Native Hawaiian Education Association

Project: `Aha Wahine 2012 Health Conference

Summary of Findings

The Native Hawaiian Education Association (NHEA) was the fiscal sponsor for a two-day conference created by a group of professional Hawaiian women who volunteered their time from busy careers to form the `Aha Wahine Kuhinapapa Health Conference Committee.

The goal was to support a gathering of Native Hawaiian women to share knowledge and discuss issues that promote physical, mental, spiritual and social health through leadership and community involvement.

Key Notes - August 17 & 18, 2012

- *Kuhinapapa* is a grassroots group of independent professional Native Hawaiian women with no staff or formal organization.

- A pre-trial conference was held in February 2012 and registered 300 women in 10 days. A waitlist generated another 360 women, confirming a strong desire for an `Aha.

- The August 2012 Conference registered 632 women for the 2-day event held at Leeward Community College, O`ahu.

- Over 100 workshops, demonstrations and panel presentations focused on health and leadership roles for women.

- Twelve health & wellness stations conducted checks for general physical, high blood pressure, diabetes and cholesterol on 357 women.

- Over 40 Native Hawaiian women presenters who are leaders in media and film documentation, worked together and addressed video editing, photography, pre & post production, and social networking.

- An evening theater production featured oli, poetry, song, skits, and short stories written by 10 Native Hawaiian women.
`Aha Kane Conference

In 2011, many committee women worked on the planning, registration, and meal preparation for the health screenings at the `Aha Kane Conference and were encouraged by what they saw. They realized women needed the same leadership stimulation and began plans for the `Aha Wahine 2012 Health Conference.

`Aha Wahine 2012 - Kuhinapapa

`Aha Wahine Kuhinapapa is a group of professional women from different organizations which includes the University of Hawai`i, Papa Ola Lōkahi, Kōkua Kalihì Valley, 4Miles LLC, `Aha Punana Leo, and the Department of Education. With no staff and only part-time volunteers, there were a few challenges which were addressed with support from all involved. The 2012 Conference was so successful, `Aha Wahine will be participating in the World Indigenous People Conference on Education (WiPC:E) at the U.H. Kapiolani Community College in May 2014.

METHODOLOGY

The purpose of this review is to assess the overall success of the conference. Data was obtained from NHEA, as the fiscal sponsor for the conference, and from one of the key personnel from Kuhinapapa, through the efforts of the John A. Burns School of Medicine (JABSOM) students who provided health screenings during the conference.

Program Improvement will report on the final results obtained from NHEA but will not be able to analyze growth factors or results of the 100+ workshops and presentations as one general survey was done at the close of the conference and health screen monitoring after the conference ended, was not factored in as part of the grant.

PARTICIPANTS

Open enrollment for the 2-day Conference yielded 632 participants, of which 458 were Hawaiian women. The number of participants who completed health screenings was 357 but it is uncertain whether this number pertains only to Hawaiians. Of this number, 63% were identified as overweight or obese.

This was the first time an `Aha Wahine event had been initiated and the Conference drew many participants and presenters from all islands. Kuhinapapa was only able to pay air travel for a select few presenters, but all presenters were able to bring their craft to the Conference free of charge.

ACTIVITIES

On August 17 & 18, 2012, the `Aha Wahine Health Conference was held at the University of Hawai`i - Leeward Community College, with a focus on improving family lifestyles. The conference was attended by 632 women who were interested in bettering their health and learning more about Hawaiian culture and leadership roles by participating in some of the following activities:

1. Twelve health work stations were set up to allow participants to check on their general health condition, blood pressure, cholesterol, and be screened for diabetes. At least 357 women completed the comprehensive health and wellness screening.

2. The two-day conference offered 70 workshops, demonstrations, and panel presentations by Native Hawaiian women and covered various topics, such as:
   - bettering individual health
   - aquaponics in your backyard
   - braiding ti-leaf sandals
   - restoring rock features at the ancient village site of Nu`alolo Kai on the northern coast of Kauai
   - how to clean and prepare Awa`aua, a carnivorous fish found in Kaneohe Bay
- cooking with la`au to enhance daily health and well-being
- family violence in Native Hawaiian homes
- successful women filmmakers in a dominantly male industry
- all natural parenting making your own baby food & baby wipes & using cloth diapers
- hunting & preparing garlic sake venison; gathering & preparing Ulu Holio Salad
- choosing the right ino (name), using it correctly, improper name giving can cause illnesses
- Women leaders in health and education featured on panel discussions.

