

Shayna Chupein

# Ma Ka Hana Ka Ike

## Social Work Research Guide

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## Introduction

This guide offers a review of the available research existing within the field of social work, psychology, and sociology which would benefit the programs of MKHKI in order to demonstrate to potential grant sources (1) true need (2) justification of your approach, and (3) alignment with local, national, and industry trends. Much of the research presented is through the form of peer-reviewed journal articles which can be difficult to access without access to a University system however the articles have been included. I have also included some other organizations which may be more accessible outside of the University system.

*Note: Full citations are given in bold at the beginning of each article. In text citations are given under in green text.*

## Decolonizing Research

The field of Social Work has begun to address history and colonization and the ways which it continues to impact the services which are being provided to marginalized populations. This shift in thinking will need to translate into the funding and grants which are provided however critical assessment of research is necessary. I wanted to include a brief comment on this issue before we begin to talk about the existing research. White and colonizing academics have historically used indigenous subjects in order to make assumptions about social norms and behaviors. Often, the research design is of a *qualitative* design which results in the information, story-telling, and sharing provided by the indigenous participant being then whitewashed and understood through a white and academic framework.

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## Importance of Intergenerational and Peer Mentoring

**Mokuau, N., Browne, C. V., Ka'opua, L. S., Higuchi, P., Sweet, K. M., & Braun, K. L. (2015). Native Hawaiian Grandparents: Exploring Benefits and Challenges in the Caregiving Experience. *Journal of Indigenous Social Development*,4(1), 1-19.**

(Mokuau et al., 2015)

On average, Native Hawaiian grandparents are raising grandchildren at an increasing rate with 12% of Native Hawaiian grandparents caring for their grandchildren compared to 7% of grandparents throughout the rest of Hawai'i and 3.6% of grandparents throughout the United States. The authors conducted focus groups with 33 Native Hawaiian grandparents over the age of 55 in order to assess the benefits and complications with being primary caregivers to their grandchildren. As this was a focus group, the research is qualitative in nature.

In addition to caring for their grandchildren at a higher rate, Native Hawaiian elders also experience health problems and social disparities at a higher rate than other populations. This article discusses concerns related to social disparity in addition to the benefits of caring.

In Native Hawaiian culture, there is a collectivist view on 'ohana with grandparents assuming the role of caring for nuclear and extended family and the concept of foster care can be seen in hānai. The connection between grandparents and grandchildren serves an essential role in carrying culture with the grandparents passing on this culture and the grandchildren holding the kuleana of perpetuating this culture.

The sample was made up of primary caregivers for grandchildren over the age of 55. They were recruited through flyers and referrals from organizations which worked with elders.

*Benefits Identified by the Elders:*

The most common theme voiced by the grandparents was that of unconditional love towards

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and from the grandchildren. Unconditional love was identified as being a core Native Hawaiian value compared to non Native Hawaiians. The grandparents identified being able to provide concrete supports to the grandchildren including: material support, life skills and guidance, and the transmission of cultural values and stories including spiritual support.

Grandparents expressed the need to teach their grandchildren how to take care of themselves, and their community including teaching children to believe in themselves. They stressed the importance of teaching grandchildren to be “good citizens” by teaching respect, responsibility, and household limits.

73% of the grandparents stressed the importance of cultural transmission -- specifically starting with *aloha* and the value of ‘ohana. They spoke of teaching their grandchildren that they always have somewhere to go if they are in need and teaching skills such as how to build an *imu*. Several participants discussed teaching grandchildren the importance of honoring ‘āina and teaching children to understand spiritual life especially through the practice of storytelling.

The article then outlines struggles faced by grandparents which specifically addressed financial and legal constraints and the lack of available services.

Further information about the health disparities faced by Native Hawaiians can be found by looking at the publications by The Asian & Pacific Islander American Health Forum (APIAHF) cited as referenced in this reference section by Cook, 2010. Native Hawaiians were found to suffer from higher rates of obesity, diabetes, and other issues which could be addressed by offering healthy eating choices and revitalizing Native Hawaiian cultivation methods. Elders are not the only individuals being affected by obesity with Native Hawaiian youth having higher rates of obesity compared to all ethnic groups. Early individual interventions as well as community wide interventions are recommended to decrease the risk of severe long term health impacts.

