The Problem: A favorite subject for Hawaiians is “food”. However, during the last few decades of the 20th century, our food supply could be characterized as a nutritionist’s worst nightmare. There are excesses of all kinds. Across the U.S., we are eating excesses of food, sugar, fat, protein and drinking excesses of alcohol. Resulting from these excesses, are health problems that run the gamut from caries in our teeth and low nutrient reserves, to gross obesity, early aging and early death.

Public health data (BRFSS, Behavioral Risk Factor Surveillance Study, CDC) show that Native Hawaiian dental caries, obesity, chronic disease and smoking rates are higher than others in our statewide community. In 1998, more than 53% of Native Hawaiians were overweight, up from about 40% in the 1980s. And, when these risks factors are high, it follows that our rates of illness and death are high. The unfortunate thing is, that when Hawaiians look around and see that more than half of their family and friends are overweight, obesity becomes the community norm. We need to change that perception.

Working within our communities, it is clear that Native Hawaiians do not know that:

• gaining excessive weight is dangerous to the health;
• food fat is an enemy, and that there are ways to determine the fat and sugar content of favorite foods;
• nitrates that preserve canned meats, bacon, sausages are carcino-
genic when consumed in large quantities daily;
• omega 3 oils are best, and mono and polyunsaturated oils are next best;
• phytochemicals from vegetables and fruit have an important daily dietary role in fighting cancer, cardiovascular disease, etc., and
• changing our diet is critical to assure the health and survival of our children and families.

What Works: We have found that dietary change for Native Hawaiians is possible, and that the “traditional Hawaiian Diet” programs are an acceptable methodology. Sustaining dietary change is a challenge, but can be done.

Getting the buy-in needed for successful research is possible. Emmett Aluli was the first to use a culturally-appropriate methodology to get Native Hawaiians on Moloka‘i to enlist in the 1985 and 1987 research studies, the Moloka‘i Heart Study and Moloka‘i Diet Study (MDS). after overtures by UH researchers had failed. Emmett went door-to-door, beginning with community kūpuna and leaders, to ask for support. He promised to keep the community informed on the study procedures and progress, and that the communities would hear the study results first. Emmett demonstrated a willingness to be accountable to the community.

The successful MDS, community THDs and recent “Warrior Diet” has taught us important lessons on imparting health and motivation lessons. These are:

• traditional Hawaiian diet (THD), foods, cooking and 10% fat diet yields best results;
• ‘ohana building via participants eating daily works;
• kūkākākā sessions are critical for information exchange/teaching about culture and health;
• teaching about the traditional culture builds pride and confidence, and
• learning the spiritual meaning of the food and diet is viewed as important by the diet participants.

The “Warrior Diet”, conducted in May by the Department of Health, has brought new understanding about the efficacy of building and strengthening muscle, increasing flexibility and aerobic capacity, benefits of lomilomi and building spiritual orientation.

As health professionals and elders, it is important for us to “walk the talk and not just talk the talk” about leading healthy lifestyles. We need to set the example for our patients and communities.