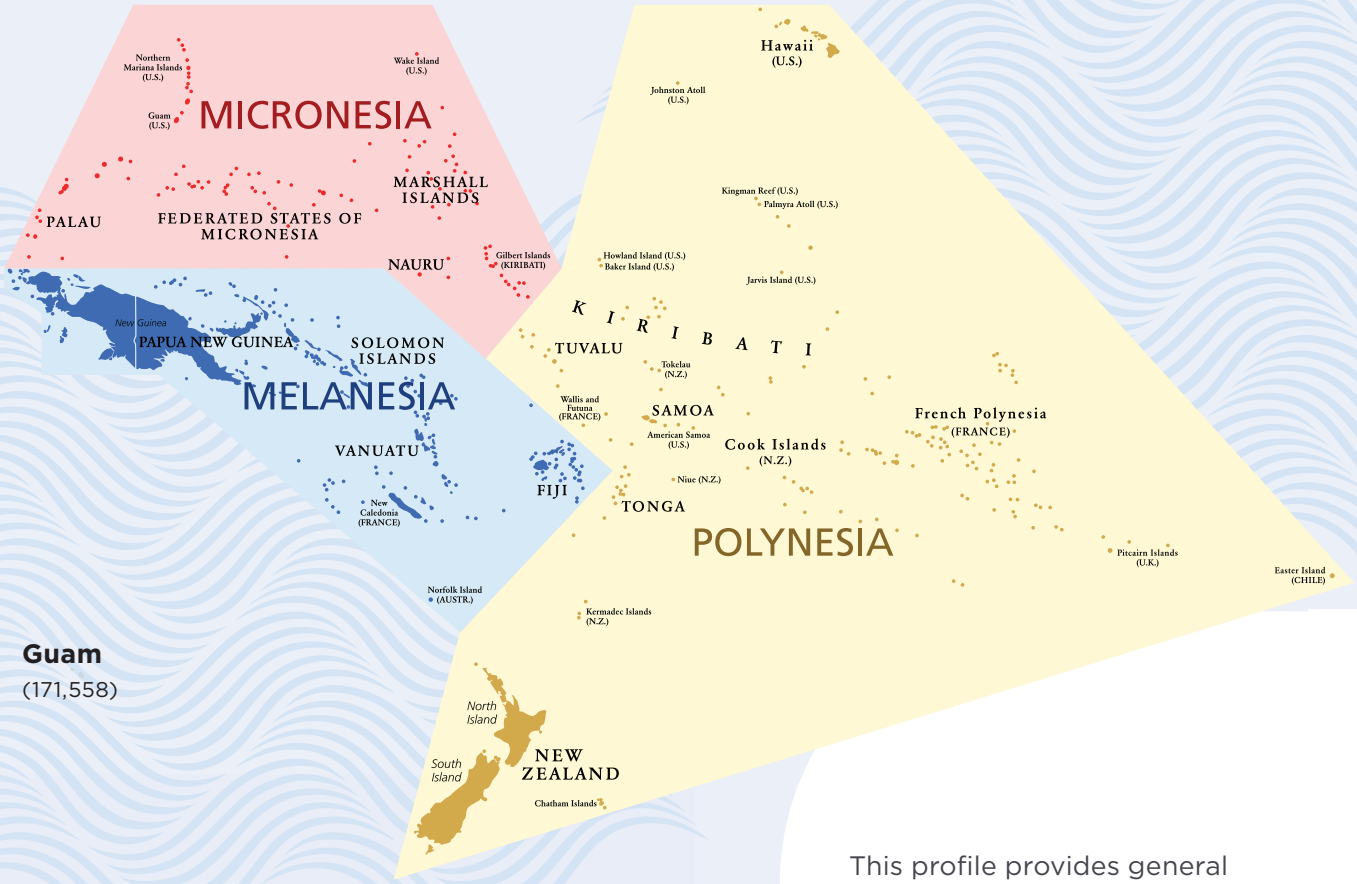
NATIONAL DIABETES PREVENTION PROGRAM
AUDIENCE PROFILE

NATIVE HAWAIIANS & PACIFIC ISLANDERS

NATIONAL DIABETES PREVENTION PROGRAM



Guam
(171,558)

Federated States of Micronesia
(117,518)

Marshall Islands
(60,057)

Northern Mariana Islands
(58,269)

American Samoa
(55,030)

Republic of Palau
(18,223)

Native Hawaiian and Pacific Islander Populations in the United States

The U.S. Census 2020 American Community Survey (ACS) "1-Year Experimental Data Tables" estimate that around 601,000 NHPI persons reside in the United States. More than half of the NHPI population in the United States lives in Hawaii and California.[1]

Other states with significant NHPI populations are Washington, Utah, Texas, Nevada, Florida, Oregon, New York, and Georgia.[1]

The graphic on the left shows the populations for U.S. territories in the Pacific Islands, based on data from the 2022 World Population Review.[2]

This profile provides general information and resources for teams working with health promotion and type 2 diabetes prevention programs among Native Hawaiian and Pacific Islander (NHPI) communities. For this profile, NHPI populations include persons having origins in Hawaii, Guam, Samoa, or other Pacific Islands and who identify as Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander. The Other Pacific Islander category includes people who identify as follows:

POLYNESIAN—Tahitian, Tongan, and Tokelauan, and Māori peoples from New Zealand

MICRONESIAN—Marshallese, Palauan, and Chuukese

MELANESIAN—Fijian, Guinean, and Solomon Islander

NHPI communities are very diverse in geography, language, and culture. Over the past 60 years or more, NHPI persons have immigrated to the continental United States for various reasons, including employment opportunities and medical care. According to the U.S. Census Bureau, the term "first-generation immigrants" refers to persons who are foreign born. The second generation refers to persons with at least one foreign-born parent. The third and higher generations include persons with two U.S. native-born parents. Factors such as education level, employment, and health insurance coverage among NHPI persons in the United States can vary based on a person's generational status.