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**Crooks, C. V., Exner-Cortens, D., Burm, S., Lapointe, A., & Chiodo, D. (2016, 11). Two Years of Relationship-Focused Mentoring for First Nations, Métis, and Inuit Adolescents: Promoting Positive Mental Health. *The Journal of Primary Prevention*, 38(1-2), 87-104. doi:10.1007/s10935-016-0457-0**

**(Crooks, Exner-Cortens, Burms, Lapointe, & Chiodo, 2016)  
subsequent in text (Crooks et al., 2016)**

This study was a two year long longitudinal study using a mixed method design (qualitative and quantitative methods) examining outcomes on school based mentoring for indigenous youth.

The article begins by explaining the importance of cultural connectedness and its connection with lasting positive outcomes regarding well-being and functioning and protection against discrimination. It highlights that simply engaging in cultural activities may not increase protective factors but that a strong sense of cultural identity can help overcome other disparities. It cites other research which has associated a strong cultural identity with positive school outcomes, self-esteem, and decreased risk of suicide. It cites the connection between increased cultural identity and decreased risky behaviors such as substance use.

Students who received two years of mentoring reported a greater sense of cultural identity compared to students who received 1 or no years of mentoring. A greater positive impact was identified in female students.

Participants expressed the following results:

- positive self-growth, self-confidence, and comfort in group settings.
- More confidence in public speaking
- increased leadership skills
- greater sense of individuality and self-confidence
- opportunity to build peer relationships as well as build support networks in their

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- communities
  - comfort in “being themselves”
  - Facilitation of a “safe space”
  - Modeling of healthy relationships
  - increased feeling of respect towards peers
  - establishment of trusting relationship with peer mentors
  - shared cultural experience with mentors gave students a space to explore and affirm their cultural identity
  - increased awareness of their culture and ability to connect it to their daily life
  - healthy boundaries

## **Disparities for Native Hawaiians**

**Liu, D. M., & Alameda, C. K. (2011). Social Determinants of Health for Native Hawaiian Children and Adolescents. *Hawaii Medical Journal*, 70(11 Suppl 2), 9–14.**

### **(Liu & Alameda, 2011)**

Although Native Hawaiians traditionally view children as sacred within their culture, Native Hawaiian youth currently are disproportionately affected by health disparities. The causes for the inequalities faced by today’s Native Hawaiian youth can be traced back to first contact with European settlers. Historically, Native Hawaiians faced high levels of violence, loss of culture, and the loss of land. These factors and the introduction of new diseases caused a depopulation of 95%. Through the process of Western influx into Hawai’i, Native Hawaiians have lost their food sustainability, self-governance, and ownership of the land with much of Hawai’i being taken over by tourism despite a significant push back by Native Hawaiians.

This article was a literature review regarding child health disparities among Native Hawaiian Youth and Adolescents. Some of the findings are as followed:

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### Prenatal/Infant Health:

- Compared to caucasian mothers, Native Hawaiian mothers were younger and more likely to be unmarried.
- Babies of Native Hawaiian mothers were more likely to be born preterm.
- Higher infant mortality rate among Native Hawaiian infants due to poverty and environmental factors.
- Higher rate of gestational diabetes.
- Pregnant mothers more likely to experience interpersonal violence.
- Higher rates of prenatal drug and alcohol use.
- Higher rates of obesity in pregnant mothers.

### Infectious Disease:

- Native Hawaiian and Pacific Islander children have a much higher incidence of methicillin-resistant Staphylococcus aureus osteomyelitis and cellulitis

### Mental Health

-Native Hawaiians are significantly more likely to meet DSM Diagnostic criteria for a mental illness. Specifically, there are higher rates of over anxiousness and obsessive compulsive disorders. Girls were more likely to receive these diagnoses than boys. Native Hawaiian boys had higher rates of disruptive comorbidities and both male and female Native Hawaiian youth have higher than average rates of substance abuse.

### Suicide:

Native Hawaiians have a higher prevalence of suicide than other ethnic groups. This is associated with the prevalence of poverty and depression as well as the presence of substance use. Children between middle school and high school as well as adolescents between high school and adulthood were at higher risk.

