



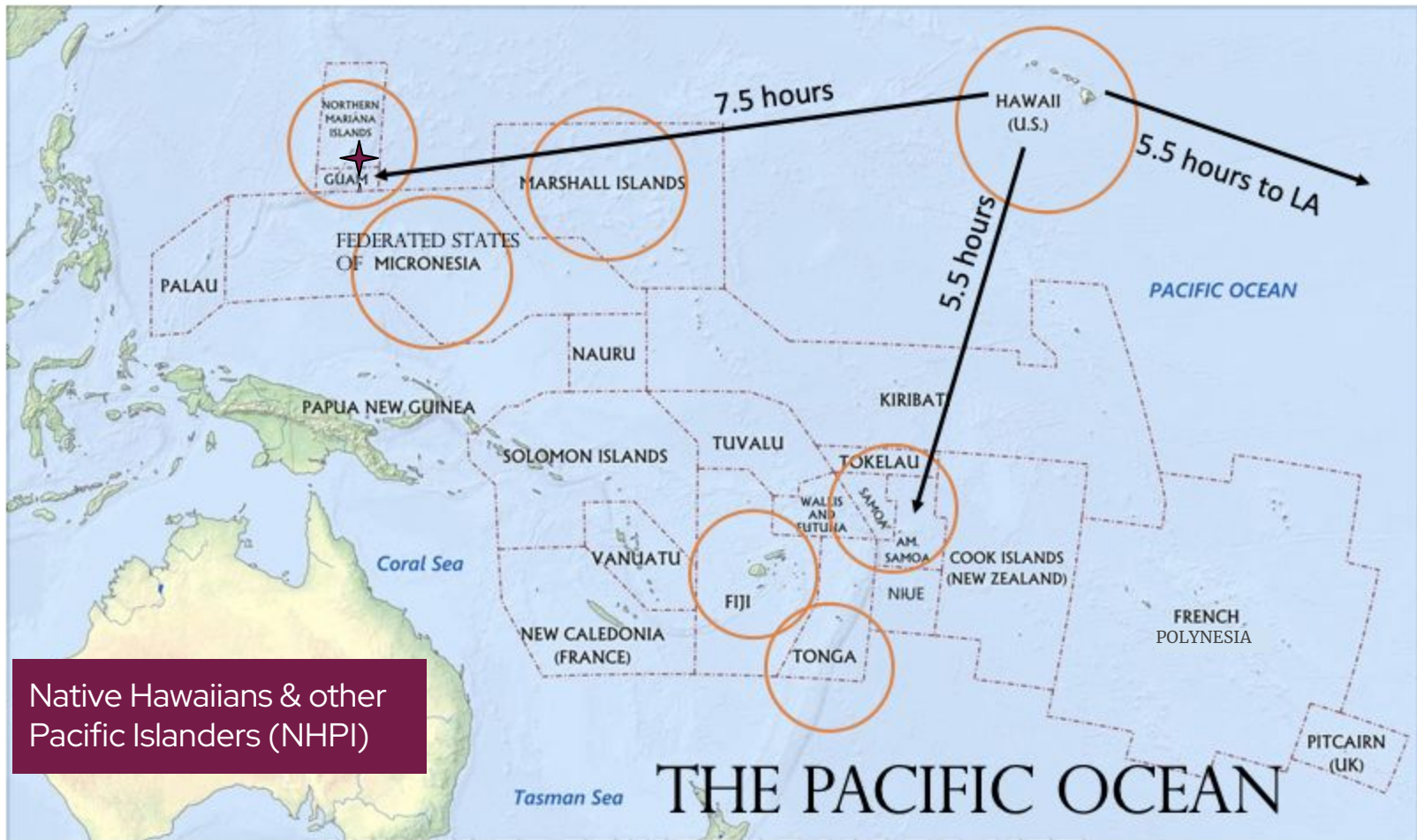
CONNECTING. Native Hawaiian and Pacific Islander Health - Past, Present & Future

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MCH Nutrition Leadership Network Meeting
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I have no financial relationships with commercial interests relevant to this presentation to disclose.

— Indigenous land acknowledgement

I want to recognize and in doing so honor the Indigenous peoples of this region on whose ancestral lands I now stand: the Willamette Tumwater, Clackamas, Kathlemet, Molalla, Multnomah and Watlala Chinook Peoples and the Tualatin Kalapuya who today are part of the Confederated Tribes of Grand Ronde, and many other Native communities who made their homes along the Columbia River. I also recognize that this area is now a community of many diverse Native peoples who continue to live and work here.



