

AUDIENCE PROFILE: NATIVE HAWAIIANS AND PACIFIC ISLANDERS

17.6%

17.6% of NHPs age 18 and older have diabetes. (1)

NHPs are also more likely to be overweight and obese, which can increase their risk for diabetes, compared to Caucasians and Asians. (2)



1.4 M

NHPs make up 0.4% of the nation's total population. (3)

The majority of NHPs living in the U.S. are located in two states:

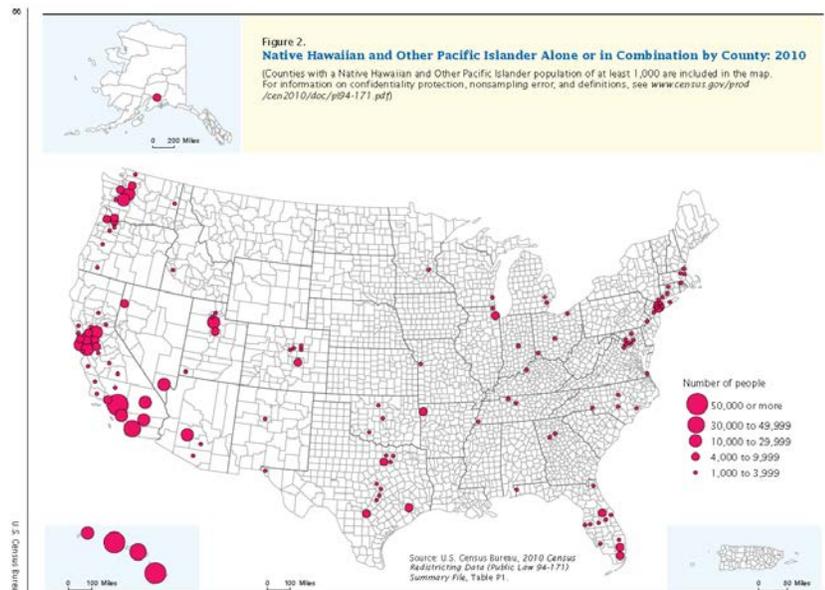
- Hawaii
- California

In order to successfully engage your target audience, you must have a clear understanding of their culture, beliefs and barriers to health. This audience profile includes information about the nuances that need to be considered when reaching Native Hawaiians and Pacific Islanders, based on the review of various research studies and also taking into consideration lessons learned through past experiences working with this group. This document is not an in-depth research report or analysis, as it is meant to help you have a general understanding of different factors that may affect your audience's availability, interest and/or commitment to your program. Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.

Understanding Native Hawaiian/Pacific Islander Audiences

The Native Hawaiian/Pacific Islander (NHP) population refers to people that come from/or that have ancestors from Hawaii, Guam, Samoa, or other Pacific Islands. The Native Hawaiian and Other Pacific Islander population includes people who identify themselves as Native Hawaiian, Guamanian or Chamorro, Samoan, or as Other Pacific Islander. It also includes people who identify as Pacific Islander; Polynesian, such as Tahitian, Tongan, and Tokelauan; Micronesian, such as Marshallese, Palauan, and Chuukese; and Melanesian, such as Fijian, Guinean, and Solomon Islander.

NHPI groups are very diverse as they differ in geography, language, and culture. Prevention programs and marketing methods that work for other populations may not work for NHPs. Understanding these differences can help your organization overcome present challenges reaching NHPs with health messages and information. Specific factors such as language preference and religious beliefs need to be taken into consideration in order to develop messages that will be easy to understand and will resonate with the audience. To assist with your program development and marketing, we have compiled relevant research and data that will help you shed light on the NHPI population and help you make a difference.



Geographic Location

Over half of the NHPs in the U.S. live in Hawaii and California. Approximately 370,000 NHPs live in Hawaii. Other states with significant NHP population are Washington, Texas, Nevada, and Utah. Data from the 2010 U.S. Census show overall population for U.S. Territories: American Samoa 55,519; Guam 159,358; Northern Mariana Islands 53,883. United Nations estimates for other territories in 2015 are: Federated States of Micronesia 104,000; Marshall Islands 53,000; Republic of Palau 21,000.