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### Self-Perception

The loss of culture, community and land has impacted the self-perception held by Native Hawaiian youth with Hawaiian children indicating white or Japanese dolls as having more physically or socially acceptable qualities.

### Racism and Colonialism

The history of colonialism and racism experienced by Native Hawaiians may contribute to the health disparities experienced in the community. Colonialism has created an unequal power distribution among Native Hawaiians and caucasians including unequal distribution of funding and resources. Racism has been associated with negative effects to health, sleep, stress level, and trust of service providers in other minority populations including Maori and Aboriginal populations.

### Developmental Origins of Health and Disease Epigenetics

Research done on populations non-specific to Native Hawaiians demonstrates the impact that maternal nutritional and environmental factors has on Maternal nutrition and environmental stress has on genome development of the fetus which in turn may increase risk for adult diseases such as heart disease, cancer, and depression. We also understand the impact that childhood stress and/or maltreatment has on the developing brain -- causing structural changes in the way which the brain processes stress.

### Intergenerational Trauma

The trauma experienced due to the colonization by Europeans continues to be re-experienced in Native Hawaiians youth. Through the systems of inequality and the feeling of being “less than”, trauma continues to be re-lived by Native Hawaiian youth. The ongoing marginalization of Native Hawaiians by Europeans can result in community-wide depression. This community depression can result in higher incidences of risky behavior including unhealthy diet, unprotected sex, and substance use. Risky behavior can result in higher rates of morbidity and mortality.



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### Resilience Factors:

Along with the disparities faced by Native Hawaiian youth, there are also a variety of resiliency factors. Closer family connections and parental bonding as well as connection with Hawaiian culture have been associated with resiliency in Native Hawaiian youth. Dissonance between individual and cultural identity has been shown to increase suicidal risk and the connection with their Hawaiian culture is associated with resilience in youth.

**McMullin, J., Bone, M., Pang, J. K., Pang, V. K., & McEligot, A. (2010). Native Hawaiian Voices: Enhancing the Role of Cultural Values in Community Based Participatory Research. *Californian Journal of Health Promotion*, 8, 52–62.**

(McMullin, Bone, Pang, J.K, Pang, V.K., & McEligot, 2010)  
subsequent (McMullin et. al, 2010)

This article focused on the benefits of Community Based Participatory Research with Native Hawaiians in California. The researchers were able to combine scientific knowledge with Hawaiian ways of knowing while examining ways which to address issues within the Native Hawaiian population. Community Based Participatory Research is a decolonizing approach which lifts the voice of community members and emphasizes community values to make real change which impacts long term health outcomes. The researchers remark that:

The values we tried to maintain throughout the study processes were “aloha” having compassion and respect for all who were involved, “mālama” caring for one another, “maihihila” making sure no one is shamed or wronged, “na’auao” a sharing of wisdom or knowledge and finally “ano ano hua” which means seed of my seed of my seed, or ensuring future generations. These values are touchstones that intersect in important ways with the goals of CBPR – equality, respecting each other’s strengths and the elimination of health disparities so that we might all have a healthier future.

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The community members, along with the researchers, identified the high rate of Cancer within the population of being a major concern within their community. They attempted to focus on dietary practices as they relate to cancer prevention. The researchers identified the importance food plays within Hawaiian culture including its significance within Native Hawaiian creation stories. Ohana is even described as being representative of the kalo plant. Food is enmeshed with many facets of Native Hawaiian life.

The researchers emphasize the importance that food, involving elders, and the concept had on making healthy choices. While the research did not test the outcome on healthy food choices, it lays the foundation for how future research to address health disparities should be conducted and shows the strength in bringing in Native Hawaiian values when conducting CBPR. They identified how they were able to get community participation by involving community elders, showing respect for food and the importance it has in the culture, and focusing on the concept of helping one another. These values were what were identified as being important in this community.

This demonstrates the potential for success for community driven programs such as a communal garden or other projects where the community helps one another in decolonizing interventions to make them culturally relevant for Native Hawaiians.