A variety of factors related to generational status, including country of origin, can influence social mores and how persons who are immigrants communicate within and between generations and with non-immigrant persons in the United States.

This profile highlights information to enhance your understanding when working with NHPI communities. It provides social and health demographics, including type 2 diabetes and prediabetes prevalence; risk factors; and actionable approaches to building trust. This document is not an in-depth research report or analysis, and it is recommended that you engage members of the NHPI community—and organizations and leaders that serve them in your area—for guidance and to provide input on specific program efforts.

OVERVIEW OF NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES

The U.S. Census 2020 ACS "1-Year Experimental Data Tables" estimate that Native Hawaiian and Pacific Islander persons represent 1.8 percent of the overall U.S. population.[1] This section includes a brief demographic summary on the geographic diversity, socioeconomic status, and education background of the NHPI population in the United States. Note that due to the varied experiences of NHPI populations who have settled in the United States, this information may not be applicable to all groups in some cases.

HOUSEHOLD INCOME. The median household income for NHPI persons is $66,695 compared with $62,843 for the United States as a whole.[3] As of 2014, Samoan persons have the lowest median household income among NHPI audiences ($55,950), while Guamanian persons ($70,540) and Native Hawaiian persons ($68,750) have higher levels of household income.[4]

POVERTY RATE. In 2019, the poverty rate for NHPI persons was 14.8 percent compared with 11.4 percent for the U.S. population.[1,3] As of 2014, the highest poverty rate among NHPI audiences is Tongan persons at 18.9 percent, with Samoan persons slightly lower at 16.2 percent.[4]

UNEMPLOYMENT RATE. In 2019, the unemployment rate for NHPI persons was 3.2 percent compared with the overall U.S. rate at 3.7 percent. For reference, the unemployment rate was 6.1 percent for Black persons, 6.1 percent for American Indian or Alaska Native persons, 4.3 percent for Hispanic or Latino persons, and 2.7 percent for Asian American persons.[5]

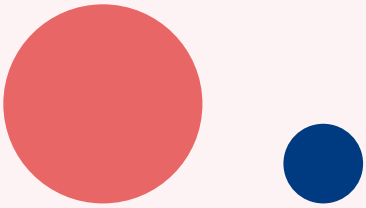
COLLEGE EDUCATION. In 2019, 23.8 percent of NHPI persons had a bachelor's degree and 7.4 percent had a graduate or professional degree.[3] As of 2014, a lower proportion of Tongan and Samoan adults completed high school compared with Guamanian/Chamorro adults. Other NHPI populations had a higher proportion of persons with a bachelor's degree (16 percent) compared with Samoan populations (8 percent).[4]

PREVALENCE OF DIABETES AND PREDIABETES AMONG NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES

According to the Centers for Disease Control and Prevention's 2022 "National Diabetes Statistics Report," 37 million Americans—just over 1 in 10—have diabetes, and 8.5 million of those persons are undiagnosed. Among American adults, 96 million—approximately 1 in 3—have prediabetes. Nearly half (48.8 percent) of adults 65 and older in the United States have prediabetes.[6] While NHPI persons make up only 1.8 percent of the total U.S. population, they are 2.5 times more likely to be diagnosed with diabetes, as compared to non-Hispanic or Latino Whites.[7] As of 2014, a higher percentage of NHPI adults (15.6 percent) have diabetes compared with single-race Asian adults (8 percent) and all U.S. adults (8.7 percent).[8] As of 2018, the diabetes death rate among non-Hispanic or Latino NHPI populations is 2.5 times higher than that of non-Hispanic or Latino Whites in the United States.[7]

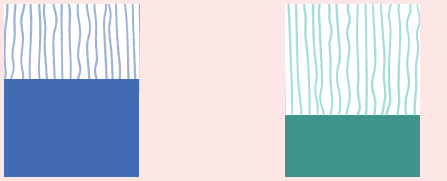
As of 2018, the prevalence of diagnosed diabetes in NHPI adults is 19.8 percent compared with 8 percent of non-Hispanic or Latino Whites. The prevalence of diabetes is 14.2 percent among Native Hawaiian adults and 17.7 percent among Pacific Islander adults. Samoan persons have the highest prevalence of diabetes among NHPI groups at 22.1 percent. The prevalence of diagnosed diabetes in NHPI men is 56.5 percent, which is higher than that of NHPI women at 40.1 percent.[7]

NHPI PERSONS ARE...