Native Hawaiians & other Pacific Islanders (NHPI)

THE PACIFIC OCEAN

Past Present Future

Who I bring with me.
What my connections are to you.
Why I am honored to be here.





Images of
NHPI health.



2022
Overall Winner



Patterns of disadvantage*

NHPI health disparities

- Lower life expectancy from birth
- Higher infant mortality
- Greater adolescent pregnancy
- Higher rates of asthma
- Higher rates of diabetes
- Higher rates of hypertension

Black health disparities

- Lower life expectancy from birth
- Higher infant mortality
- Greater adolescent pregnancy
- Higher rates of asthma
- Higher rates of diabetes
- Higher rates of hypertension

* Compared to white counterparts

NHPI Mental Health Disparities

National studies:

- Compared to other high school students, NHPIs more likely to use substances, engage in a physical altercation (Lowry et al., 2011)
- NHPIs 3x less likely to receive mental health services or to receive prescription medications for mental health treatment than non-Hispanic whites (OMH, 2019)

Hawai'i studies:

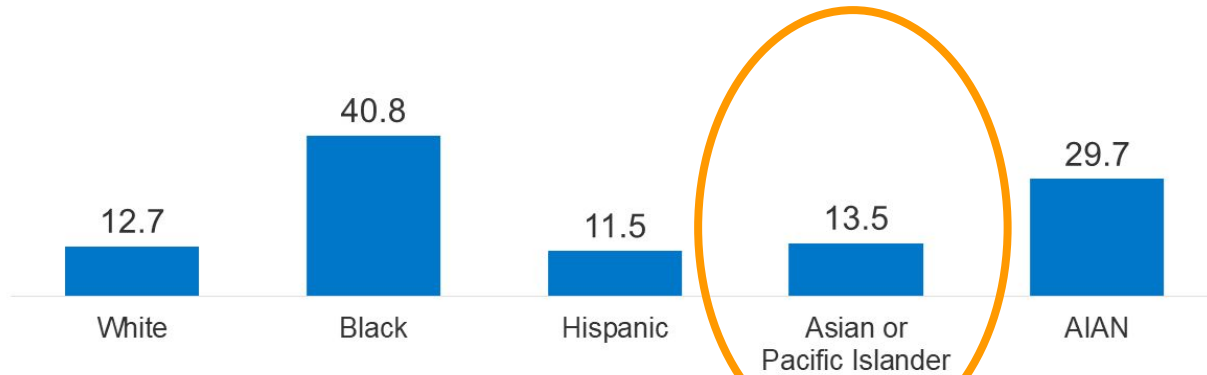
- Depression in NHPIs is strongly associated with anxiety, aggression, substance use, and suicide ideation and attempts (Makini Jr. et al., 1996; Kaholokula et al., 1999; Yuen et al., 2000).

Racial disparities in maternal health

Figure 1

Pregnancy-Related Death Rate by Race/Ethnicity, 2007-2016

Per 100,000 live births:



NOTE: AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

SOURCE: Emily E. Petersen et al., "Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016," *Morbidity and Mortality Weekly Report* 68, no. 35 (September 2019): 762–765, <https://www.cdc.gov/mmwr/volumes/68/wr/mm6835a3.htm>

KFF

Native Hawaiians and Pacific Islanders (NHPI)

44%

Of Maternal Mortality

25%

Of Population

Maykin M, Tsai SPJ. Our Mothers Are Dying: The Current State of Maternal Mortality in Hawai'i and the United States. *Hawaii J Health Soc Welf* [Internet]. 2020 Oct 1;79(10):302–305. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/33047104> PMID: PMC7547177

Causes of racial disparities

- Racial disparities not fully explained by medical risk factors or socio-demographic factors
- Medical conditions (e.g., diabetes, hypertension) play a role but, other factors should be considered
 - *Historical trauma*
 - *Racism*
 - *Bias*



Racism

A system of **structuring opportunity and assigning value** based on the social interpretation of how one looks (“race”) that

- Unfairly **disadvantages** some individuals and communities
- Unfairly **advantages** other individuals and communities

PAST

Indigenous peoples & racism

“In relation to Indigenous peoples, colonial practices are closely intertwined with racism.” (Paradies, 2018)

Via:

