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# Decolonizing Knowledge Development In Health Research Cultural Safety Through The Lens Of Hawaiian Homestead Residents

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## Abstract

Cultural safety is a strengths-based construct which aims to subvert unequal power relations, honor diverse ways of knowing in community-specific contexts, and acknowledge community as arbiter of 'how' safety is actualized. Published literature documents the benefits of culturally safe healthcare yet pays scant attention to culturally safe research praxis. Our team of practitioner-researchers sought to uncover meanings of cultural safety in community-based health research with Hawaiian Homestead residents. Focus groups were conducted in three communities. Emic descriptions of cultural safety and non-resident researchers were elicited. Content analysis revealed trust (hilinaʻi) as the overarching theme fundamental to cultural safety. Cultural safety was demonstrated by practices that accommodate and engage community in their shared sense of place, history, ways of knowing, and capacity-building. Such practices likely mitigate perceptions of cultural imposition and promote relevant interventions developed with communities. Implications are enunciated in HILINAʻI, a mnemonic for advancing knowledge decolonization and health equity.

## BACKGROUND SIGNIFICANCE

### CULTURAL SAFETY AND RESEARCH PRAXIS

Cultural safety or kawa whakaruruhau in the Maori language is a construct borne from the experiences of Indigenous nurses who witnessed their non-Maori colleagues attribute poor

health outcomes to cultural deficits and concomitantly, to denigrate verbally and behaviorally the value-based practices of culturally rich, yet socioeconomically disadvantaged Indigenous communities of Aotearoa/New Zealand (Nursing Council of New Zealand, 2011). Maori nurses observed that the lack of cultural safety was experienced as an assault on cultural identity, could trigger reminiscence of other culturally traumatic events, and reinforced perceptions of the clinical encounter as threatening. In short, the lack of cultural safety functioned as a potent barrier to Maori participation in conventional, Western health services (Papps & Ramsden, 1996).

Cultural safety is defined as effective practice with a person, family, or community whose cultural orientation is different to that of the provider; notably, effectiveness ultimately, is determined by service consumers (Williams, 1999). In promoting cultural safety the provider is mindful of relational safety, as well as physical safety. A consumer's identity and perceived needs are affirmed rather than ignored, challenged, or assaulted. The emphasis of culturally safe intervention is on subversion in relationships of unequal power and thusly, extends the discourse on de-colonization of knowledge development (Browne, Smye, & Varcoe, 2005; Williams, 1999). General guidelines for culturally safe health practice are premised on the recognition of group strengths in surviving cultural trauma and coping with ongoing marginalization. Providers practicing cultural safety strive to make health services more welcoming by demonstrating respect for all ways of knowing, openness to reciprocal learning, and importantly, monitoring their negative biases. The broad relevance of cultural safety has led to its adaptation by other Indigenous, ethnic minority, and socially marginalized communities and health services organizations (Australian Government Department of Health, 2008; Ka'opua et al., 2014; Ka'opua et al., 2016; National Aboriginal Health Organization [NAHO], 2012; Smith, 2010).

As a construct, cultural safety integrates concepts from cultural humility and cultural competence, which similarly focus on the responsibility of providers to engage cultural differences in respectful ways. Like cultural humility, cultural safety highlights the ability to maintain an interpersonal stance that is open to diverse cultural identities and stresses the importance of provider self-reflection and monitoring biases (Tervalon & Murray-Garcia, 1998). As with cultural competence, cultural safety emphasizes the importance of a congruent set of behaviors, attitudes, and policies which facilitate effective practice in cross-cultural situations (Cross, Bazron, Dennis, & Isaacs, 1989; Dana, Behn, & Gonwa, 1992). In summarizing efforts to

promote cultural safety with children, families, and communities, Ball (2015) posits that cultural humility and competence may operate as independent variables influencing cultural safety as dependent variable; that is, a service consumer may experience cultural safety when providers demonstrate cultural competence and humility.