2.5 times more likely to be diagnosed with diabetes

PREVALENCE OF DIAGNOSED DIABETES



56.5% NHPI men

40.1% NHPI women

POPULATIONS WITH THE HIGHEST PREVALENCE OF DIABETES AMONG NATIVE HAWAIIAN AND PACIFIC ISLANDER GROUPS (2018)[7]

17.7%
Pacific Islander overall

22.1%
- Samoan

14.8%
- Guamanian or Chamorro

14.2%
Native Hawaiian

15.8%
Other Pacific Islander

- **Polynesian (Tahitian, Tongan, Tokelauan, Māori)**
- **Micronesian (Marshallese, Palauan, Chuukese)**
- **Melanesian (Fijian, Guinean, Solomon Islander)**

RISK FACTORS RELATED TO PREDIABETES AND TYPE 2 DIABETES

People who have overweight (body mass index [BMI] of 25 or greater) or obesity (BMI of 30 or greater) are more likely to suffer from type 2 diabetes, high blood pressure, and high levels of blood fats—which are all risk factors for heart disease and stroke.[9,10] As of 2016, 24.4 percent of the NHPI population have overweight (but not obesity) compared to 34.3 percent of non-Hispanic or Latino Whites.

As of 2016, 51.7 percent of NHPI persons 18 years and older have obesity, compared to 28.7 percent of non-Hispanic or Latino White adults.[10] NHPI adults are 80 percent more likely than non-Hispanic or Latino White adults to have obesity.[10] As of 2014, Samoan adults are 61.6 percent more likely to have obesity compared with the overall NHPI population.

Population-based studies of NHPI persons have documented a correlation between type 2 diabetes and diabetes risk factors—such as poor nutrition or eating habits, inadequate sleep, food insecurity, obesogenic food environments that comprise factors contributing to obesity, and psychological distress—all of which may be consequences of economic instability.[11]

ACCULTURATION AND ACCESS TO HEALTH CARE AND DIABETES INFORMATION

When compared to the general U.S. population, some NHPI populations may experience significant disparities in access to health care and type 2 diabetes information due to linguistic barriers, racism, higher poverty rates, lower levels of education or training, and lack of health insurance.[11] In addition, some NHPI populations in Hawaii live in remote communities with limited access to the internet as well as a lack of access to health care information, services, and treatment. Some NHPI persons with type 2 diabetes may be undiagnosed due to underutilization of or lack of access to health care.

Research suggests that migration of Pacific Islander persons from areas outside Hawaii to the United States has led to a decline in health for many of these populations.[12] Given their relatively small population size in the United States, Pacific Islander groups have not received as much visibility when it comes to public health, which has contributed to a lack of resources to address their particular health needs.[13]

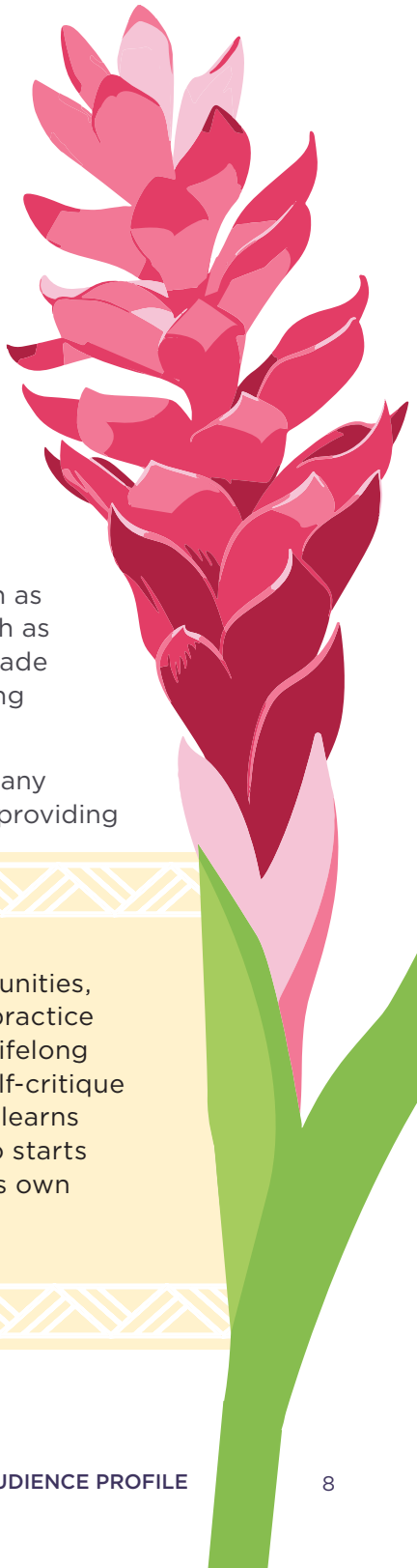
FORCED ACCULTURATION AND WESTERN INFLUENCES

Historical trauma and unresolved and intergenerational grief have led to distrust of outside organizations and continue to impact the daily lives of NHPI persons in their communities. Historically, Western culture, governmental institutions, and other foreign and oppressive organizations have unilaterally directed what is best for NHPI people, without adequate consultation or consideration of the communities themselves or the perspectives of their people.

Increased acculturation to Western lifestyles has negatively affected the health of many NHPI persons.[13] Before the United States incorporated Hawaii as a state in 1959 and administrated other Pacific Islands and territories, NHPI communities were generally healthy, given their vigorous daily activity and healthful nutrition—including abundant fresh produce, seafood, and starches. However, Western influences and colonization over the years have led to significant shifts in the health behaviors of NHPI populations, such as a decrease in traditional foods as well as a shift to less active, more sedentary lifestyles.

