2006-2021), funded by the Administration on Community Living, seeks to create and disseminate knowledge on the health of kūpuna (elders) to improve kūpuna health and the delivery of services to them. The leadership is from social work and public health, with support from JABSOM faculty. Along with its two sister National Resource Centers for Native Elders—in Anchorage and in North Dakota—Hā Kūpuna won the 2015 award for excellence in multicultural aging from the American Society on Aging. [http://manoa.hawaii.edu/hakupuna/](http://manoa.hawaii.edu/hakupuna/)

The following oli komo and mele aloha were written by MBT SSW alumni Brandee Aukai and Kelly Anne Beppu under the guidance of kumu Randie Fong as a gift to the Myron B. Thompson School of Social work in 2010.

**Oli Komo**

Ke welina mai nei ke kini  
Hali `ia e ke Kahaukani  
Pā i ka ua Tuahine  
Eia ho`i ke ānuenue nani a Kahalaopuna  
He mai, he mai  
Ua ao maila ka hale aloha  
Aloha e, Aloha e, Aloha e  

Greetings to the multitudes  
Brought by the Kahaukani wind  
Touched by the Tuahine rain  
Behold the beautiful rainbow of Kahalaopuna  
Enter, enter  
The enlightened house  
Greetings, greetings  

This oli komo speaks of the beautiful winds, rain and rainbows that welcome you as you enter the house of learning. The oli komo captures the warmth that was shown to us while attending school in beautiful Mānoa.

**Mele Aloha**

Ākea ka moana nui  
Ho`olālani `ia o `Iwikuamo`o  
E pūlama i mōhala nā pua  
A kū i ka māna  
E kupu a liko a`e  
E ulu a ola mau  
A kau i ka puuaneane  
E ola mau Ka Lāhui!  

The immense ocean of Kanaloa  
Aligned is `Iwikuamo`o  
Cherish them so they may blossom  
Fed by the elder, the younger retains the knowledge  
Bud forth and grow  
Increase and thrive  
To live a full life  
Long live the Nation!
Cultural Competency Initiatives

Core Values and Strategic Priorities

In 2011 the MBT SSW began an extensive strategic planning process developing four strategic priorities anchored in three core values. The priorities include growing the school as a Hawaiian Place of Learning; an ongoing commitment to Global Social Justice; Engagement of Students, Faculty, Staff, University, and Community; and an investment in Innovation and Technology. The Strategic Priorities are rooted in three core values: Mālama I ke Kanaka Apau (diversity), Ulu Pono (well-being), and Ho'okaulike (social justice). In 2016 the DSW reaffirmed these Core Values and Strategic Priorities and aligned each with the Strategic Direction of the UH System and the Initiatives of UH Mānoa. https://www.hawaii.edu/sswork/wp-content/uploads/MBTSSW_SP_2016_2021.pdf

Social Work Core Competency

Social work education is organized around nine required core competencies as determined by the Council on Social Work Education (CSWE) to help prepare students for professional practice with the most vulnerable in society. Social Work practice is always contextual and addressing the colonial history of Hawai`i for future social work practice is critical to both client system and social worker success. Toward this end, the MBT SSW DSW faculty added an additional competency that reads: One of our core social work competencies (SWC) at the MBTSSW DSW is to engage, honor, and respect indigenous culture towards decolonized professional practice. All UH social work graduates: 1) understand the impact of inhabitation and occupation of indigenous lands and the effects of historic cultural trauma on the lives and experience of indigenous people; 2) recognize the significance of place in developing and communicating culturally resonant practice; 3) respect host traditions, protocols, ceremony, guesthood, and spirituality as central to decolonized professional practice; 4) demonstrate knowledge of their own culture and associated beliefs, values and practices.
Cultural Competency Initiatives

Curriculum

The Native Hawaiian Interdisciplinary Health Program, under the sponsorship of the Native Hawaiian Center of Excellence at JABSOM, is a collaborative project with the BSW Program of the DSW. This program provides workshops for a select group of Native Hawaiian pre-medicine and undergraduate social work students in order to strengthen their professional knowledge and skills within a cultural context. Faculty offer workshops in Kanaka Maoli (Native Hawaiian) ways of being and knowing, cultural historical trauma, indigenous healing, and Hawaiian place-based learning.