- ecological damage;
- displacement;
- (un)intentional transmission of disease;
- slavery;
- forced labor;
- removal of children;
- Violence;
- massacres;
- the banning of indigenous languages;
- the regulation of movement and marriage;
- assimilation;
- the suppression of social, cultural, and spiritual practices

Historical assaults on health

Post western contact

- Depopulation
- Colonization
- Imperialism
- Occupation



Assaults on health (continued)

- Banning of native languages
- Suppression of social, cultural, and spiritual practices
- Displacement
- Disenfranchisement
- Ecological damage
- Discrimination



▸ U.S. & Hawai'i policies impacting the health of "Micronesians"

- 1947 U.S. Trust Territory "to promote the economic and social advancement of the people..."
- 1946-58 U.S. tests **67 nuclear devices** in Marshall Islands

"There are only 90,000 of them out there. Who gives a damn?"

~ US National Security Advisor Henry Kissinger

- 1986 Marshall Islands & FSM enter Compact of Free Association (COFA) (Palau signed in 1994)
- 1996 U.S. **disqualifies** COFA citizens from Medicaid
- 2015 Hawai'i shifted COFA citizens off Medicaid to ACA, **evidence of increased mortality (Molina et al., 2020)**
- 2020 Access to Medicaid for COFA citizens **restored**

"In some ways, I think we forgot about this community"

– Former Honolulu Mayor Caldwell Aug 2020 in addressing the high COVID-19 rates among Pacific Islanders

Pathways - trauma

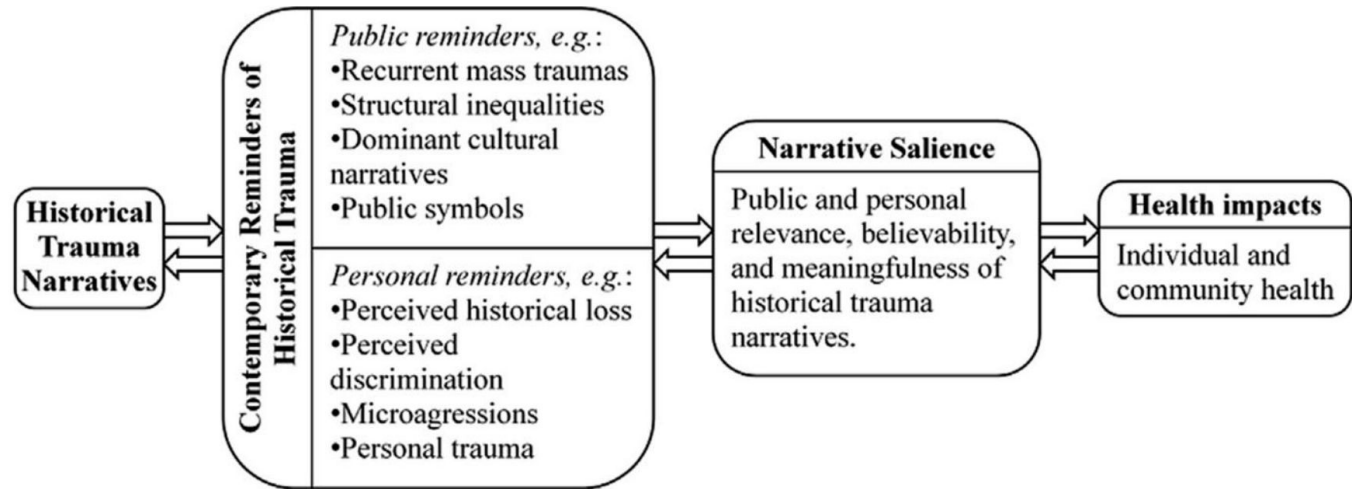
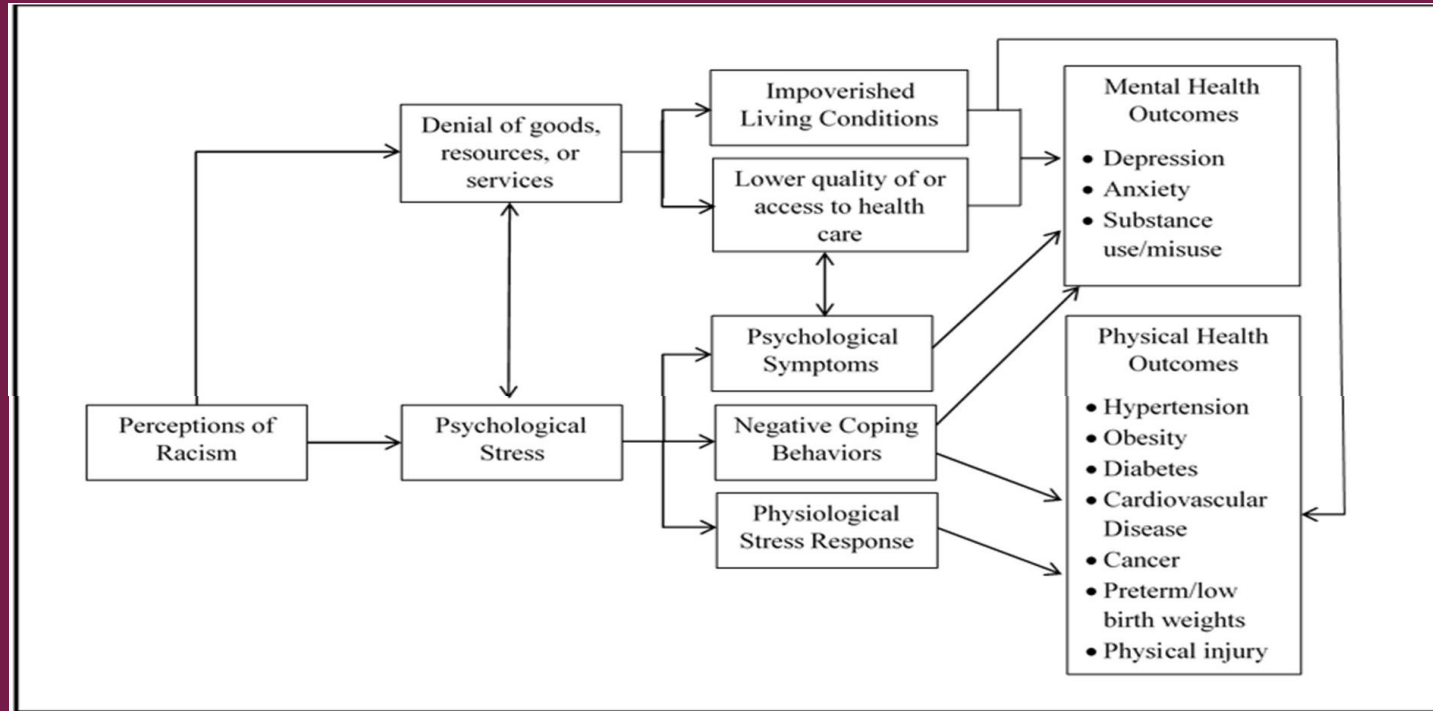