UNDERSTANDING NATIVE HAWAIIAN AND PACIFIC ISLANDER CULTURE AND TRADITIONS

Learning about and understanding NHPI history, cultural values, customs, and traditions is essential when activating chronic disease and diabetes prevention programs among NHPI communities. Avoid making assumptions and show respect when speaking with an NHPI individual or group, as each culture has unique traditions and beliefs with diversity across and within communities—and each NHPI person is an expression of that culture with unique identities such as age, ethnicity, English fluency, rural or urban background, gender identity, and sexual orientation.



Dietary traditions. Due to Western influences over the years, traditional NHPI diets have shifted from locally sourced foods low in fat and high in fiber to processed and fried foods that are high in fat, salt, calories, and sugar.[14] Prior to Westernization, the typical diet was simple and included nutritious traditional foods such as taro, poi, breadfruit, sweet potato, banana, taro leaves, greens, limu (seaweed), and fish. Cooking methods included steaming, though most foods were served raw.

Strong influences of Asian immigrants who worked in sugar cane and pineapple fields led to the integration of Asian and Native Hawaiian diets; for example, Asian influences included a shift from poi or taro as a staple food to primarily white rice. In addition, a local food, Spam musubi, is similar to the Japanese sushi roll. With the presence of the United States military in some NHPI communities, canned foods such as Spam became popular and are a large part of the food culture today. Other Pacific Islander groups, such as the indigenous Māori people of New Zealand, now include canned foods such as corned beef in their diet. The introduction of canned foods through global trade contributed to dietary changes among NHPI persons from indigenous cooking styles to a Westernized adaptation.[15]

While eating patterns vary among NHPI populations, some similarities exist. Many NHPI cultures embrace the belief that food can be used as medicine and that providing food in times of illness is beneficial to healing. These cultural beliefs highlight the need for dietary interventions that include a specific focus on the reduced intake of less healthy foods.

Social norms. Feeling the need to maintain social norms can be common among NHPI persons. In NHPI culture, larger body size was historically considered a sign of wealth and royalty and is still more valued and culturally acceptable today when compared to Western

When working with NHPI communities, it is important for programs to practice **cultural humility**—defined as a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but also starts with an examination of her or his own beliefs and cultural identities.

social norms. This highlights the challenge many NHPI audiences face as they integrate their social norms with those of the United States.

Physical contact is highly valued in NHPI culture. Traditionally, NHPI persons greet each other by placing forehead to forehead while inhaling and then exchange each other's breath, or "*Ha*" in Hawaiian language; this action is known as the traditional *honi*. Among the indigenous Māori people of New Zealand, this is practiced more frequently and is called *hongi*. This tradition is a gesture of utmost respect among many NHPI people. Today, Native Hawaiian persons have adapted the *honi* by greeting one another with hugs and a kiss on one side of the cheek. However, these signs of affection are not deemed appropriate in many settings in the United States, which may make it harder for NHPI people to assimilate socially, particularly during the COVID-19 public health emergency.

Traditional medicine. For generations, NHPI populations have practiced traditional and holistic medicine, which aligns with balance and harmony. The remedies used to treat health conditions are focused on healing a person's mind, body, and spirit. Today, many NHPI people still seek traditional healing services, including *la'au lapa'au* (herbal or plant-based healing), *lomilomi* (massage), *la'au Kahea* (prayer), and *ho'oponopono* (conflict resolution). In addition, Native Hawaiian populations use a plant-based remedy to treat high blood pressure and diabetes by mixing *noni*, a potent fruit, with ginger or orange juice.

In contrast to many U.S. medical practices, NHPI health practitioners consider the needs of the whole individual, whereas a practitioner of Western medicine may focus on a patient's vital signs (weight, blood pressure, lab results) and symptoms or prescribe similar medications and treatments for multiple patients suffering from the same ailment.

Spirituality. Among the more traditional elements of NHPI culture, spirituality has always been an important part of the identity. Based on traditional mythology, some NHPI gods are still very present to many NHPI persons today and are highly respected, even among those who do not believe or participate in worship. Prominent Hawaiian gods include *Kū* (god of war), *Kāne* (god of forests and wild foods), *Kanaloa* (god of the ocean and winds), and *Lono* (god of agriculture and fertility). Among NHPI groups, many spiritual deities are similar, as they all originate in Polynesia. For example, the Hawaiian god *Kāne* has the same meaning as the Māori god *Tāne*. In some NHPI traditions, illness was perceived as punishment for breaking rules or wrongdoing toward another person or spiritual entity, and some still believe this today. According to this belief, healing could only be facilitated by a spiritual leader or the individual who was wronged.

Today, some Native Hawaiian persons believe in the *Aumakua*, Hawaiian ancestral spirits that manifest in animals such as sharks, owls, turtles, birds, and octopus. Many NHPI persons traditionally believed in a spiritual energy of strength and power called *Mana*, which has intertwined through the land, gods, and ancestors. *Mana* has been felt, experienced, and sometimes seen by many NHPI persons over generations, and today, many NHPI populations still believe in *Mana* and the spiritual energy it brings.

In the United States today, there is not one prominent religion practiced by Native Hawaiian persons. The largest religious group among this population is Protestant Christian. Among other NHPI groups, the prominent faiths are Mormon, Catholic, Adventist, and Jehovah's Witnesses. Tongan and Samoan populations observe Mormon practices more than other faiths.