**Table 1. Glossary of Terms**

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|---|
| **ʻano** – Nature, as in the nature of a person. |
| **ʻauwai** – Irrigation ditches designed to cultivate wetland taro within the traditional Hawaiian ecosystems; with the advent of western development and agribusiness, ʻauwai were destroyed or fell into disrepair and in contemporary times, are being restored for sustainable taro cultivation. |
| **Hawaiian Home Lands, Hawaiian Homesteads, homestead communities** – These terms are synonymous. In the convention of homestead residents, the first term tends to be used when discussing macro level or policy issues and the other terms are used in discussion of mezzo level or community concerns. |
| **hoʻolauna** – Making social introductions and personal connection. |
| **hoʻoponopono** – Structured dialogic process for resolving relational conflict and misunderstanding. |
| **ʻiwi kuamoʻo** – Literally, backbone or spine; metaphorically, refers to a person's inner strength. |
| **Kapu Aloha** –Discipline of compassion that expresses loving care for all life and peaceful intention for others, including those who may not readily share the same views. |
| **kapulu** – Poorly done, careless. |
| **kiaʻi** – Guardians, gatekeepers. |
| **koko** – Blood or Hawaiian ethnicity. |
| **kuleana** – Individual responsibility/accountability within a family, community, or group. |
| **kūmu** – Teachers, sources of wisdom, often those who are learned in traditional practices. |
| **kupuna** (singular)/**kūpuna** (plural) – respected elder(s), adult(s) of the grandparent generation. |
| **lāhui** – Those of Native Hawaiian ethnicity, the Hawaiian race, the Hawaiian nation. |
| **laulima** – Many hands working together, cooperation, cooperative work. |
| **piko** – Literally refers to umbilicus or navel; metaphorically, the conduit to life source and the point around which all else moves. |

To date, the authors found one publication on conceptual relevance of cultural safety in healthcare services with Native Hawaiians (McCubbin, 2006), one publication on decolonizing gerontology research with Native Hawaiians and other U.S. – dwelling Indigenous people (Braun, Browne, Ka ʻopua, Kim, & Mokuau, 2014), and two publications that explicitly integrated cultural safety in intervention research with Hawaiians and other Pacific Islanders (Kaʻopua, et al., 2014, Kaʻopua, et al., 2016). Scholarship on culturally-grounded education for Native Hawaiians articulates the term "cultural kipuka" (safe spaces for nurturing native cultural ways) in aloha ʻaina literacy (a pedagogy of loving care for all life, including the land) (Goodyear-Kaʻōpua, 2013; Kaʻopua et al., 2016; McGregor, 2007). It is conjectured that the construct of cultural safety may be applicable for Native Hawaiians in the context of health research (Braun et al., 2014; Kaʻopua et al., 2014, 2016). Our current research aims to address gaps in the published cultural safety literature by exploring the relevance of cultural safety in community-based health research with residents of Hawaiian Home Lands (also known as homesteads or homestead communities). The authors provide a glossary of Hawaiian language words and expressions used throughout this article (see Table 1.Glossary of Hawaiian Terms).

## NATIVE HAWAIIAN WELL-BEING, HAWAIIAN HOME LANDS, AND HEALTH RESEARCH

**Well-Being.** While once a robust and hardy people, the health status of Native Hawaiians deteriorated rapidly upon contact with the West in 1778 and subsequent colonization by the U.S. (Kaʻopua, Braun, Browne, Mokuau, & Park, 2011-a). In the social-medical history *Germs and Genocide: The Gifts of Civilization*, Bushnell (1993) traces Hawaiian health in the period of American colonization and advent of monopoly capitalism, the syndemic or co-occurring epidemics of foreign diseases, cultural erasure of Hawaiian traditions, and systemic suppression of Indigenous power. Collective trauma was experienced as these co-occurring forces threatened annihilation of the very fabric of the traditional Hawaiian social system. Cloaked in the rhetoric of civilizing Indigenous people and "democratizing" their traditional governance system, Hawaiian histories of struggle and resilience were expurgated, and replaced by Western epistemologies that supported a new colonial society on the expropriated land base of Hawaiians (Goodyear-Kaʻōpua, 2013). Notably, Hawaiʻi's land tenure system was shifted from one of collective land stewardship and equitably shared resources to that of private land ownership,

monopoly capitalism, and grossly, unequal distribution of wealth (Ka'opua et al. 2011-a; Kern, 2010). This shift assured the success of cash crops and plantation-based agriculture but alienated maka'ainana (common people) from the 'aina (land) --- the fundamental source of lōkahi (harmony) in the interrelated domains of spirituality, social relations, and economic sustenance.

