Ke Ola Pono
Culturally-Based HIV Care Services for Native Hawaiians

Life Foundation, Honolulu, HI

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Objectives

• Promote public awareness of HIV amongst the Native Hawaiian population in Hawaii.
• Share a cultural adaptation of medical case management services to better serve this community.
HIV Care Services at Life Foundation
Service: Medical Case Management for People Living with HIV/AIDS (PLWHA)
Service Area: Oahu
Caseload: 690 PLWHA
Native Hawaiians: 95 or 14% of caseload
Native Hawaiians and HIV

• Often heterosexual with children
• Living with shame and self-stigma
• Have not disclosed their HIV status to their support system
• Have difficulty relating to the general HIV community
• Often have co-morbidities
• Often struggling with substance abuse
Objective:
The Life Foundation’s Ke Ola Pono program is a culturally-based, comprehensive HIV case management program for Native Hawaiians living with HIV and in need of support to access and remain in treatment. Through this program, Native Hawaiian participants increase engagement in care and overcome stigma and shame by learning how to incorporate Native Hawaiian values and practices that complement their western medical care.
Ke Ola Pono

Program Design:
1. Culturally competent staff
2. The Hui
3. Events and Activities
4. Medical Case Management
5. Supportive Services
Ke Ola Pono

Implementation:
1. Culturally competent staff
Ke Ola Pono

Implementation:
2. The Hui  
   (monthly meetings)
3. Events and Activities  
   (quarterly)
Ke Ola Pono

Implementation:
4. Medical Case Management
5. Supportive Services
Provided by Native Hawaiian Case Managers
Results

• 71 participants
• 69% of participants made good or better progress on their Individual Service Plan goals
• Medical advocacy including coaching clients on improving communication with their providers was found to be a significant need.
• The Hui has remained intact despite the end of the funding grant and members have started to put together a walking group for exercise.
• Life Foundation is seeking funding to continue the Events and Activities portion of the program.
Participant Case Studies

1 – Transwoman, 34 years old, from Waianae, diagnosed 2 years ago while hospitalized for pneumocystis pneumonia (PCP); history of crystal meth use.

2 – Single Mother/Grandmother, 48 years old, from Wahiawa, diagnosed 2 years ago while hospitalized for PCP; history of cocaine use, illegal gambling, incarceration.
Conclusions

• Native Hawaiians living with HIV have specific barriers to care that can be addressed with culturally-targeted intervention incorporating harm reduction strategies.

• Ke Ola Pono participants had less experience with cultural practices and knowledge than expected. Some were eager to increase knowledge and experience, others were not ready for group activities.

• Targeted HIV prevention and care programs for Native Hawaiians are important to lessen stigma, shame, and incidence of HIV in this community.