Sources of Strength Among Native Hawaiian and Pacific Islander Communities

- God (*'Akua*), spirituality, *Mana*, *Aumakua*
- Ancestors, respect for elders
- Family responsibility, helping one another
- Love, compassion, unity
- Spiritual connection to the land, taking care of the land
- Perpetuation of culture and traditions
- Forgiveness
- Perseverance; standing firm

ACCEPTANCE OF NATIVE HAWAIIANS AND PACIFIC ISLANDERS IN MAINSTREAM AMERICAN CULTURE

Some NHPI persons experience acculturation stressors when moving to the United States, including family separation, language barriers, cultural differences, and varied dietary traditions. Balancing cultural identity with trying to adapt to mainstream America can be challenging for this population. For many NHPI audiences, the experience of assimilating can vary based on where they settle in the United States. Over the years, many NHPI populations have moved to Western states such as California, Arizona, Nevada, Oregon, and Washington—which may provide an easier transition, as NHPI persons living in those areas can support new residents as they adjust, while keeping some NHPI traditions. However, when NHPI persons move to the Eastern United States, with its more populated states and smaller NHPI populations, assimilation may be more challenging in areas where there is less support for cultural traditions.

For NHPI persons, seeking information and asking questions is not a cultural norm, which can be a barrier to assimilating to a new environment and receiving the most current health information. In first-generation NHPI persons for whom English is not their first language, communicating with health care practitioners, health educators, community health workers, and health coaches is challenging when a translator is not available.

BUILDING RELATIONSHIPS WITHIN THE NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITY

When approaching NHPI persons regarding type 2 diabetes prevention or other health programs, it is important to do so with care, consideration, and respect while building credibility and trust within the community. Establishing relationships with NHPI individuals and communities is key to successfully working together collaboratively, conducting research, and deploying programs or resources within NHPI communities.

Building trust within NHPI communities involves showing respect for each individual and taking the time to get to know the community. Programs can proactively reach out to influential community leaders to identify key NHPI decision-makers and partners who can help to engage NHPI audience members and encourage participation in diabetes prevention programs.

TRUSTED SOURCES AND INFLUENCERS

For health communication to influence behavior, individuals must believe and process information and then adopt the message's recommendation. Trust in the information source plays a key role in a person's responses to health-related messages.[17] Below are some examples of trusted sources and influencers in NHPI communities.

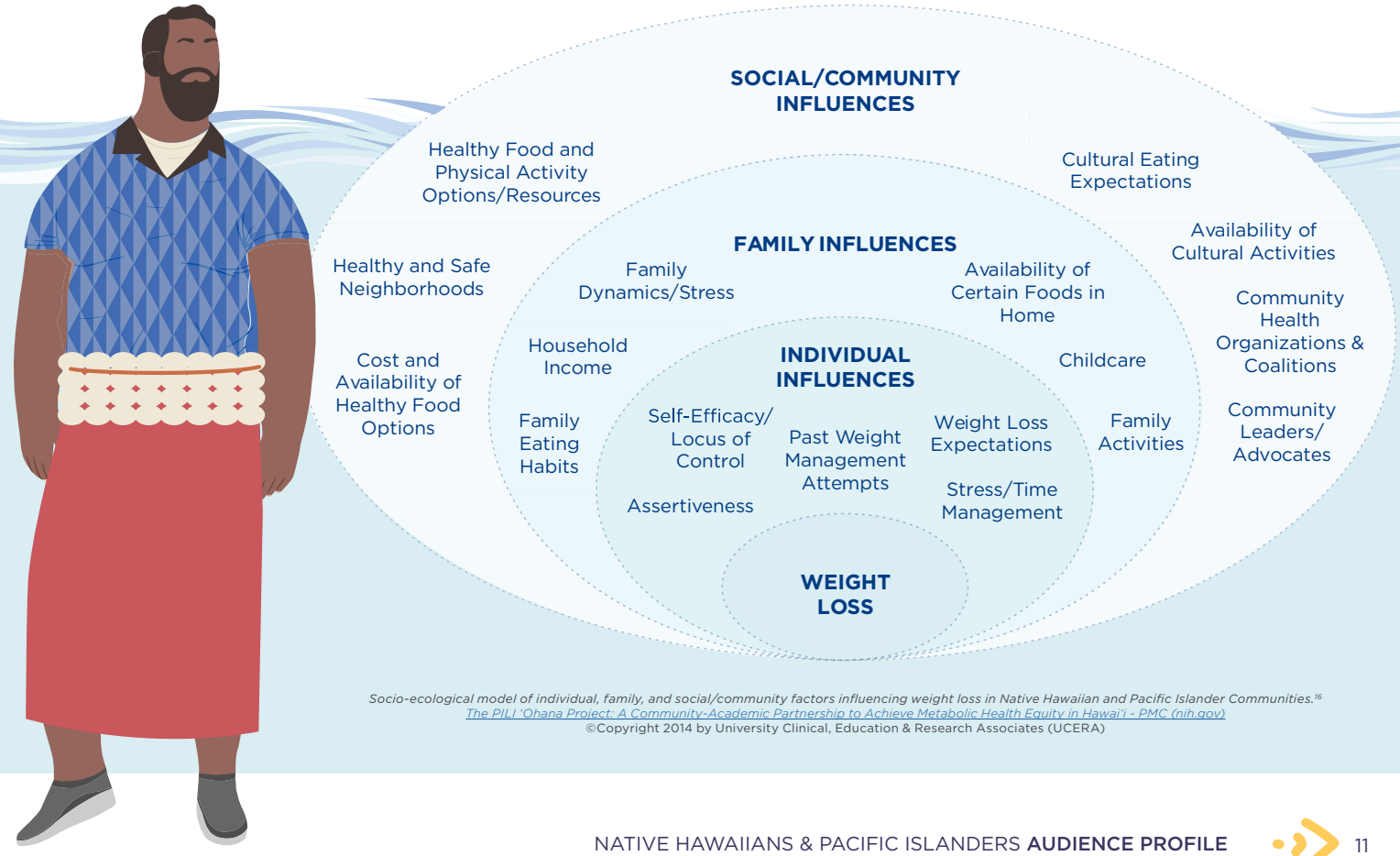
Community-based organizations and peer educators. Some NHPI audiences value personal connections and respond more readily to information and resources provided by community health centers, community-based organizations, and peer educators. These trusted sources may help NHPI persons to share health concerns and challenges more readily without the time restrictions that may exist when visiting health care providers.[18]