**Home Lands.** The negative consequences of land alienation caused Prince Jonah Kūhiō Kalanaiana'ole to advocate for the creation of Hawaiian homesteads (Levy, 1975; State of Hawai'i Department of Hawaiian Home Lands [DHHL], 2016). As delegate to the U.S. Congress, Kalanaiana'ole argued that returning Hawaiians to a land base would promote self-sufficiency and preserve traditional culture (United States Commission on Civil Rights [USCCR], 1991). Efforts resulted in the passage of the *Hawaiian Homes Commission Act of 1920 [HHCA], as amended* (DHHL, 2015). This act established a land trust with designated acreage for Hawaiian Home Lands or homesteads. Progressive intent notwithstanding, the act reflects significant compromises with American business lobbies of the early 20th century. To ensure the success of agribusiness, Hawaiian Home Lands were limited to leasehold title. Further, eligibility criteria based on blood quantum requirements restricted leasehold ownership to persons of at least 50% Hawaiian ethnicity and restricted succession of leases to family members of at least 25% Hawaiian ethnicity (DHHL, 2016). Additionally, lands designated for Hawaiian Home Lands for the most part, were geographically remote, arid, and importantly, unsuitable for productive development. Thus, the legislation's stated intent to promote Hawaiian self-sufficiency was severely hindered and resulted in what some critics have termed the "broken trust" (USCCR, 1991). In 1959 Hawai'i became the 50th U.S. state and the State of Hawai'i, Department of Hawaiian Home Lands was established to administer the *HCCA* (DHHL, 2015).

At present there are 60 Homestead communities situated on the five most populated islands in the Hawaiian Archipelago (DHHL, 2016). Socio-demographic characteristics of Homestead residents generally, follow patterns of the overall Native Hawaiian population, the latter of which accounts for about 21.3% of Hawai'i's residents (DHHL, 2014; Wu et al., 2017). Although the socio-economic status of Native Hawaiians varies across the State, Native Hawaiians have the lowest mean income of all major ethnic groups in Hawai'i and the proportion of Native Hawaiian households with a livable income declined from 67 to 57% between 2003-09 which represents a larger decrease than that of any other major ethnic group (Kamehameha Schools, 2014).

**Health Research.** National and Hawai'i State data indicate that the Native Hawaiian population suffers from disproportionately high rates of certain chronic diseases (asthma, breast cancer, coronary heart disease, diabetes) (Ka'opua et al., 2011-a; Mokuau et al., 2016, Wu et al., 2017). Health data on homestead residents currently is limited. However, existing data from three urban homestead communities suggest high rates of the same chronic conditions that burden the Native Hawaiian population as a whole (Kula no na Po'e, unpublished data, 2008). As ethnic enclaves, Homestead communities have attracted researchers interested in health disparities, culture, and other bio-psychosocial phenomena. Factors attracting researchers to Homestead communities, include: (a) geographically self-contained nature of homestead communities that could facilitate sample accrual, (b) opportunity to conduct research with persons of diverse age cohorts, with possibility of longitudinal observation and intervention, and (c) potential to access ethnic Hawaiian enclaves that allow for description and comparison of biomedical and/or psychosocial phenomena among people with similar geographic, socioeconomic, cultural characteristics, and shared sense of history (Ka'opua et al., 2004; Model, 1985). Native Hawaiian communities, including Homestead communities have expressed distrust and concomitant reluctance to study participation due to: use of classic controlled experimental designs (e.g., control condition receives no intervention at all), lack of community input, little or no perceivable community benefits, and researcher-related factors (e.g., researcher opportunism, failure to disseminate study results to community members, inattention to community norms, disrespect for privacy of study participants) (Ka'opua et al., 2011-b). Community health researchers increasingly, are using community-based participatory research (CBPR) approaches through which communities are engaged as partners (Minkler & Wallerstein, 2008). While CBPR approaches address many of the concerns raised by Native Hawaiian and other Indigenous communities, some investigators have argued that CBPR needs to go further in integrating a community's cultural preferences in the praxis (application) of community-based research approaches (Kagawa-Singer, 2009; LaVeaux & Christopher, 2009). Proceeding from such concerns, we sought to define cultural safety through the lens of Hawaiian Homestead residents. Our research questions were: What is cultural safety in community-based health research with Hawaiian Homestead communities? What are examples of culturally safe and unsafe research praxis? What are the implications for researchers seeking to promote culturally safe research with Homestead communities?