Characteristics and Cultural Understanding

According to a peer-reviewed publication in the American Journal of Public Health (2010), 50 years ago residents of the Pacific Islands had an enviable health status. Lifestyle benefits often included vigorous daily activity and abundant fresh produce, seafood, and starches. However, over the years, Western influences have negatively affected the health of NHPs as they have adopted sedentary daily routines and increased processed food consumption.

NHPs have a strong sense of community and hold family values in the highest regard. (4) Most Pacific cultures place individuals within the context of the larger group (e.g., the family, clan, and village), the physical environment within which they live, and their church structures. (5)

For example, traditional Samoan culture is rooted in strong family dynamics, a powerful tie to the land, a deep reverence for the church, and a respect for both reciprocity and authority. As a result, Samoans may link poor health to disharmony across these domains, as well as to *aitu* or spirits. For Hawaiians, good health is a reflection of one's ability to balance responsibilities to the group, the land, and the spiritual world. While in the Chamorro culture, family, community, nature, spirituality, and communal society are of great importance, with some believing that illness is caused by island spirits. (5)

A study conducted with NHP communities showed that group or community-focused interventions and education are preferred, over individual engagement. In addition, delivering health information through community peer educators instead of health professionals can garner better results. Developing tailored messages is also key for

reaching this audience. In order for messages to get through to the community, they must be culturally relevant and preferably written in plain language.

Research data show that in the Marshallese community, for the individual to make any lifestyle changes, the family must make the same changes. In the Marshallese culture, family includes extended members and many households include multiple generations. With regards to family and language, the same word that is used for mother is also used for aunt and the same word used for sibling is also used for cousin. (6)

Pacific Islander (PI) cultures have characteristically oral-aural teaching and learning traditions. (7) PI cultures are collectivistic, and familial ties and values, such as respect for the elderly, have a strong impact on intergenerational communication. Religion is also a key cultural factor for most Pacific Islanders.

Gender Role and Spirituality

NHP women tend to be more active than men, and they are more prone to eat healthy foods. Similar to other racial groups, NHP women are also more likely to seek health information, compared to men. (8)

NHPs see aging as a positive thing, as growing old represents a period in their life where they can slow down and have loved ones take care of them. (5)

NHPI Men

- A recent study from the Office of Hawaiian Affairs published intergenerational health outcomes of Native Hawaiian (NH) men:
 - 10.6% have diabetes
 - 45.7% are obese
 - 33.6% have hypertension
- The study also found that NH men contract cancer at the second highest rate, but die from it with the highest mortality rate, and are less likely to participate in cancer prevention and treatment trials.

Men and women play different roles in Native Hawaiian culture and spiritual traditions. They were seen as complementary forces and their roles were believed to create *pono* or balance. However,

Native Hawaiian men had more direct, active, and visible roles in ceremonial religious practices. (9)

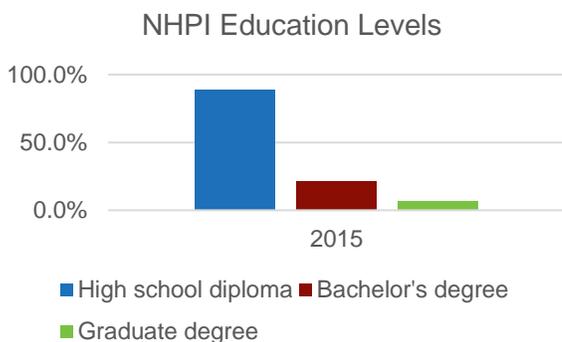
Native Hawaiians traditionally believed in multiple gods, with four of them being male gods who were believed to be the primary gods. Many gods served as models for the behavior of NH men. Since gods were often specific to certain activities, skills, and occupations (i.e., sorcerous priests, fishermen, chiefs), NH men were believed to have divine mentors and spiritual guidance in every part of their lives. The Hawaiian society was characterized by the ritual separation of the sexes through social norms, which protected the spiritual differences in men and women. Because of men's more active role in formal religious ceremonies, it was necessary for them to maintain their spiritual sacredness through the observation of *kapu* or the forbidden in ways that were not usually required of women.

Studies of Hawaiian traditional oral history and literature show a deep relationship and connection between NH men, the lands and the sea.