Family members. Many NHPI persons are influenced to a large extent by family members. Family models may help to increase program retention in disproportionately affected populations. In a pilot study with NHPI groups, a family model of diabetes self-management education was conducted in the homes of six participants and their extended family members. The study showed that this family model is feasible and may lead to A1C reduction and increased program participation.[19]

Community health workers. Community health workers are frontline health professionals who often serve socially and linguistically isolated populations, including some NHPI communities.[20]

Other community influencers. Community leaders, faith leaders, local media, and NHPI entertainers are likely to be trusted sources for health information and community updates.

NHPI health organizations. Organizations that are well-respected within the NHPI community and specifically support NHPI persons, such as Papa Ola Lokahi (Native Hawaiian Health Care Systems) and Pacific Islander Center of Primary Care Excellence, are trusted sources for community members seeking health information.



Socio-ecological model of individual, family, and social/community factors influencing weight loss in Native Hawaiian and Pacific Islander Communities.[16]
The PILI 'Ohana Project: A Community-Academic Partnership to Achieve Metabolic Health Equity in Hawai'i - PMC (nih.gov)

OUTREACH WITH NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES

Below are suggested strategies for conducting outreach with NHPI communities. Conducting your own research is critical to understanding which outreach strategies will work best with the audience you are trying to reach.

In a study conducted with Pacific Islander populations in Guam, health care professionals consistently commanded the highest level of trust among community members—although the level of trust in other information sources such as family, friends, the internet, and television tended to be fairly high as well.[18]

HEALTH PROMOTION STRATEGIES

To achieve program impact and success within NHPI communities, interventions need to reflect group-specific values related to family, community, and religion—for example, including relevant and relatable imagery in program outreach materials. It is especially important that resources are adapted and available in various native languages and formats—such as pictorial materials or oral storytelling—to minimize language barriers.

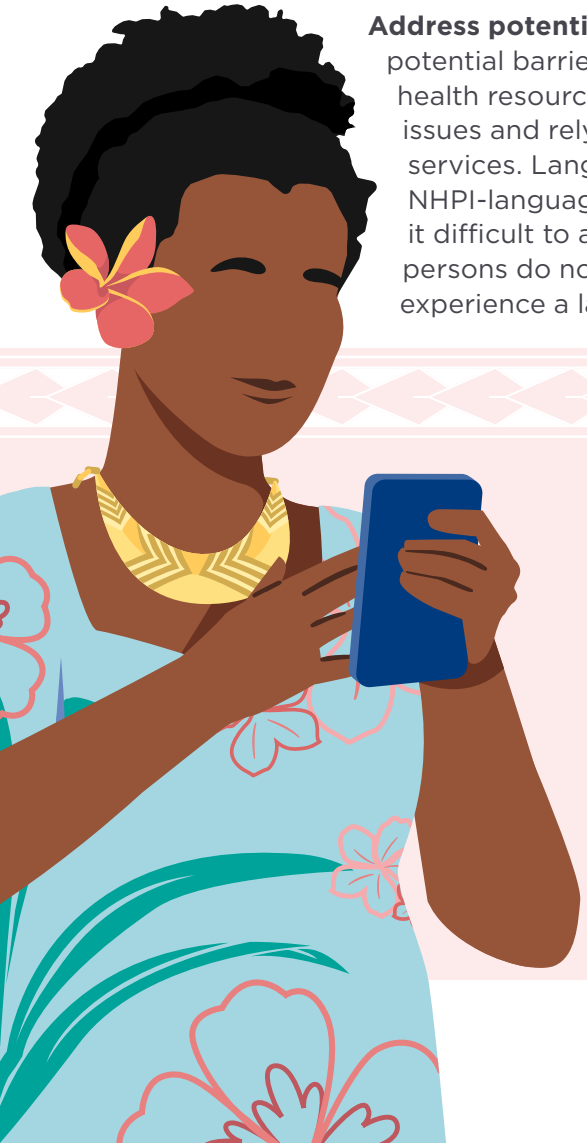
Included below are examples of successful efforts conducted with NHPI audiences and key considerations that may be applied to other programs, including best practices and proven strategies for type 2 diabetes prevention messaging and community engagement. Storytelling through oral tradition or narrative elements in digital communication is an example of an effective health promotion strategy with NHPI populations.