Instruction

DSW programs train students in social work practice with diverse populations, with an emphasis on Native Hawaiians, Pacific Islanders, and Asians. We recognize indigenous ways of knowing and doing, as well as mainstream paradigms. We train students in cultural humility and strengths-based assessment and problem solving. Our unique place, history, and sociopolitical context offers us opportunities to indigenize and localize our curriculum as we promote social and economic justice. While these perspectives are integrated into all courses, several courses focus specifically on indigenous practice.

Table 6. List of Courses Integrating Indigenous Practice, Dept of Social Work, Myron B. Thompson School of Social Work

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
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<tbody>
<tr>
<td>SW 774</td>
<td>Cultural Factors in Work with Hawaiians</td>
</tr>
<tr>
<td>SW 680</td>
<td>Ho`oponopono as Peacemaking</td>
</tr>
<tr>
<td>SW 680</td>
<td>International Social Work</td>
</tr>
<tr>
<td>SW 680</td>
<td>Decolonizing Social Work</td>
</tr>
<tr>
<td>SW 680/480</td>
<td>Native Hawaiian Perspectives: A Cultural Context for Well-Being</td>
</tr>
<tr>
<td>SW 680/480</td>
<td>Ke Ao Mau</td>
</tr>
</tbody>
</table>
Diversity Plan: Recognizing diversity as one of our greatest strengths, the Diversity Plan of the UH Office of Public Health Studies (OPHS) outlines four goals: 1) to maintain a student body reflective of Hawai`i’s multicultural communities, including groups underrepresented in higher education; 2) to encourage recruitment of women and minority faculty at all levels; 3) to prepare students to collaborate with diverse communities in Hawai`i, the nation, and the Asia-Pacific region in a culturally sensitive manner; and 4) to support scholarly dialogue on diversity. The OPHS Diversity and Recruitment Committee is responsible to support OPHS in accomplishing these goals, e.g., through participation in student recruitment activities, leadership on faculty search committees, and facilitation of training to students and faculty on diversity-related issues. While the OPHS seeks to promote cultural competency in all of its course offerings, there are a number of specific courses and programs designed with cultural competency in mind.

Bachelor’s Degree Initiatives

The BA Program utilizes local and Indigenous examples regularly throughout the curriculum. For example, there is a session during PH 201 (Introduction to Public Health), which focuses on Native Hawaiian Health, and peer reviewed literature centered on Native Hawaiian Health and associated programs are applied when providing instruction in PH 480 (Application of Public Health Principles in Research & Practice) regarding reading and interpreting scholarly literature.

As public health education expands to include undergraduate students, it is important to include discussions of local public health topics and issues to provide a sense of place to the educational experience. Inclusion of Native Hawaiian and Indigenous issues and perspectives is also an established priority of the University of Hawai`i system. To address both needs, a required course was created during development of a new Bachelor of Arts (BA) public health program at the University of Hawai`i at Mānoa to specifically focus on discussion of local and Indigenous public health topics of interest.
Public Health Issues in Hawai`i (PH 202) is an introductory course included early in the recommended undergraduate curriculum and emphasizes the application of public health skills and principles to local issues, (e.g., state-level legislative awareness and local sustainability topics). This 3-credit course also includes participation in a ʻāina (land) connection community project throughout the semester. The Public Health Issues in Hawai`i course further challenges students to recognize public health practice in their daily activities, and encourages them to become actively engaged in local community issues early in their public health educational careers. Among multiple advantages, improved awareness of local health challenges and early connections to community members and organizations have been instrumental in actively engaging local students in their education, and has also proved beneficial for students participating in required undergraduate applied learning capstone experiences and entry-level public health careers following graduation.