Understanding the core, traditional values of Native Hawaiians, and Other Pacific Islanders is important to have an idea of why the concept of family is so important, as well as why seniors (particularly fathers and grandfathers) are deeply respected and seen as wise figures and leaders within the community.

Economic Implications

Education levels for NHPIs are significantly lower than Caucasians and other groups. (10)



Tongans and Samoans have a lower proportion of adults who have completed high school, while Guamanians/Chamorros and Native Hawaiians have the highest proportion of adults with a bachelor's

degree or higher—17 percent and 16 percent, respectively. (11)

The average NHPI household median income in 2015 was \$60,133. Almost 18 percent of NHPIs live below the poverty threshold compared with about 12 percent in the general population.

NHPIs are less likely to have health insurance and more likely to be on Medicaid, when compared to Asians and Caucasians. (12)

Language and Acculturation

Language Preference

28 percent of Native Hawaiians/Pacific Islanders speak a language other than English at home. (10) NHPI elders (13.8 percent) reported that they do not speak English well or at all. (5)

According to the Asian & Pacific Islander American Health Forum (2010), a significant proportion of NHPIs do not receive adequate language services in accessing health care, and understanding health literature is a continuous issue. Almost one in five NHPI adults (19.9 percent) in California reported that they found it "somewhat difficult" or "very difficult" to understand written information from their doctor's office in 2010.

The Center for American Progress and AAPI Data also found that among NHPI groups, linguistic isolation is highest among Micronesians and household linguistic isolation is lowest among the Native Hawaiian population.

Language preference needs to be considered when creating programs and initiatives for this population because studies have shown that NHPI health beliefs are carried in the native language, which has challenged clinicians and researchers to assure conceptual equivalence of health information, as well as respect for cultural norms.

To ensure messages are understood and well received, it is important to develop resources for NHPIs in the following languages: Chuukese, Marshallese, Samoan, and Tongan. Other local dialects and spoken languages should be considered.

Acculturation

Even though, in the past, audience data has been collected for Asian Americans and NHPIs together in many cases, the socio-cultural context of Pacific

Islanders is very different from that of Asian Americans and as a result their health issues are different. Understanding the Pacific Islands' political history and the population's acculturation level can help identify the challenges in reaching this audience, as well as effective communications and marketing tactics.

Acculturation is the process of adaptation into a new culture, which is measured by the degree that immigrants have integrated values, beliefs, and attitudes of a new country into their daily lives. (13, 14)

Before the U.S. incorporated Hawaii as a state and administrated other Pacific Islands and territories, NHPIs were very healthy given their active lifestyles and good nutrition. As mentioned before, the Western influences changed NHPI's lifestyles significantly for the detriment of their health. Changes in nutrition and physical activity are two factors that have contributed to NHPIs health issues. However, other factors have been acquired during the process of acculturation. For example, NHPIs in the U.S. have not had the educational opportunities or training to make the transition from a communal, agricultural, noncompetitive, and non-technological way of life to an independent, urban, competitive and highly industrialized society. This results in significant socioeconomic disparities that ultimately affect the health of these groups.

Health Information Seeking

NHPIs health care seeking habits may vary upon location, language preference and socioeconomic status. Even though there is not much research available for this specific population, existing studies have found the Internet and community influencers and health educators to be the main common sources of health information.

- A study conducted in Guam found that 79.7 percent of people were seeking health information or medical topics. The most common source for this type of information was the Internet with 69.1 percent, followed by print media (13.7 percent) and a health care provider (11.3 percent). (5)
- NHPIs have reported significantly higher consumption of unhealthy foods, when compared to the general population. High consumption of unhealthy foods, such as

sodas and fast food, have also been reported for a Samoan sample in New Zealand. Study findings suggest that health differences between NHPI and other groups are more strongly influenced by higher intakes of high-fat, high-sugar foods among this population, rather than low levels of physical activity or fruit and vegetable consumption. These findings highlight the need for NHPI dietary interventions that include a specific focus on the reduction of unhealthy food intakes. (15)

