

Using *Talanoa*, a Pan Pacific Indigenous Approach, To Identify Solutions to Public Health Issues

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Abstract

The COVID-19 pandemic was a public health emergency that required various public health policies and programs at the state and federal level to be established to protect the health and safety of the nation. These mainstream policies and programs proved to be inadequate in addressing the specific needs of Native Hawaiian and Pacific Islander (NHPI) communities as evidenced by the high case counts and low vaccination rates in these communities. In an effort to better understand and address the high case counts and low vaccination rates, a partnership was developed between the Hawai‘i State Department of Health (HDOH), medical providers, and a network of NHPI-serving organizations. After the failure of Western approaches for data gathering, leaders of the partnership used an Indigenous qualitative interview method called *Talanoa* situated within a cultural safety framework to learn reasons for low vaccine uptake and identify NHPI-specific solutions. Findings suggest that the use of *Talanoa* and its ingrained cultural safety framework allowed us to gather richer data, identified solutions grounded in community, and assisted with building sustainable trusting partnerships.

Keywords

Cultural Safety, Equity, Indigenous/Native, Language, Native Hawaiian, Public Health, Pacific Islander, Research

Abbreviations

HDOH = Hawai‘i State Department of Health

NHPI = Native Hawaiian and Pacific Islander

NHPI 3R = Native Hawaiian and Pacific Islander Response Recovery Resilience Team

Team 6B = Native Hawaiian & Pacific Islander COVID-19 Case Investigation and Monitoring Team

Introduction

The COVID-19 pandemic was an unprecedented public health emergency affecting individuals worldwide. At the state and federal levels, public health policies and programs were established to protect the health and safety of all. These policies included testing, safety precautions, mitigation strategies, and vaccinations. In Hawai‘i, these policies did not account for the rurality and accessibility issues faced by Native Hawaiian and Pacific Islander (NHPI) communities who reported high case counts and low vaccination rates.¹ Despite this significant disparity, the initial allocation of resources for testing and vaccination, in-language clinical assistance, and wrap around social services were not proportional to the ethnic distribution of cases and did not effectively address the needs of NHPI communities.¹

To address this public health emergency in Hawai‘i, a partnership was established between the Hawai‘i State Department of Health (HDOH) Native Hawaiian and Pacific Islander COVID-19 Case Investigation and Monitoring Team (Team 6B) and the Native Hawaiian and Pacific Islander Response Recovery Resilience Team (NHPI 3R).² Team 6B was established within the HDOH’s Disease Investigation Branch to address the needs of NHPI and Filipino communities in response to the pandemic, including providing in-language proactive educational community outreach that incorporated different cultures and values found throughout the Pacific.

The NHPI 3R included over 60 NHPI community-based organizations, faith-based institutions, social service providers, and community advocates and leaders with a common goal of elevating the needs of their communities and providing a safe, open forum to discuss and identify gaps in COVID-19 response and recovery.

The purpose of this paper is to introduce *Talanoa*, a traditional Pasifika data gathering approach that incorporates a high level of cultural safety, and the results that emerged from using this protocol.

Methods

The project was performed in 2 stages. In the first stage, Western-style interviews were conducted to learn about barriers to vaccination among NHPI communities and ways to overcome them. When this approach did not yield rich data, the second stage involved the use of an Indigenous methodology known as *Talanoa*. *Talanoa* elevates the western style of focus groups and interviews to incorporate cultural protocol, creating a space where community participants are seen as equitable partners, lead the conversation, and offer community insight.

The *Talanoa* method is grounded in cultural safety, which “acknowledges the barriers to clinical effectiveness arising from the inherent power imbalance between provider and patient.”²³ The label of cultural safety may be new to some, but the practice has been implemented by Indigenous service providers for decades.³ In contradiction to cultural competency, cultural safety moves the focus away from becoming “competent” at another culture and toward creating spaces that make individuals from different cultures feel safe.³ In these safe spaces, individual

and community needs can be better understood and met. For providers, this means not focusing on learning the cultural customs of a group, but rather learning to create a space that allows this individual of a different community to feel safe. This task requires constant self-reflection of the provider's own biases. Thus, cultural safety is a cyclical process, rather than a goal to be met.