## METHOD

**Study Promotion.** Upon receiving approval from the institutional review boards of the University of Hawai'i-Mānoa and Papa Ola Lōkahi, the Native Hawaiian Health Care Systems, our research team promoted the study in Homestead communities within the City and County of Honolulu (O'ahu island). Team members met with community association leaders to provide study information. Community associations from one urban and two rural communities concluded that the research would be beneficial and allowed researchers to publicize the study through dissemination of print material and face-to-face promotions at association-sponsored meetings, health fairs, cultural events, and other activities.

**Sample.** Adult residents (≥ 18 years of age) were eligible to participate. Residents obtained study information and provided written consent prior to study enrollment. The final sample of focus group participants included 30 adult residents (~10 persons from each homestead community). All participants identified 'Native Hawaiian' as their primary ethnicity and cultural identification. The sample was primarily female (n= 21), with slightly more than one-half of participants (n=16) falling into the age category of 41-60 years. Approximately 46.6% of participants (n=14) were in the age categories of 25-40 and 61- 70 years. About 66.6% of participants (n=20) reported having more than a high school education (i.e., technical school, community college, university degree) and 33.3% (n=10) reported having less than a high school education. About 66.6% stated they had expressed interest in participation in other community health studies and 40% (n=12) actually had enrolled in other studies prior to participating in the current research. Upon completion of focus groups, a sub-sample of participants were identified as providing diverse, yet information-rich discussion; these participants were invited to partake in a key informant interview. Six persons (two from each Homestead community) were approached and five consented to an interview. Key informants were primarily female (n=3) and older adults of at least 60 years of age (n=4). Three informants had completed a baccalaureate degree program (one had completed a master's program), one completed high school, and one had completed elementary school. All key informants had lived in a Homestead community for more than 30 years, had served as an elected leader in their respective residents' association, and remained active in their respective community.

**Procedures.** Study procedures were undergirded by guidelines for cultural humility, competence, humility, and safety (Cross et al., 1989; NAHO, 2012; Trevalon & Murray-Garcia, 1998). To enhance community participation and contribute to building community research capacity, three community members (one from each of the participating communities) were hired as community research facilitators (CRF). CRF assisted with study recruitment, data collection/analysis, coordination of focus group discussions, and other research-related activities. All CRF completed training on human studies, study protocols, and methods for qualitative data collection/analysis. CRF and senior members of the research team (1 resident, 3 non-resident researchers with history of collaboration with Homestead communities that collectively totaled 30+ years) served as co-facilitators of focus groups and/or key informant interviews. Subsequently, these individuals participated in data analysis and dissemination of information.

**Focus Group and Key Informant Procedures and Measures.** All focus groups were convened in a community center located within participants' respective Homestead neighborhood. The purpose of the focus groups was to elicit community-specific perceptions of cultural safety. Each focus group began with prayer (pule) and/or chant (oli) delivered by an elder of the community which are customary ways of beginning important meetings in Hawaiian communities. Refreshments were shared and participants were given a gift of pa'akai (sea salt) which in Hawaiian tradition connotes the connection of sea-land-sun and the collective process involved in pa'akai harvest. Focus group participants were asked to complete a 12-item socio-demographic questionnaire and subsequently, participated in a 90-minute discussion. Discussion patterned on the custom of "talk story" (informal, conversation-like sharing of commonalities, concerns) ensued (Ka'opua et al., 2004). Discussions relied on a semi-structured schedule of questions that was based on Krueger's (2002) focus group methods. Four query sets (opening, transitional, key, and summarizing questions) were used. The opening query set centered on defining "cultural safety" (e.g., What comes to mind when you hear the word "culture" or "cultural"? "Safety"? Putting the words "cultural" and "safety" together—what is "cultural safety" to you?). The transitional query set focused on cultural safety in research (e.g., What are your experiences, thoughts, and/or concerns about cultural safety in community-based health research?). The key query set elicited responses on researcher behavior (e.g., What do you need to know or experience so that you would feel culturally safe to participate in a community health research study? Describe ways in which researchers from outside this community showed

understanding and respect for this community? Your lifestyle? The life of others in this community?). The closing query set aimed to clarify and summarize participant responses (e.g., What is most important for researchers to understand about cultural safety in this community?). Data saturation (i.e., no additional data found to develop new categories, groups iterate upon similar/same themes, descriptions are rich and thick) was achieved with three groups, as confirmed through research team consensus and community key informants. Procedures for key informant interviews were less structured than in focus group discussions. Key informants were presented with preliminary analyses of focus group discussions. They were asked if researchers' understanding was accurate and provided clarification, as well as additional detail when indicated.