**Taualii M, Delormier T, Maddock J. Insights in Public Health: A New and Innovative Public Health Specialization Founded on Traditional Knowledge and Social Justice: Native Hawaiian and Indigenous Health. Maddock J, Hayes D, St. John TL, Rajan R, eds. *Hawai'i Journal of Medicine & Public Health*. 2013;72(4):143-145. (Taualii, Delormier, & Maddock, 2013)**

As a whole, indigenous populations face some of the highest health disparities and the

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lowest likelihood of being able to overcome these disparities. Many of these disparities including poor health outcomes, higher rates of poverty, and higher mortality are a result of systematic oppression and a historical context of white Europeans seeking to erase indigenous culture.

Native Hawaiians are disproportionately affected by negative health and social outcomes compared to other populations in Hawai'i. The infant mortality rate of Native Hawaiians is over twice that of caucasians and Native Hawaiians life expectancy is more than 13 years shorter than the highest life expectancy of their non Native Hawaiian counterparts. Infant mortality rates are often linked to maternal tobacco use, education level, and age -- all of which could be managed with education. Mortality in Native Hawaiian population due to cardiovascular disease is double and diabetes triple that of caucasians.

The Hawaiian Public Health Department has identified a need for culturally competent care with Native Hawaiian populations in order to be able to address the unique needs faced within this community. The following competencies were identified so that public health professionals may better meet the needs of the Native Hawaiian population:

1. Describe Indigenous People's health in a historical context and analyze the impact of colonial processes on health outcomes.
2. Analyze key comparative health indicators and social determinants of health for Indigenous Peoples.
3. Critically evaluate Indigenous public health policy and programs.
4. Apply the principles of economic evaluation to Indigenous programs with a particular focus on the allocation of resources relative to need.
5. Demonstrate a reflexive public health practice for Indigenous Peoples' health contexts.
6. Demonstrate a disease prevention strategy which values and incorporates Indigenous Peoples' traditional knowledge.

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## **Hawaiian Ways of Knowing**

**Hishinuma, E. S., Chang, J. Y., Sy, A., Greaney, M. F., Morris, K. A., Scronce, A. C., Rehuher, D. and Nishimura, S. T. (2009), HUI Mālama O Ke Kai: a positive prevention-based youth development program based on native hawaiian values and activities. *J. Community Psychol.*, 37: 987–1007.  
doi:10.1002/jcop.20344**

**(Hishinuma et.al, 2009)**

In order to understand the health disparities faced by today's Native Hawaiians, the historical context must also be understood. Prior to contact with Europeans, Native Hawaiians relied heavily on agriculture with the land (‘aina) being the body of their Gods which must be cared for and not owned. Culture was transmitted through oral history through generations and spiritual tradition informed law. After contact by Captain Cook in 1778, violence and disease substantially decreased the population of Native Hawaiians. As caucasians overtook the Hawaiian government, culture continued to be erased and seen as primitive and the use of Hawaiian language in schools was prohibited.

Since the 1970s, there has been a resurgence in Native Hawaiian culture with increased desire to learn Hawaiian culture and beliefs, traditions, and practices and a rejuvenated pride in the Native Hawaiian culture. However Native Hawaiians continue to have one of the lowest life expectancy of all ethnic groups in Hawai‘i. Native Hawaiian youth have lower levels of academic achievement, higher levels of poor nutrition and substance use and are overrepresented in incarcerated populations.

A greater emphasis is being placed on schools’ ability to meet the needs of their youth. Research has indicated that youth are at a higher risk of being exposed to violence immediately after school hours. After school programs have been an area for youth to

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practice healthy relationships, eating habits, and to participate in educational programs.

Research has indicated that well-structured after school programs can result in higher academic achievement and prosocial behavior, however little research has been done into the cultural aspect of these programs.

### *Hui Malama O Ke Kai*

This was a grassroots organization for rural Hawaiian youth meant to develop community pride and foster leadership for Native youth in Waimanalo by teaching Native Hawaiian culture and values. They focused on reconnecting, developing, and promoting skills related to cultural awareness and pride and the environment. This afterschool program focused on values of ohana, 'aina, community, and experiential learning.

This program utilized the elders (kupuna) to assist the children with day to day activities and to role model positive behaviors. This is a free program that operates during the school year. It offers tutoring to foster academic achievement and works to build pride in Native Hawaiian culture through traditional activities. They are typically done in the community and connected with the land. Healthy eating habits are encouraged and the lesson of the day is discussed in culturally appropriate circle formation through "talk-story".