The process of conducting a *Talanoa* differs from the Western interview approach in critical ways. The premise of the *Talanoa* is to speak freely without restriction.⁴ The process centers on respect of all participants and allows for an equitable collaboration between all speakers.⁵ To create a culturally safe space for participants to talk about topics such as the COVID-19 response, a *Talanoa* begins with introductions (formal or informal) of who and where each participant comes from and provides an equitable space to begin building the relationship. After introductions, the talk story unfolds. Participants are encouraged to share freely from the heart. *Talanoa* will naturally end when no further discussion or ideas are presented. Compared to western interview approaches, *Talanoa* is not rigid and is not time bound.

Members of Team 6B and the NHPI 3R conducted 43 interviews in all—28 Western style and 15 *Talanoa* style—across Hawai'i with community advocates and leaders, clinical providers, and representatives of government entities, community-based organizations, faith-based institutions, and social service agencies. Participants discussed their COVID-19 vaccine experience and the barriers they encountered while working with their communities. Five stakeholders participated in both the Western style interview and the *Talanoa* style.

The Western and *Talanoa* approaches were compared using 3 measures, including: (1) length (minutes) of interviews; (2) richness of data collected (length of transcripts), including context collected on participants' communities, as well as upstream factors affecting vaccination hesitancy; and (3) degree of willingness to partner to improve health.

Findings

The use of *Talanoa* appeared superior based on the 3 measures. Specifically, the *Talanoa* sessions were 1 to 3 hours long compared to the Western style interviews that were all approximately 30 minutes in length. Lengthening the interview was assisted by opening the space with introductions, learning who participants were and where they came from and providing an authentic space to begin building the relationship.

Second, the *Talanoa* approach yielded richer data, in part because more time was spent in conversation. In these longer conversations, the participants shared broader and deeper stories that provided context for their communities' response to COVID-19 and barriers to vaccination. For example, 1 participant who had participated in both the western and *Talanoa*

style interviews initially had a 30-minute Western interview that briefly covered their overall experience with their organization and the continuing challenges of encouraging people to get vaccinated. However, their *Talanoa* was almost 2 hours long, and the discussion provided a much bigger picture of the implications of pandemic on the participant's community. The individual noted:

“The strategies that we're sharing with you are not the strategies for addressing the COVID situation now, but also a strategy for addressing health equity. I think the 2 go hand in hand... COVID has taught us a lot, but I think it mirrors strategies for addressing health equity.”

Participants also discussed other upstream factors affecting NHPI health and the impact of COVID-19 on their community, such as government mistrust, with a *Talanoa* participant stating:

“After years ... of distrust of the government and just this history of Native Hawaiians, none of us should be surprised with this response, and to begin to unravel that and correct it just so that we can respond to COVID is completely unrealistic.”

This again indicated that response to COVID-19 needed to be considered within the larger context of health equity. These bigger conversations should have started before the pandemic, and now they need to continue post-pandemic.

Talanoa participants exhibited a high degree of comfort with the flow of the conversation, shared the challenges and success of their pandemic experiences, and revealed their personal journeys that brought them to serve their communities. Participants also shared their motivations in continuing to work to vaccinate more people in their communities and to get them more involved in their health.

“I think I'm trying to understand for this generation... what is the movement of this generation of 18-39? Where do they see our *lāhui* (Native Hawaiian community) going in the next 10 years, in the next 20 years? I don't know where that is and that's kinda where I'm stuck. The rational side of me is making that argument. The health care professional in me is saying there will not be a *lāhui* if we don't get a handle on this.”

Another participant shared how their purpose continues to guide their work:

“I think what really guided me was not only the significant disparities and the feeling that I could help address some of these issues, particularly in terms of the Native Hawaiian health status, but also saying that there [are] strengths in this community and in this population that could help address this. How do we use the past, how do we learn from the past to move forward in the future...?”