Fig. 1 Narrative model of historical trauma and health (Mohatt et al. 2014)

Roots - racism



From Paradies et al. (2013). (2013). Racism as a determinant of health: a protocol for conducting a systematic review and meta-analysis. *Systematic Reviews*, 2:85.

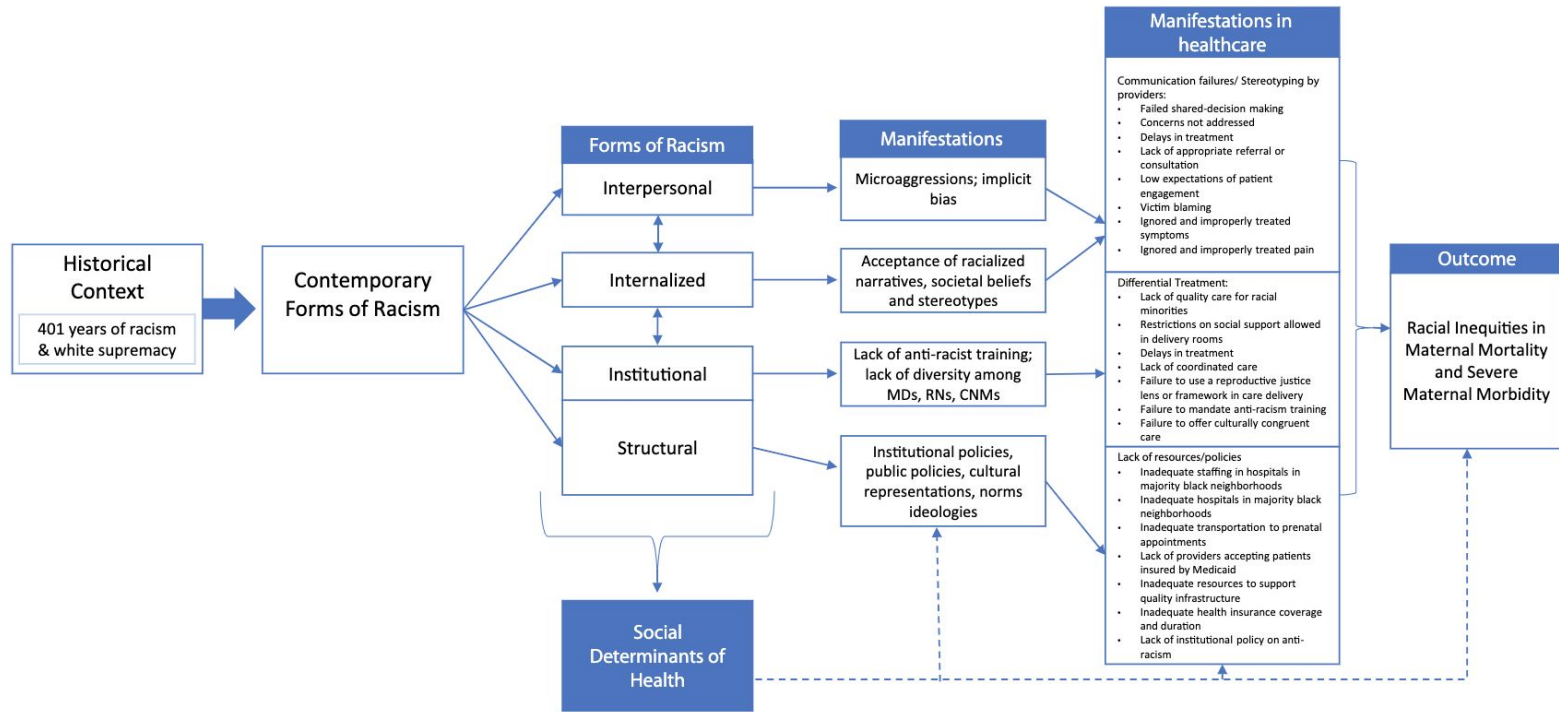


Fig. 1 A Conceptual Model of how Racism Operates and Results in Inequities in Maternal Morbidity and Severe Maternal Mortality

The New York Times

Want to Be Less Racist? Move to Hawaii

The “aloha spirit” may hold a deep lesson for all of us.

June 28, 2019



Present

Over half of a 252 sample of NHPIs reported experiencing discrimination on the street or in a public setting
(Andersen, 2022)

Research on racism & NHPI

Among NHs, higher levels of perceived interpersonal racism is strongly associated with...

- Hypertension risk (Kaholokula et al., 2010; Townsend et al., 2019).
 - Obesity risk (McCubbin & Antonio, 2012).
 - Depression symptoms (Antonio et al., 2016).
 - Greater psychological distress (Kaholokula et al., 2017).
 - Greater cardiovascular reactivity and incomplete recovery in response to racial stressors, especially for subtle (vs. blatant) stressors (Hermosura et al., 2018).
-

Research into pregnancy and birth among NHPs in Hawai'i

Research Article

Perspectives and Experiences of Obstetricians Who Provide Labor and Delivery Care for Micronesian Women in Hawai'i: What Is Driving Cesarean Delivery Rates?

Qualitative Health Research
2020, Vol. 30(14) 2291–2302
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Bliss Kaneshiro¹, Tetine Sentell¹, and Catherine M. Pirkle¹

Abstract

Access to cesarean delivery is vital for quality obstetrical care, but the procedure can increase maternal mortality, morbidity, and complications in subsequent deliveries. The objective of this study was to describe obstetrician–gynecologists' (OB-GYNs) perspectives on labor and delivery care for Micronesian women in Hawai'i and possible factors contributing to higher cesarean delivery rates among that racial/ethnic group. The Framework Method guided the analysis of 13 semi-structured interviews with OB-GYNs. Study results indicated that OB-GYNs were more likely to attribute racial/ethnic differences in mode of delivery to challenges resulting from nonmedical factors, particularly communication and negative attitudes toward Micronesian patients, than to medical risk factors. In this study, we explored aspects of care that cannot be captured in medical charts or clinical data, but may impact health outcomes for this population. The findings could help improve care for Micronesian women, with lessons applicable to other racial/ethnic minority groups.