Culture is intertwined throughout the day. Oli, a traditional Native Hawaiian chant open and closes the day. Children learn to care for the land and the children learn to understand their ancestors connection to the earth and ocean.

The children partake in community service projects to learn to ho'iho'i and give back to their community. There is also a strong focus on Ohana and events take place throughout the year to foster family connections. Parents and children also spend quality time with one another at culturally significant sites on weekend excursions where they can practice

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cultural traditions.

Preliminary outcomes of program evaluations done within this program demonstrate positive outcomes in relation to interpersonal relationship, cultural connection, independence, and health and safety with parents and students rating the outcomes as being very successful. Positive effects were also seen in self esteem, views of drug use, violence prevention, and family cohesion. The program was reported to be incredibly useful by parents and the increase in cultural connectivity was found to have far reaching implications into other areas of the children and family functioning. However due to the small sample size and only post test data being collected, further research is necessary.

## Food Sustainability

**Diné Policy Institute (2014). *Diné Policy Institute*. Retrieved from <http://www.firstnations.org> [PDF]**

(Dine Policy Institute, 2014)

Note: This is a very comprehensive article and a lot could be gathered from it for various parts of community gardens in Hana. The following is only a very brief summary.

Food issues can be linked back to many of the issues being faced in the Navajo Nation including food insecurity and food-related illnesses. Food is central to the Navajo and the loss of traditional food and cultivation in conjunction with food policies and scarcity of resources is an issue that needs to be addressed in this community. The article focuses on how reconnecting with Navajo foods, cooking, and cultivation can help restore holistic well being, connection to the land, and connection to one another.

The research utilized community based participatory research to focus on the voice of the Diné people as experts both as researchers and participants in an effort decolonize the research study. The Diné people have been historically left out of the conversation

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regarding policy and practice at all levels and this study attempted to address that.

Data was collected from 5 communities with 230 surveys being completed. The sample was made up of a majority of female respondents but the age ranges were varied. *Youth under the age of 18 were not represented.* Less than one third of respondents made over 30,000 per year. 63% received some form of food assistance.

Many of the respondents indicated concerns related to food scarcity and quality. They discussed needing to leave the reservation to find quality food and the food being offered was often old or spoiled. Many of the respondents had to travel 155 miles round trip in order to do their grocery shopping. Not only was this a financial struggle for the respondents, the need to go off of the reservation to locate food also resulted in economic loss for the respondents home community with their limited resources going to a community other than their own. This creates a lack of power and sovereignty in the Navajo community.

Seventy Four percent of respondents felt that food shortages and quality contributed to health problems in their community.

46% stated there was no information accessible in their community related to traditional foods although 90% stated they would be interested in having more information about traditional foods.

The researchers found that while traditional foods were valued in the community and more information was desired, very few of the respondents felt this information was available despite feeling like modern diets had a strong impact on negative health outcomes.

The following are direct quotes from this report provided by some respondents:

*"I think Native Americans were pretty much healthy back in the days, they didn't have like what,*

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*two or three people that were diabetic, maybe in the sixties or forties, fifties and they were pretty healthy because they had a distance to walk. They didn't have vehicles... everything was physical for them back then. So when they walk, you know, they stay healthy. They carry water, they stay healthy. They chop woods, they stay healthy. But after the western societies started bringing over all these...what do you call it? Bad, bad, bad, bad food products, it just got a hold of us cause it's something we never had before."*

### Regarding Growing Food:

Focus groups were held with community members who were growing food in order to understand what led them to grow and what they would like to see in the community. The growers indicated that they cultivated their own food because of a desire to be sustainable and be able to provide for their families and community. Farmers expressed a desire to continue to plant heirloom seeds in order to pass on Native crops and did not want to have to rely on outside sources to ensure they were fed.

The focus group members also said they desired to have healthy and quality food. They wanted to know the process their food went through and where it came from. They expressed a desire to be free from excessive chemicals and pesticides. They also enjoyed the physical and mental activity which came from cultivating their own crops.