- NHPIs may avoid seeking health services and consultation from health care providers due to the lack of use of plain language. Native Hawaiian and Filipino women in a 2013 study shared that they would often not ask questions even when they did not understand the information because they did not want the provider to think badly of them. (15) This leads many people to resort to other sources to avoid confusion or feeling embarrassed.
- Native Hawaiian women reported receiving general health information primarily from personal communication within the health care system (provider or health educator), and media (mainly the Internet and printed material). (15)
- Women (primarily those aged 40 to 65) are at the center of health information access and dissemination in their families. Women tend to provide help to aging parents, their own children (many of whom were grown and had children), and their grandchildren (whom many of them cared for). They may also fill the role of assistants to their parents when it comes to health information. (15)

Trusted Sources and Influencers

- NHPIs respond better to information and resources provided by community-based organizations and peer educators, as they value personal connections and feel more comfortable sharing their health concerns and challenges without the time restrictions that can be present when communicating with health care providers. (7)
- NHPIs are heavily influenced by family members. A pilot study conducted with six families that took part in a family model of diabetes self-management education using

an intervention driven pre-test/post-test found that an in-home model with extended family members is feasible and can lead to A1C reduction and increased participation. (6) Family models may help increase program retention in hard-to-reach populations.

- In a study conducted with Pacific Islanders in Guam, health care providers, government health agencies and the Internet came up as the most trusted health information sources. Even though health care providers were mentioned as a trusted source, they received the lowest rating. However, religious organizations and leaders received high ratings for trustworthiness in the population sample. (7)

Media Habits

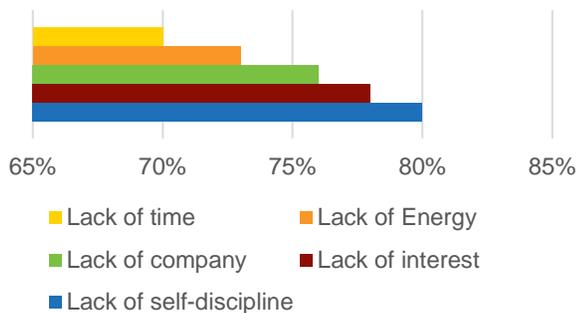
There is very limited research that focuses on specific media consumption for Native Hawaiians and Pacific Islanders. The majority of larger market audience research focuses on Asian Americans. A significant amount of research points to the Internet as the main source of information for NHPs. For low-income, low literacy individuals newspapers and print materials seem to be the preferred type of media.

- Research with Pacific Islanders in Guam showed that their level of Internet penetration (56 percent) was lower than the U.S. average (86 percent) in 2014. However, the percentage of Internet users actively using Facebook in Guam is greater (78 percent) than in the U.S. (66 percent). (7)
- When searching for health information, Pacific Islanders in Guam will most likely turn to the Internet, followed by print media. (7)
- In a study done with primarily Native Hawaiian women, the preferred media sources were television, magazines, newspapers, as well as pamphlets, mailings and store bulletin boards. The most common media source for health resources was the Internet, mentioned across all participant groups. At the same time they brought up that there are challenges in obtaining health information from the internet, since not every household has access to the Web. (15)

Considerations for Messaging

- Given their relatively small population size, Pacific Islanders have not received as much visibility when it comes to public health, which has contributed to a lack of resources that address their particular health needs. (16)
- Increased acculturation to the Western lifestyle has negatively affected the health of NHPs. (16)
- The majority of NHPs have not had the same educational opportunities or training. (16) Health education programs need to consider language preference and acculturation, as well as cultural traditions and beliefs when reaching NHPs to ensure that the message reached the intended audience and is well received.
- Overweight and obesity rates are high among NHPs, which increases their risk for diabetes and other health conditions. In a 2013 study conducted in San Diego with NHPs, only 6 percent of the sample was at a normal weight, with 94 percent being overweight and obese. Women (47.7 percent) were more likely to be overweight than men (39.3 percent), while men were more likely to be obese (43.2 percent vs. 57.1 percent, respectively). (17) Also, half the sample in this study reported current tobacco use. These factors may make it harder for NHPs to make lifestyle changes that will help improve their overall health.
- In the same study, daily fruit and vegetable consumption among NHPs was well below the recommended minimum of five servings per day. However, women reported higher fruit and vegetable consumption than men. Study respondents were not active on a regular basis and did not intend to increase their physical activity in the next six months. (17)