Keywords

childbirth; communication; decision-making; health care professional; immigrants; migrants; equality; inequality; race; racism; qualitative; Hawai'i, USA

Over the last 20 years, cesarean delivery rates have increased dramatically in the United States. Although rates have declined 1% since a peak at 32.9% in 2009, they remain over 10 percentage points above the 1996

overuse of cesarean delivery has generated concerns about health care quality and costs (Betrán et al., 2016; Boerma et al., 2018; Kingdon et al., 2018).

Echoing pervasive inequalities in prenatal and postna-

Provider negative attitudes

*“... you just hear various comments like **they don't take care of themselves, or they don't respect our value**, whatever those values are. It's them versus us kind of thing. **Putting them in a different population of people really**. And that's where you feel like, “Well, this could lead to bad things.”*

And stereotypes

*“...some stereotypes about these patients is that is that **they fly from Micronesia to the U.S. just to drop a baby**, or they fly when they’re already really advanced gestation, and so it’s hard to have good prenatal care for them. Or **they don’t speak English** and it makes it hard to communicate with them, or **they’re noncompliant with their diet, or their medicines, or their visits in the clinic**. Or they don’t agree with the physician’s plan for certain interventions, and so they would rather just do non-intervention. Or that **they get pregnant too soon...**”*

NHPI's experiences of maternity care in Hawai'i

26 Participants

29 Avg. age

21 Avg. yrs in HI

2.8 Avg. # births

2 COVID-19 +

*Insured by Medicaid at beginning of pregnancy. Percent increased by time of delivery

<u>Characteristics</u>	<u>#</u>	<u>%</u>
Race/ethnicity		
Native Hawaiian	13	50%
Chuukese	7	27%
Other Micronesian	3	12%
Tongan	3	12%
First Delivery	7	27%
Medicaid*	14	54%
High school or less	9	35%
Delivered during pandemic	21	81%

Preliminary Results

1. Optimal Care

Centers on the relationship

2. Communication

Verbal and non-verbal

3. Low expectations

Related to poor treatment and perceived prejudice

4. Tactics

—— To safely navigate maternity care experiences



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Theme: Optimal care

*“I felt the genuine concern, and I felt her really, really just wanting me to be healthier. And she was, like... **She didn't make me feel guilty or feel bad for, um, being pregnant and... being a diabetic** still having a baby. Like, she was just like, ‘Oh, yay, congratulations. Well, okay, let's try to work on your health.’”*

- Knows the community & culture
- “Talks story”
- Clearly explained terms and options
- No judgement

“Didn't [make] you feel bad about having to explain things.”

Theme: Communication

Verbal

*Um, it just kinda made me feel more like at ease with the whole thing, um, **versus just kinda being there to like do their job...***

Non-verbal

*But, you know, when people are frustrated or they're not having a good day, they tend to make loud noises, like they're... **slamming the book down**, moving the chairs not quietly, but, like, a little bit rougher. **That was, like, her attitude when I went in there.***

Theme: Low expectations of care

Bias

I feel maybe... 'cause I'm [covered by Medicaid] and I know they look down on people with this type of insurance and so they just used me as a guinea pig.

Discrimination

For those that... needed interpreters, like, I feel like the, the people that work here, like they're kind of irritated by it ... they treated them a little different.

Social inequity

"We're still fighting like, to be respected or to be counted, yeah, like to be treated equally, right."

Theme: Low expectations of care

Experiences of poor treatment

*“ ...At one point, I was like, um, ‘I think you guys need to break the bed.’
...And **they all laughed at me**. They said, “Oh, ha ha, she has so many kids,
she knows it's time to break the bed.” And I'm like, ‘Dude, the epidural is still
not working on the right hand side of my body. **I'm in so much pain. This
baby is coming now.**’ And **they stood back with their masks on and like
watched me deliver this baby, basically by myself**It was probably my
worst experience.*

Theme: Tactics

For navigating safely between cultures

- Asking questions
- Saying “No”
- Saying “Yes”
- Impression management
- Changing providers
- Not attending care

*“[My provider] just wanted me to keep, um, getting prenataals. **So I just said, ‘Okay, fine.’ But then on the low, I’m like, ‘No, I don’t want it.’**”*

[Interviewer: What would happen if you would have said like, "I don't want to do that"?]