Bachelors in Public Health students are also required to complete a 3-course (9-credit) series in which they plan, execute, and report on a service-learning or research-based project. Roughly 80% of these projects are completed in Hawai`i with community partners.

**Master’s Degree Initiatives**

MPH Specialization in Native Hawaiian and Indigenous Health: Indigenous Peoples throughout the world experience poor health and socioeconomic disparities compared to non-Indigenous and settler populations on their lands. Many of the current inequities stem from multifaceted social and ecological determinants of health, including historical national and local policies designed to eliminate and/or assimilate Indigenous people. Knowledge of history, policy, health determinants and ethics is essential to address and eliminate the inequities faced by Indigenous people. This MPH specialization provides students with skills and training necessary to help Indigenous People and communities address their health and wellness needs. Students enrolled in this specialization are required to take advanced level training in Indigenous health policy, ethics, and research design. Students participate in on-going research programs with Indigenous communities through a practicum assignment. Other OPHS courses that promote cultural competence include:

<table>
<thead>
<tr>
<th>Table 7. Office of Public Health Studies Courses that Promote Cultural Competence</th>
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<tbody>
<tr>
<td>PH 465</td>
</tr>
<tr>
<td>PH 623</td>
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<tr>
<td>PH 630</td>
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<tr>
<td>PH 704</td>
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</tbody>
</table>
Doctoral Degree Initiatives

PhD in Community Based and Translational Research: The purpose of the PhD in Community-Based and Translational Research is to prepare students to lead programs and conduct independent investigations addressing public health topics relevant to culturally diverse groups, with a special focus on those in the state of Hawai`i and the Asia-Pacific region. We focus on translational research, which is the investigation of how to successfully transform scientific discoveries arising from laboratory, clinical, or population studies into community applications to reduce morbidity and mortality. We emphasize community-based participatory research methodologies, reflecting our commitment to working in partnership with people and communities to recognize, quantify, and reduce health disparities.
The Center on Aging (COA) serves as a resource to support culturally competent research, teaching, and community practice in aging. Its director is a medical anthropologist/social gerontologist who has conducted research and training in aging in China and Guatemala and has served as editor-in-chief for Journal of Cross-Cultural Gerontology since 2005.

Certificate on Aging and Other Training: The COA has re-instated the Undergraduate Certificate on Aging. In response to requests from leaders of the local aging community, we also developed a non-credit set of modules and workshops to provide applied gerontological training to the eldercare workforce. The certificate, modules, and workshops incorporate training and evaluation on cultural competency as central components. Curriculum development is based on the Academy of Gerontology in Higher Education (AGHE) Gerontology Competencies for Undergraduate and Graduate Education (2014) and the AGHE Standards and Guidelines for Gerontology and Geriatrics 6th edition, which include components on teaching and evaluating knowledge and skills essential to cultural competency.

Hawai’i Alzheimer’s Disease Initiative (HADI): With funding from the federal Administration for Community Living (2015-2020), HADI is creating new services to support persons with memory loss or dementia and their caregivers. We have trained more than 100 health professionals and volunteers in the state in a memory care navigation model based on national best practices and culturally tailored to Hawai’i. This model emphasizes culturally appropriate approaches to understanding family needs and providing referrals for assessment, treatment, and services in the community. HADI also is adapting a well-known evidence-based program, Savvy Caregiver, to Hawai’i’s multicultural population and is offering this curriculum to dementia family caregivers. With funding from the National Asian Pacific Center on Aging, HADI culturally adapted and translated the Dementia Friends curriculum to Samoan and Chinese. Dementia Friends is a global public awareness initiative that educates and empowers different sectors (e.g., churches, banking, libraries, first responders) to better support individuals with dementia. The COA Cultural Competence and Dementia webpage provides links to useful, culturally responsive online resources, https://www.hawaii.edu/aging/coa-projects-all/hadi-project/cultural-competence-dementia/.