3. One-hour workshops meant participants could select up to four per day but were free to sample as many workshops as possible. Day One offered 35 different workshops of which four were repeated in the afternoon. Day Two offered 53 workshops of which 10 were repeated in the afternoon.

4. Twelve Native Hawaiian businesses owned by women set up a marketplace at the conference where their products could be purchased or promoted. Items included clothing, jewelry and art. One businesswoman presented her cosmetology apprenticeship program.

5. The *Haumia Chronicles* was a 3-hour evening show featuring oli, songs, poetry, skits, and short stories written by 10 Native Hawaiian women inspired by events in their personal lives. Participants were taken on a journey into two realms – po (darkness) which led to tears, and ao (light) which led to laughter.

An evaluation survey was conducted at the end of the two days and included sharing of anecdotal data gathered during the conference. NHEA stated the data revealed solid results as well as challenges detailed under Results:

**RESULTS**

1. More than 56% of the women participated in the health and wellness screening at the Conference which was one of the largest gatherings of Native Hawaiian women in one place. Data gathered from the two-day event by JABSOM could be the baseline for future research concerning Native Hawaiian health issues for women.

2. Over 40 Native Hawaiian women leaders in media and film production gathered together for the first time to showcase film, photography, video editing, pre and post production, and social networking. Video clips were posted on YouTube detailing workshops and presentations.

**CHALLENGES**

1. *Kuhinapapa* is not a formal organization and lacked employees needed to produce a large scale conference. Despite this, the project was deemed a success even though the women who created it were volunteering their time while continuing with full-time jobs and/or running their own business. They managed to succeed by relying on each other, and with strong assistance from their fiscal sponsor NHEC, and JABSOM volunteers.

2. Unexpected additional rental costs at Leeward Community College, and requirements they use the LCC on-site caterer, affected the `Aha Wahine budget.
FUNDING

NHEA requested $150,000 from OHA and was awarded $136,000. They received in-kind services from the Dept. of Native Hawaiian Health, University of Hawai`i (JABSOM), Queen Lili`uokalani Children’s Center (QLCC), and Papa Ola Lokahi to provide staffing and assistance to register and administer health screening tests to hundreds of participants. The Queen’s Healthcare System provided $5,000 earmarked specifically to provide healthy food at the conference.

Listed below in Table 2. is the breakdown of expenses funded by OHA:

Table 2. Budget Line Items

<table>
<thead>
<tr>
<th>Budget Items</th>
<th>OHA Grant Funds Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Services – Video &amp; Photography</td>
<td>$32,000</td>
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<tr>
<td>Contract Services - Equipment</td>
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<tr>
<td>Contract Services - Facilities</td>
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<td>Contract Services - Janitorial</td>
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<td>Contract Services - Security</td>
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<td>Food</td>
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<td>Honorarium</td>
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<td>Program Activities</td>
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<td>Supplies</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>$136,000</strong></td>
</tr>
</tbody>
</table>

FINDINGS

The following findings are reflective of the two-day `Aha Wahine Conference:

1. Given the large volume of workshops, demonstrations, and presentations offered during the 2-day conference, participants were able to attend and participate in any of the 100+ plenaries.

2. Health screening results were able to record baseline figures and participant promises, but without tracking and follow-up screenings over a period of time, there is no record of participant progress.

3. Following the success of the `Aha Wahine Kuhinapapa Health Conference, the Committee worked in partnership with NHEA to present another `Aha Wahine at the World Indigenous People Conference on Education (WiPC:E) at the U.H. Kapiolani Community College in May 2014.

4. Funding proved to be insufficient to meet unexpected facility costs, but Kuhinapapa was able to recover most of the shortfall from registration fees.

5. Kuhinapapa completed the terms of its contract with OHA and was willing to go a step further by providing additional information about the JABSOM health screening results. Time constraints resulted in not being able to provide the data in time for this evaluation report.
RECOMMENDATIONS

1. Kuhinapapa should create a non-profit organization to direct future projects utilizing full-time staff, or explore other options for any future `Aha conferences.

2. Consider these suggestions for future `Aha Wahine Conferences:
   - maximize the number of workshops a person can attend by increasing conference time.
   - provide a short survey at the end of each workshop to gain participant feedback.
   - designate a contact person(s) for health screenings to track individual progress.

3. Increase matching funds to reduce dependence on one major donor.