**Table 2. Audit Trail**

| Stage | Procedures for Ensuring Trustworthiness of Results |
|---|---|
| 1 | ***Credibility (confidence in truth of observations & results)*** Upon completion of each focus group and in-depth interview, co-facilitators de-brief impressions of discussion procedures & content. |
| 2 | ***Transferability (obtaining thick description)*** All digitally-recorded focus groups and in-depth interviews immediately are transcribed *verbatim*. Facilitators complete initial review of transcript and make memo notes on emerging concepts and exemplary quotations. |
| 3 | ***Credibility & transferability*** Each transcript is independently co-coded. All transcripts are continuously analyzed & compared by research team, which notably included community researchers (CRF, senior researchers). Sections of transcripts are filed by concepts & categories of similar concepts. |
| 4 | ***Confirmability (extent to which findings are shaped by participants & not biased by investigator interest)*** The research team, which included community researchers (CRF, senior researchers) who periodically review and revise coding system of concepts and categories. |
| 5 | ***Credibility*** Preliminary summary of analysis is reviewed by key informants from participating communities and by research team which notably included community residents (CRF, senior researchers). As indicated, the summary is revised. |
| 6 | ***Establishing dependability (demonstrating consistency in results &trustworthiness*** Final analyses are written and linked to published literature. |

**Analysis.** Discussions and interviews were audio-taped and transcribed *verbatim*. Each transcript was independently coded by two members of the research team. Themes emerging themes from the coding continuously were discussed at weekly team meetings. Content analysis (Krippendorff, 2012) was performed to identify and describe key themes emerging from each of the three communities with subsequent analysis of common themes across communities. All themes were determined through discussion and consensus agreement among research team members. Trustworthiness of findings was ensured through use of an audit trail (Lincoln & Guba, 1985) that actively involved CRF, senior research team members, and key informants.

## FINDINGS

Research questions were: What is cultural safety in community-based health research with Hawaiian Homestead communities? What are examples of culturally unsafe and culturally safe research praxis? What are the implications for researchers seeking to promote culturally safe research with homestead communities? Findings relevant to these questions were thematically categorized and exemplary quotes provided.

### WHAT IS CULTURAL SAFETY IN RESEARCH?

"Cultural safety is about relationships and trust. Researchers need to blend with us."

All focus groups strongly endorsed the relevance of cultural safety in community-based research. Attention to establishing trust (hilina'i) with the community was the overarching theme in community narratives and viewed as crucial to creating cultural safety. In entering the community, researchers need to "blend" or accommodate and engage with the community of people who share in varying degrees, a sense of place imbued with historical and cultural meaning that contribute to self- identity. Blending may begin with feeling of affinity. However, study participants emphasized the importance of "know- how" especially when a community's trust has been violated.

> "We have a history of broken trust in research. Restoring trust is like restoring 'auwai [irrigation ditches] so that water flows to taro patches. This allows research to move forward. It takes time. It takes know-how!"

"Know-how" is described in the sections on culturally safe praxis and implications for researchers seeking to promote cultural safety in research with homestead communities. Also

described are the consequences of culturally-unsafe research praxis.

## WHAT ARE EXAMPLES OF CULTURALLY UNSAFE PRAXIS? CULTURALLY SAFE PRAXIS?

**Culturally unsafe praxis.** Disregard of community needs and inattention to a community's cultural lifeways led to perceptions that research was more of a "hindrance than a help". Cultural wounding resulting from previous research in the community was likened to "robbery with a university degree" or relatedly, "taking from the community without giving back to it". About 73.3% of participants (n=22) reported experiencing a researcher's behavior as "negative" in some way and therefore, were "reluctant" to join research studies. Identified themes on culturally unsafe praxis included: (a) disrespect of entry etiquette (e.g., "it's all business, they don't take time to know us as people"), (b) stereotypic notions about Hawaiians (e.g., "problems with gang violence"), (c) use of language or practices that carry threatening connotations (e.g., "testing"), (d) few/no perceivable benefits to community (e.g., "Don't know the community, don't connect the dots of culture, health, education, social services", "don't share findings"), and (e) demonstrated lack of understanding community history and lifeways (e.g., "We have a history of mentoring by kūpuna [elders]", "Many kūpuna took time to 'feed' me with information", "If what I did was kapulu [poorly done], I was told to do it until I got it right", "It's not just about what we/I think about an issue. Our kūpuna had a vision for this community and our kuleana [responsibility] is to carry this forward", "laulima—learn to work with together with community").