Those who grew their own crops also cited the need to be connected to their identity and culture. They discussed their traditional stories where food and growing food was commonly discussed and felt that growing crops could be a powerful teaching school. As families and communities worked on growing food together, deep bonds were formed and a collective identity was created as the community supported each other and shared their produce.



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Some barriers to growing food were identified and the following direct quotes were gathered:

*"I think we're just living in age of running a rat race. We don't have time for our children. We're just trying to get ahead and see what our neighbors have next door and then we want to have those things. I guess it's just a material thing. We've just been influenced by the western world and we have lost track of what is important in our culture."*

And

*"I think my family just relied on our grandparents to be the ones to take care of the cornfield... Before I didn't work and now my job requires me to be at work every day and I think that is what caused us to move away from our traditional food."*

They expressed the impact the multigenerational effects that colonization has had on their independence. While the Dine people were traditionally self sufficient people, the current power structures have left them to heavily rely on government aid.

These growers explained how the loss of independence and reliance on government aid has impacted their concepts of K'é -- the traditional interconnectedness within the community and generations. They discussed how this impacts all facets of their daily life.

Food has always been central to the Dine people. The lack of available, organic, quality food and traditional foods such as corn and squash has resulted in identity loss in the community. As they are able to take more of a role in ensuring that traditional foods are available and that the community is not reliant on government aid to feed them, the people of these nations can begin to take a greater degree of independence in their daily life.

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## APA Citations

The following APA Citations are taken from the APA publication manual (6th edition) and Owl Purdue 2017:

### Journal Article by DOI (Many of these articles):

- Author, A.A., Author B.B., & Author C.C. (year). Title of article. *Title of Periodical*, xx, pp-pp. doi: xx.xxxxxxxxxx
- Crooks, C. V., Exner-Cortens, D., Burm, S., Lapointe, A., & Chiodo, D. (2016, 11). Two Years of Relationship-Focused Mentoring for First Nations, Métis, and Inuit Adolescents: Promoting Positive Mental Health. *The Journal of Primary Prevention*, 38(1-2), 87-104. doi:10.1007/s10935-016-0457-0
- If no DOI is assigned to the content and you retrieved it online, include the home page URL for the journal, newsletter, etc. Format: Retrieved from <http://www.xxxxx>
- In Text:

#### **A Work by Two Authors:**

Name both authors in the signal phrase or in the parentheses each time you cite the work. Use the word "and" between the authors' names within the text and use the ampersand in the parentheses.

ie: Research by Wegener and Petty (1994) supports... OR

(Wegener & Petty, 1994)

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**A Work by Three to Five Authors:** List all the authors in the signal phrase or in parentheses the first time you cite the source. Use the word "and" between the authors' names within the text and use the ampersand in the parentheses.

(Kernis, Cornell, Sun, Berry, & Harlow, 1993)

In subsequent citations, only use the first author's last name followed by "et al." in the signal phrase or in parentheses.

(Kernis et al., 1993)

**Corporate Author or Government Report ( Such as CDC or other governmental reviews of health disparities)**

Author, A. A. (1998). *Title of work* (Report No. xxx. Location: Publisher.

Center for Disease Control, (2016). *Health disparities among Native Hawaiians*. Retrieved from <http://xxx>.

**In-text citations:** One work by one author: (Jones, 2005) Note: "References in APA publications are cited in text with an author-date citation system..." (p. 174). Groups or agencies as the author: (National Institute of Mental Health, 2007) (NIMH, 2007) Note: Spell out the entire name of the agency in the first citation and use the abbreviation or acronym in subsequent citations.

**Doctoral Dissertations and Master's Theses**

- Italicize the title of thesis.

Identify the work as a thesis in parenthesis after the title

Author, A.A. (2003). *Title of thesis* (Doctoral dissertation or master's thesis). Retrieved from Name of database

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(Accession order No if available)

Ogden, K.E. (2011). *An aloha state of mind: Performing Hawaiian cultural identities* (Doctoral dissertation)

Retrieved

from <http://www>.

*In Text:*

Citations are placed in the context of discussion using the author's last name and date of publication.

(Rashed, 2008)

Alternatively, you can integrate the citation into the sentence by means of narrative.

Rashed (2008) examines ESL students' perceptions of technology use in the classroom.

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