The *Talanoa* provided safe spaces to share personal stories and thoughts such as the ones above, indicating an increase in the genuineness and trust in these spaces among the participants and authors.

Third, those who participated in the *Talanoa* also showed a greater willingness to partner to improve health, in part because the approach was strengths-based and there was a promise to share findings with the community and to consider context and indigenous views within the partnership. One participant said:

“Just based on what I’ve spoken to you about what the community needs are and strategies and such, I would like to see the outcomes translated to something that is tangible to the community.”

Another participant expressed their gratitude for the opportunity to do this work and the new collaborative perspective it gave them on working in community.

“I come away from this experience learning so much about so many different communities from the different walks of life. Understanding what makes them the way they are and appreciating that...helping them or working with them to figure out how we can overcome those hurdles.”

All the interviews commented on collaboration with the community as an essential component of their successful strategies. Some participants had additional thoughts on how to appropriately do community work and how to sustain this movement of collaboration. A participant commented,

“So when you say, ‘Indigenous ways,’ I mean it shouldn’t be just a flavor of the month, it shouldn’t be a trending thing. It should be the norm because the people here are Indigenous and the people we are serving are Indigenous, you know, so it should be the Indigenous ways in the end.”

Enthusied by the *Talanoa* method, another participant discussed the need to leverage the strengths-based approach to empower communities in the work ahead.

“There needs to be more empowerment from a political infrastructure perspective of communities ... We should strengthen the community infrastructure so that they feel empowered and ... things come as close to the community as possible, and things go up from the community as much as possible.”

Discussion

This paper shared ways that the *Talanoa* collected a higher quality and richer data from participants. The *Talanoa* included cultural protocol and cultural context in the way it conducted its conversations with each of its participants. These conversations went beyond a talk story session, a common approach in Hawai‘i to qualitative interviewing, by incorporating cultural safety. The focus was on creating a safe and genuine space where participants felt comfortable and open to sharing their authentic experiences from the pandemic.

Implementing Indigenous methodologies, such as *Talanoa*, empowers Indigenous peoples to tell their own narrative. Participants were receptive to the *Talanoa* format and commented

on the comfortable space that this Indigenous method created. Incorporating Indigenous methodologies creates relational accountability between the researcher and the participant. These robust conversations were key in creating collaborative partnerships and open dialogues that identified ongoing challenges as well as community-oriented solutions that were sustainable beyond the pandemic.

Methodologies used to address a community’s needs must be representative of that community’s epistemologies, axiologies, and dynamics. Research must be conducted in partnership with the community and in a way that is respectful. The use of *Talanoa*, for example, ensures that participants can freely share their story in a safe space with no time constraints or limitations. The rich information is then analyzed for common themes and strategies, then presented back to the participants for comment and clarification.⁴ This process allows the community to fully engage in the research and guide the work being done. By utilizing this collaborative practice, the research elevates the participant’s narrative and establishes trusting relationships that foster reciprocity and reconciliation.

Promoting Indigenous methodologies also increases data sovereignty and data governance of Indigenous data by Indigenous people. Data sovereignty and data governance are important issues for Indigenous people who have long had their data misappropriated and used only to tell a “sad story” of disparity.⁶ Indigenous methodologies stress the importance of returning data to the community and engaging the community in the analysis and dissemination process so that data are not used in a harmful or exploitive way.

The strength of this study was its approach to measuring the benefits of an Indigenous interviewing method in comparison to a Western interviewing approach. It was easy to measure and compare the lengths of the interviews. The measures related to context and partnership were more subjective, and these themes emerged from a discussion of the transcripts and the feelings behind the interviews and *Talanoa*. In the future, researchers may want to use more objective measures to compare Western and Indigenous methodologies.

Conclusion

A comparison of Western interviews and the Indigenous methodology *Talanoa* showed significant differences in the quality and quantity of information obtained from the participants. The rich discussions that came from the *Talanoa* increased feelings of safety, created trust, put COVID-19-related responses within a larger context, and facilitated partnerships focused on solutions.

Conflict of Interest

None of the authors identify a conflict of interest.

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