Barriers brought up for doing physical activity



- Other concerns and potential barriers for physical activity mentioned in the study were traffic issues that made it difficult or unpleasant to walk through the neighborhood and local crime rate during the day and night.
- Community-based Participatory Research (CBPR) that was conducted to culturally adapt the Diabetes Prevention Program Lifestyle Intervention (DPP-LI) for NHPIs and implement and examine the effectiveness of a culturally-adapted program to promote weight loss identified four major themes for this population. NHPIs face food-related issues, such as lack of portion control, as well as physical activity challenges, lack of social support and need for community assets that can support healthy behaviors. (4) Health education programs must address these issues by providing support from NHPI trusted sources within the community and relevant information that will help them make healthy lifestyle changes.
- The DPP-LI pilot study showed that NHPIs face challenges with patient-physician communication. They find it difficult to discuss personal matters with their health care providers in a brief time-restricted medical visit. (4) Finding influencers or trusted sources of information that NHPIs feel comfortable with is key to achieving greater program engagement.
- Language is a major barrier for reaching NHPI groups. There are very limited resources available in NHPI languages, which difficult access to health

information. (18) Efforts need to be made to integrate health professionals or educators that understand the native languages of NHPIs into community programs and educational resources need to be available in their language to ensure messages are received and understood. (17)

- NHPIs are less likely to have a regular health care provider. More than half of NHPIs in a pilot study responded that they do not have a primary care doctor or that they do not know one. (7) Therefore, education efforts developed for this audience must recognize and leverage their sources for health information, rather than focusing only on health care providers.
- High costs for health care services and medical treatment leads Guam residents to resort to the Internet for information first, since it can be easily accessed. This can lead to self-diagnoses and is associated with the low prevalence of preventive testing and higher instances of late diagnoses of diseases. (17)

Proven Promotion Strategies

- To achieve success and have an impact within the NHPI community, interventions need to reflect the NHPI values related to family, community, and religion. It is especially important that resources are available in the various native languages spoken by this population to eliminate the language barrier from the start.
- Native Hawaiian women responded well to a church-based program in which breast cancer screening messages were delivered from the pulpit. (5) Given that NHPI women tend to pay more attention to their health and in many cases serve as caregivers for family members, working with faith-based organizations to disseminate health messages and resources is recommended.
- Family-focused interventions have also been shown to help Native Hawaiian cancer patients cope with and complete treatment. (5)
- Developing culturally relevant resources that NHPIs can connect with is paramount. The use of designs and photos that are attractive to the ethnic group is very important and it

helps present evidence of the relevance of the problem to the culture. (5)

- Efforts that engage NHPI non-profits, community and faith-based organizations will call for attention from this population, especially since members of their community, especially those with a health background, are seen as trusted sources of information. Leveraging peer educators instead of health professionals may motivate NHPIs more to participate of health programs/initiatives.

Questions for Consideration

Understanding Your NHPI Population

- What are the demographics of your local NHPI population?

Demographics	Statistic/Data
Population Percentage	
Median Age	
Gender	
Country of Origin	
Language (spoken)	
Population with Prediabetes	
Economic Status	

- What are the cultural and language nuances for the local NHPI community?
- Within your community, are there particularly active or large groups that represent NHPIs?

Health Care and Health Information Seeking Behaviors

- Where does the local NHPI population go for health care? Be specific.
- How accessible is health care within the community, especially for NHPIs?
- Are the health information seeking behaviors the same or different for the local NHPI population compared to other populations within the community? If different, how?
- Who are the trusted sources for health information for your local NHPI population? Are

they different or the same as other trusted sources?

Trusted Sources

- Who are the trusted thought leaders in your local community?
 - Community Based Organizations?
 - Faith Communities?
 - Health Care Providers?
 - Vocal advocates?
- Who has access to these groups? With whom do you need to collaborate?
- How can you utilize these trusted sources to help you with marketing and promoting your lifestyle change program?

Media Habits

- Which media channels, including social and digital media, are most popular and/or preferred among NHPIs 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 utilize popular social and digital channels? What do you need to strengthen?

Messages

- Are your messages culturally sensitive?
- Do you have images that will resonate with your NHPI population?
- 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 National DPP

- What are the specific barriers in your community?
- How will you work to mitigate these?
- What are the benefits of lifestyle change programs that are meaningful to your audience? How can you work these benefits into your marketing materials?
- What does your lifestyle change program offer the community that other prevention programs or events don't or can't?

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