*“...I just thought they would think like, **“Oh, she don't care about the baby.”**”*

Summary of research

- NHPI are seeking safe and healthy births, in the face of substantial obstacles
 - Optimal care is largely defined by relationships
 - Expectations of care are low
 - Promoting better engagement is needed to improved outcomes
-

FUTURE



This is what
resilience
looks like.



Supporting reconnection & resilience

- Support health initiatives by community, in community, for community.
 - Learn about the Native Hawaiian and Pacific Islander communities that your agencies work with:
 - Histories
 - Languages
 - Migration pattern
 - Political status
 - Community supports
 - Community concerns
-

Fostering connection & belonging

In health and wellness service provision.

- Client
 - Therapeutic relationship
 - Institutions
 - Systems
-

Client and therapeutic relationship

- Self-reflection
 - culture is not one thing
 - Mindfulness. Individuation
 - Observations, evaluation, assessment
 - Growth as a goal
-

Institutions & Systems

Treat racism, bias, discrimination as a threat to health (Greenwald et al. 2022)

- Make identifying inequities a standard practice
 - Disaggregated data by race/ethnicity is critical
 - Collect data at the most granular level - go beyond the OMB minimum standards
 - Take meaningful action
-

Institutions & Systems

Examine your context & culture

- Ask, “How is racism operating here?” (from C Jones)

Avoid “check the box” mentalities

Think broadly -

- Address systems of inequality
 - Intersectionality
 - Trauma informed care
-

COMMITTED to CULTURAL SAFETY

for Indigenous Peoples in the Health Care System

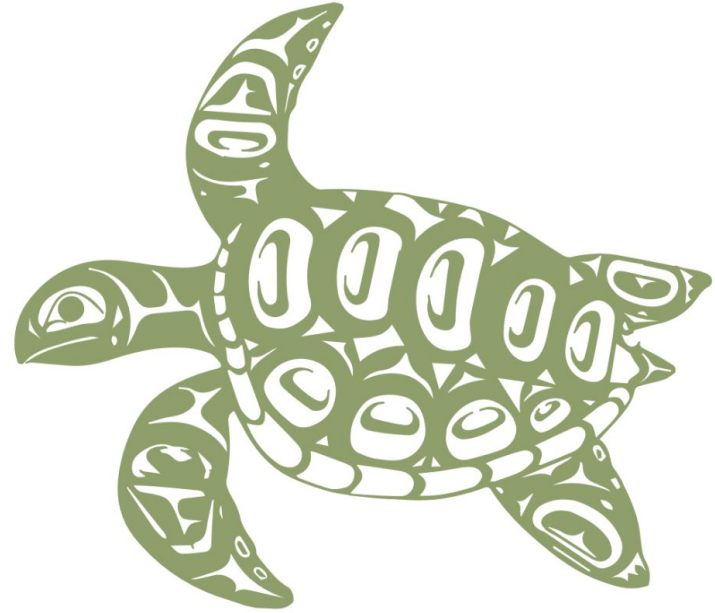


Cultural Humility

Cultural humility is a lifelong journey of self-reflection and learning. It involves listening without judgment and being open to learning from and about others. It involves learning about our own culture and our biases. Cultural humility is a building block for cultural safety.

Cultural Safety

The goal of cultural safety is for all people to feel respected and safe when they interact with the health system. Culturally safe health services are free of racism and discrimination. People are supported to draw strengths from their identity, culture and community.



Poster #2 of 4. Look for the others!



First Nations Health Authority
Health through wellness



northern health
the northern way of caring



First Nations
Health Council

Turtle by Carla Aubichon Joseph, Indigenous artist in Prince George, BC. hummingbear@shaw.ca

10-307-6035 (IND 06/17)



SUMMARY

- Multiple factors have impacted NHPI health
- Understanding the connections to history and contemporary experiences is critical to advancing health equity
- Relationships are essential to quality care and connection

Acknowledgements

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- I would also like to thank all the participants and community partners who gave generously of their time, energy and knowledge to make this project possible.



Thank you (English)

Mahalo (Hawaiian)

Si Yu'us ma'asi

(Chamorro)

Malo 'aupito

(Tongan)

Fa'afetai (Samoan)

Kommool

(Marshallese)

Kinisou (Chuukese)

Kalahngan

(Pohnpeian)

Kulo (Kosraean)

—

QUESTIONS

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