> "Researchers tried to survey us on Sundays when we gather with family. Most times we never heard the results. This disrespect made us weary and wary. For 20 years our community shut the door to any type of outside research."

**Culturally safe praxis.** Exemplary quotes provide operational definitions of cultural safety. The importance of reciprocal relations between community members and non-resident researchers, as well as the processes of vetting and training researchers in community lifeways are highlighted. Culturally safe know-how was characterized by five themes core to establishing trust: (1) understand that non-resident researchers are guests of the host community (e.g., "Take time to learn the community history upfront", "respect our ways"), (2) appreciate community history, collective wisdom, and lifeways, as might be transmitted by kiaʻi, (gatekeepers) and

kūpuna (elders) (e.g., "recognize the struggles we face as Indigenous people", "see the many strengths in our community"), (3) adhere to culturally-grounded social etiquette and take time to hoʻolauna (social introductions, "talk story") and get to know residents as more than research "subjects" (e.g., "Important for researchers to share 'who' they are, 'where they're from, 'why' they're in our community), (4) appreciate community priorities for capacity building (e.g., "make sure that community members are at the table before a grant is written, involve us throughout, let us control our budget", and (5) facilitate meaningful involvement of community members, with attention to strengthening a community's research capacity and shared power (e.g., "CBPR has worked well. All of us have kuleana", "Our community members were hired to co-lead research focus groups. We feel more culturally safe, are more genuine, and this makes for better research").

> "Cultural safety is a two-way street. We take the risk to share with them. It is important for researchers to share 'who' they are, 'where' they're from, 'why' they're in the community. This is how we build trust with people from different places, of the koko [Hawaiian blood] and not."

> "Cultural safety works both ways. As kiaʻi [gatekeeper], I need to protect the community and the researchers. I have to trust the researcher's 'ano [nature] as sincere. Will the research benefit our community, lāhui [race], future generations? Do the researchers have knowledge of the community and 'iwi kuamoʻo [backbone] so they can be released into the community and stand on their own".

> "The researchers showed me they were culturally safe by taking time to be part of community life, volunteering their service for community activities, sometimes bringing their family with them. I saw that what was important to us was important to them. I came to trust them and participated in their research."

## WHAT ARE THE IMPLICATIONS FOR RESEARCHERS SEEKING TO PROMOTE CULTURALLY SAFE RESEARCH?

> "The homestead is our piko [central point], sacred space. Cultural safety might include Kapu Aloha [discipline of compassion] that activists use to protect sacred spaces from desecration. This is practiced in the way you speak to people, how you approach difference, how you involve and include others in conversation. Respectful conversation matters."

Investigators' insensitivity, negligence, and even abuse were associated with the research endeavor as a breach of community trust. Broken trust notwithstanding, participants endorsed the potential value of research while emphasizing the need for know-how in culturally safe research

with their homestead communities. Implications for culturally-safe know-how are summarized in HILINA'I, a mnemonic for building-sustaining trust and cultural safety in community-based health research. In Hawaiian the word "hilina'i" means "trust" and implies a depth of confidence and belief in another that allows for inter-dependent relations. Table 3 HILINA'I: Trust and Cultural Safety in Research Praxis summarizes key findings which may provide guidelines for future research and praxis. We have begun to pilot this mnemonic as a teaching tool in practicum seminars with social work students placed at one homestead community. Students indicate that HILINA'I is a helpful tool in practicing culturally safety.