- Native Hawaiian women responded to a church-based program in which breast cancer screening messages were delivered from the pulpit. Given that NHPI women are likely to focus on their health and in many cases serve as caregivers for family members, working with faith-based organizations to disseminate health messages and resources to this audience is recommended.[12]
- Community-based participatory research was conducted to examine the effectiveness of a culturally adapted Type 2 Diabetes Prevention Program Lifestyle Intervention (DPP-LI pilot study) to promote weight loss in NHPI individuals.[21] Barriers identified among participants were food-related issues such as lack of portion control; physical activity challenges; lack of social support; and the need for community assets to support healthy behaviors. Many NHPI persons faced challenges communicating with their health care provider, as they found it difficult to discuss personal health issues. Finding influencers or trusted sources of relevant information within the NHPI community is key to achieving greater program engagement and helping participants to make healthy lifestyle changes.
- Programs tailored for NHPI populations have been successful in improving NHPI health care utilization. Especially useful are interventions that reflect NHPI values related to family, community, and church. Family-focused interventions have also been shown to help Native Hawaiian cancer patients cope with and complete treatment.[12]

- Health interventions targeting cardiovascular disease, diabetes, and other health risks in NHPI communities need to be culturally responsive and account for their interpersonal, cultural, and socioeconomic realities.[22] Developing culturally relevant health education resources that NHPIs can connect with is paramount. The use of designs and photos that are relevant to the specific racial and ethnic group is very important and helps audiences to see the relevance of the problem to the culture.[12]

Community-driven outreach. Outreach to NHPI persons should focus on personal relationships, cultural tailoring, and using trusted local sources of information. Partnering with community organizations is key to creating and sharing accessible messages and advertisements in ways that community members can understand. Programs should also keep in mind that some NHPI persons, such as recent immigrants and older adults, may have limited English-language skills and internet access, which can decrease the usability of web-based outreach and initiatives.

- When engaging NHPI organizations to enhance National Diabetes Prevention Program lifestyle change program enrollment, start by assessing the organization's capacity for partnership work. Find out what health-related programs they are involved in, or other activities they conduct that your program could join. Make sure the organization will also benefit from working with your program, such as providing them with reports of program successes. Maintain regular communication with organization leaders for continued opportunities to work together.
- Efforts to engage NHPI nonprofit, community, and faith-based organizations may be successful with this population, as members within their community—particularly those with a health background—are considered trusted sources of information. Leveraging peer educators may motivate NHPI persons to participate in health programs and initiatives.



Address potential barriers. Health promotion programs ideally will address potential barriers such as lack of social support and access to community and health resources for NHPI families. Some NHPI persons experience transportation issues and rely on a spouse or family member to access health care and social services. Language is a major barrier to reaching NHPI communities, and NHPI-language resources are limited at some health centers, which makes it difficult to access health care and information. In addition, some NHPI persons do not have adequate health insurance through their employer, or they experience a lack of coverage due to economic hardship.

Media Trends

Limited research focuses on NHPI audience consumption of specific media, as most audience research in larger markets relates to Asian American populations.

Available research points to the internet as the main source of information for most NHPI persons. For many individuals, newspapers and print materials are the preferred types of media.

Research with Pacific Islanders in Guam in 2014 showed the level of internet usage (56 percent) was lower than the U.S. average (86 percent). However, the percentage of Guamanians actively using Facebook in 2016 was higher (78 percent) than people in the United States (66 percent).[18]

SEEKING HEALTH INFORMATION

NHPI audiences may seek health information from one or more sources, including Western (medical doctors focused on the body), traditional (healers focused on spirit), local (traditional healers focused on body over the spirit), and new (family and friends providing medical advice). Health information content often focuses on nutrition and physical activity.

Health-information–seeking habits among NHPI audiences may vary based upon a person's geographic location, language preference, and socioeconomic status. Community influencers, health educators, and the internet are common sources of health information among NHPI persons.

NHPI individuals may be less likely to regularly visit a health care provider. A study found that more than half of NHPI individuals indicated they do not have a primary care doctor, or they do not know one.[18] Therefore, health promotion efforts with this audience must leverage other trusted sources of health information, rather than focusing only on health care providers.

Due to the high cost of health care, underutilization of health care among residents of Guam may lead to self-diagnoses and is associated with a low prevalence of preventive screenings and delayed diagnoses of chronic diseases.[23]

CONSIDERATIONS FOR MESSAGING

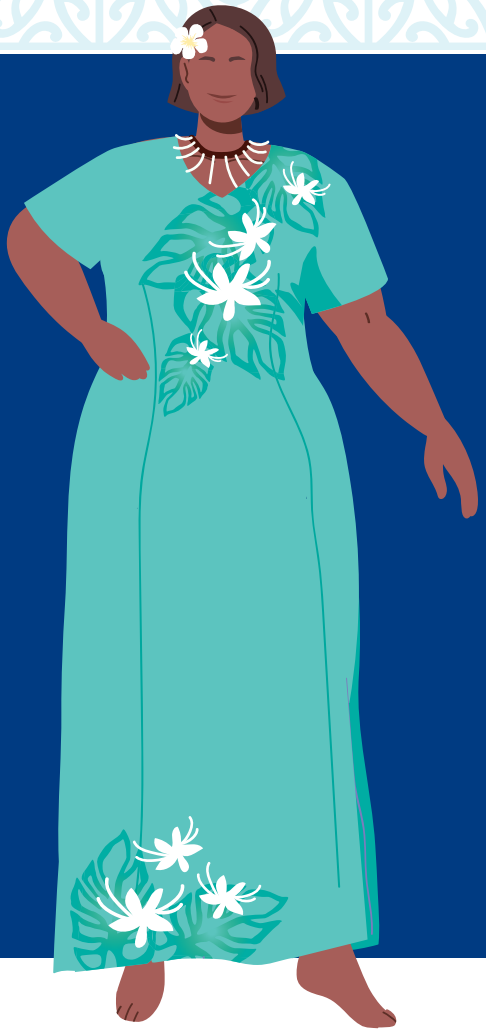
Messaging that resonates with some populations may not be as effective when working with NHPI audiences. Understanding these differences can help your organization to ensure that messages reach the intended audience and are well-received. Factors such as level of acculturation, language preference, cultural traditions, and religious beliefs should be taken into consideration in order to develop messages that are easy to understand and resonate with the NHPI audience.