**Table 3. HILINA'I: Trust and Cultural Safety in Research Praxis**

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|---|---|
| **H** | **Honor** a community's history of strength and resilience, vision for health-wellness, lifeways, and research needs and priorities. |
| **I** | **Introspect** on personal, professional, and organizational biases that may influence negative attributions of poor health outcomes in a community and among its members. |
| **L** | **Learn** community ways of knowing and transmitting what is known. Be open to learning from kia'i, kūpuna, traditional practitioners, and other community members. |
| **I** | **Involve** self in community activities, get to know community as more than a study site and to know residents as more than (potential) study participants. This may set the foundation for holistic and enduring relations with community and its members. |
| **N** | **Nurture** meaningful community participation in the research endeavor across the trajectory of a project—from needs assessment to intervention development, evaluation, and dissemination of findings. |
| **A** | **Act** to enhance research capacity of persons-in-community and of community as a dynamic organization. Partner/mentor on specific research activities when possible, and know when to "release" research leadership to community members. |
| **'I** | **Insurrect** relationships of unequal power and control through culturally-grounded processes for developing trusting relations (e.g., use of ho'olauna, establshing social binders) and other appropriate dialogic processes for navigating disagreement (e.g., ho'oponopono, Kapu Aloha). |

## DISCUSSION

Advancing the relatively, embryonic literature on cultural safety was the overarching goal

of this research. We endeavored to go beyond general conceptual definitions by specifying behaviors and attitudes that might influence culturally safe research praxis. Proceeding from our commitment to promote Native Hawaiian health and social services research, we explored culturally safe research praxis through the lens of three Hawaiian Homestead communities. Participants enumerated their interactions with researchers that were experienced as cultural affronts at multiple levels (person, family, home, community) and resulted in distrust of the researcher and by extension, the research endeavor. Despite negative experiences, participants voiced the belief that research could potentially benefit the health of their community. This coupling rendered an endorsement of cultural safety as relevant for research praxis.

**Research Limitations and Strengths.** Several issues inherent in our sampling frame and methodologic procedures limit direct application of study findings to other Hawaiian Homestead and non-homestead communities. Convenience or non-probability sampling was used with volunteers recruited through community and social organizations in Homestead communities on O'ahu island. O'ahu is the site of the State university's flagship campus and its affiliated research institutes; those living on this island generally, have greater access and experience with human studies than those who reside on other islands (Ka'opua et al., 2015). Thus, our findings may not fully capture the experiences of Homestead residents in other locations. Further, convenience sampling likely biased study findings in the direction of more active community members who might also be more likely to join a research study. The nature of data collection methods presents additional limitations. Focus groups and key informant interview methods are subject to recall and social desirability biases. The influence of social desirability may be particularly powerful in Native Hawaiian groups because traditional culture places high value on maintaining harmonious relationships and on respect, even deference to elders' wisdom. Thus, strong differences of opinion especially from younger participants may not have surfaced in time-limited group discussions such as those conducted. Further, key informants tended to be older, more educated, and active in their homestead associations; this advantages the perspective of community leaders accustomed to speaking in general and on Homestead issues in particular. Future inquiries should consider use of age- and community role-stratified groups. Finally, the very nature of focus group methodology advantages the opinion of those most comfortable speaking in groups and this likely influenced the nature and extent of information disclosed. Limitations notwithstanding, study procedures evidence a number of important strengths. The

research protocol purposefully adhered to general guidelines for cultural humility (Tervalon & Murray-Garcia, 1998), competence (Cross et al., 1989), and safety (NAHO, 2012). The team made efforts to behaviorally demonstrate cultural safety--respect for community voice, openness to diverse ways of knowing and learning, and importantly, to practice self-reflection and monitoring of negative biases that might arise. Focus group and key informant interviews were culturally tailored using strategies and activities found to be effective in obtaining information-rich data for other studies with Native Hawaiian participants, including Homestead residents (Ka'opua et al., 2004). Further, the research team developed and followed an audit trail which systematically ensured that study findings are trustworthy, relevant for application to research praxis, and sufficiently detailed to replicate similar inquiries with other communities (Lincoln & Guba, 1985). The audit trail included member checks (e.g., focus group discussions concluded with researchers summarizing their understanding, preliminary findings shared with key informants drawn from focus groups) and active data gathering was closed only after data saturation (i.e., participants provide information-rich responses and responses iterate upon same themes) was achieved. Importantly, the research used multiple strategies to involve constituent communities. Constituent-involving strategies are well-known to community-based and -engaged research (Ka'opua et al., 2014). Such strategies take on elevated importance in research that focuses on cultural safety, which by definition designates the community as final arbiter of 'what' safe praxis is. In this study constituent-involving strategies were employed in general study design, data collection, analysis, and dissemination of findings. Notably, three community members (one from each of the participating Homestead communities) were hired as community research facilitators (CRF). CRF received training in research ethics and qualitative methods; subsequently, CRF co-facilitated focus group discussions and key informant interviews, co-coded discussion transcripts, and participated in team discussions to arrive at a final set of core themes. Through training and application of learning, CRF increased their research competencies and by extension, that of their Homestead community. Project data collection benefitted from CRF familiarity with community members; their enduring acquaintance with community offered credibility to the study and allowed participants to feel "safe" and more "honest" in discussions. CRF knowledge of their community's deep culture (thoughts, beliefs, values, subtle gradations of identity and interpersonal relations expressed in actions, words, lived experiences) (Samovar & Porter, 2004) added invaluable understanding to issues raised by participants.

**Integration with Relevant Literature.** Our findings on culturally safe research praxis in three Homestead communities generally, are consistent with Alaska Native, Native American, and Native Hawaiian research that highlights: (1) importance of culturally competent relationship building in developing trust with collectivist-oriented people (Burnette, Sanders, Butcher, & Salois, 2011; Burnette & Sanders, 2014; Christopher, Watts, McCormick, & Young, 2008), (2) value of contexualizing CBPR approaches for relevance to diverse tribes and communities (Kagawa-Singer, 2009; Ka'opua et al.; 2004; Ka'opua et al., 2011; LaVeaux & Christopher, 2009), (3) demonstrated respect for learning from traditional knowledge keepers (Duran, 2014; Kline, Chhina, Godolphin, & Towle, 2013), (4) value of establishing holistic relationships, including sociable interactions, recognition of a person's sense-of- place, spirituality, and relationship to land as living entity (Burnette & Sanders, 2014; Ka'opua, 2008; Ka'opua et al., 2015; Lambert, 2014), and (5) importance of researchers' commitment to capacity building and interdependent work (Burnette & Sanders, 2014; Burhansstipanov & Schumacher, 2006).

## CONCLUSION: PERSPECTIVES ON CULTURALLY SAFE RESEARCH: THE FUTURE IS IN THE PAST

When seeking to advance culturally safe health research praxis in Homestead communities, participant responses frequently, reflected the traditional wisdom: "i ka wa mamua, ka wa mahope" ("the future is in the past") (Kame'eleihiwa, 1992). In other words, efforts to advance culturally safe research praxis may best be furthered by know-how grounded in the cultural traditions and preferred lifeways of Hawaiian Homestead residents. As emphasized by a study participant:

> "This place, this community is our piko [center]. It is important to keep it culturally safe for the children and families of our community. The culturally safe researcher needs to blend with us, not we blend with them. That's how trust is built."

We agree and add that trust building may involve processes grounded in the unique culture of a community, as influenced by specifics of geographic location, a community's history, experiences with research, favored ways of knowing and transmitting knowledge, as well as everyday lifeways. Thus, it would be important to extend our learning with/for other Hawaiian Homestead and other Hawaiian, non-homestead communities using similar discussion

strategies. Feedback on HILINA'I, the mnemonic for trust and cultural safety in research praxis might be elicited. This might be followed by a comparison of communities' responses. HILINA'I would be revised accordingly and could be used in training of researchers and as a tool that researchers might use for self-assessment. Training outcomes might be evaluated through both quantitative and qualitative forms of inquiry. Following the work of Burnette & Sanders (2014), we might also convene discussions (e.g., individual interviews, focus groups, expert panel feedback) with Indigenous and non-Indigenous researchers. This would allow us to compare, contrast, and verify behaviors and attitudes associated with culturally safe research praxis across groups of academic and community researchers, as well as between researchers and participants. Results may inform development and testing of a model on culturally safe research praxis and its relationship to health research-related outcomes. In sum, decolonizing knowledge development through culturally safe research praxis potentiates the emboldening of community perspectives thereby, elevating Indigenous ways of knowing to more equitable parity with Western scholarship. In so doing, community- relevant health innovations may be leveraged and health equity promoted. The path to genuine appreciation for diverse ways of knowing and health equity is challenging and calls for nothing short of steady, meticulous effort. In traversing this path it is essential to attend to culturally safe research praxis. A community elder illuminates the way forward:

> "Our work can make a difference in the health of the community. The quality of our work matters because it represents the community and is for the community. This is our shared kuleana, our shared responsibility."

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