Tailored messaging and communications that are culturally relevant to specific NHPI populations of focus are critical when raising awareness of prediabetes. Throughout communities, consistent messages and health approaches should align with cultural and family values such as respect for social norms, relationships, dietary practices and preferences, food as medicine, traditional home remedies, and the holistic balance of mind, body, and spirit.

Language is an important part of the identity of NHPI communities, and many NHPI languages have long been maligned in the name of assimilation. It is important for programs to show respect for the deep meaning and cultural significance of NHPI languages and those who speak them. Integrating health professionals and educators who speak and understand native NHPI languages into community health programs and resource development is crucial to ensuring that messages are received and understood.

Some strategies to effectively communicate type 2 diabetes prevention messages with NHPI persons include:

- Communicate the most important point first and last when relaying information.
- Explain procedures step by step. By explaining exactly what to expect, you are more likely to alleviate the fear of uncertainty.
- Repetition is an important part of the NHPI culture and is integrated into traditional communication.
- Practice learner verification by making sure you are understood—encourage the listener to repeat the information or ask questions. Explain all health-related terms.
- Speak slowly and pause between questions and answers. Resist the impulse to fill the silence, and instead wait for a response from the listener.
- Avoid using jargon, slang, or idioms.



FOR ADDITIONAL INFORMATION ABOUT WORKING WITH NATIVE HAWAIIAN AND PACIFIC ISLANDER COMMUNITIES, PLEASE VISIT THE RESOURCES HIGHLIGHTED BELOW:

Native Hawaiian and Pacific Islander Culture
Asian American and Pacific Islander Heritage Initiative

Diabetes Prevention in Native Hawaiian and Pacific Islander Communities
Building a Quality Improvement Prevention Program for Asian American, Native Hawaiian, and Pacific Islander Patients with Pre Diabetes

QUESTIONS TO HELP GUIDE AND INFORM NATIVE HAWAIIAN AND PACIFIC ISLANDER **DIABETES PREVENTION PROGRAM EFFORTS**

COMMUNITY BACKGROUND

- ❒ What is the demographic background of the NHPI population in your region? (e.g., population percentage, age, gender, country of origin, language, economic status)
- ❒ What percentage of each NHPI community has diabetes or prediabetes?
- ❒ What are the cultural backgrounds and language differences among local NHPI communities?
- ❒ What is the level of acculturation among each population you are trying to reach?
- ❒ Within your community, are there groups that work with NHPI members such as coalitions, mutual aid societies, chambers of commerce, or community-or faith-based organizations?

HEALTH CARE AND HEALTH-INFORMATION-SEEKING BEHAVIORS

- ❒ Where specifically do NHPI community members go for health care services?
- ❒ How accessible is health care within the community, especially for NHPI members?
- ❒ Are health-information-seeking behaviors the same or different for NHPI individuals when compared with other populations within the community? If they are different, how?
- ❒ Who are the trusted sources for health information within NHPI communities? Are health sources different or the same as other trusted sources?

TRUSTED SOURCES

- ❒ Who are the trusted thought leaders in your local community—specific to the NHPI community (i.e., community influencers, religious leaders) or in general?
- ❒ Community-based organizations? Faith communities? Health care providers? Vocal advocates?
- ❒ Who are the leaders and champions or gatekeepers for these groups? With whom do you need to collaborate?
- ❒ How can you use these trusted sources to help you market and promote your lifestyle change program?

MEDIA HABITS

- ❒ Which media channels—including social and digital media—are most popular or preferred among NHPI individuals in your community?
- ❒ What relationships do you have with these media outlets? Who do you need to reach out to?
- ❒ What infrastructure does your organization have to use popular social and digital channels? What media channels do you need to strengthen?

MESSAGES

- ❒ Are your messages culturally sensitive? Do they reflect cultural humility?
- ❒ Are the language(s) and literacy level appropriate for the audience you are trying to reach?
- ❒ Do you have images that will resonate with specific NHPI communities? You will probably need to find new images for each language that you use.
- ❒ Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

BARRIERS AND BENEFITS TO THE NATIONAL DIABETES PREVENTION PROGRAM

- ❒ What are the specific barriers to promoting the National DPP lifestyle change program in the NHPI community? How will you work to mitigate these barriers?
- ❒ What lifestyle change program benefits are meaningful to NHPI community members? How can you work these benefits into your marketing materials?
- ❒ What does your lifestyle change program offer the NHPI community that other disease prevention programs or events do not—or cannot—offer?

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