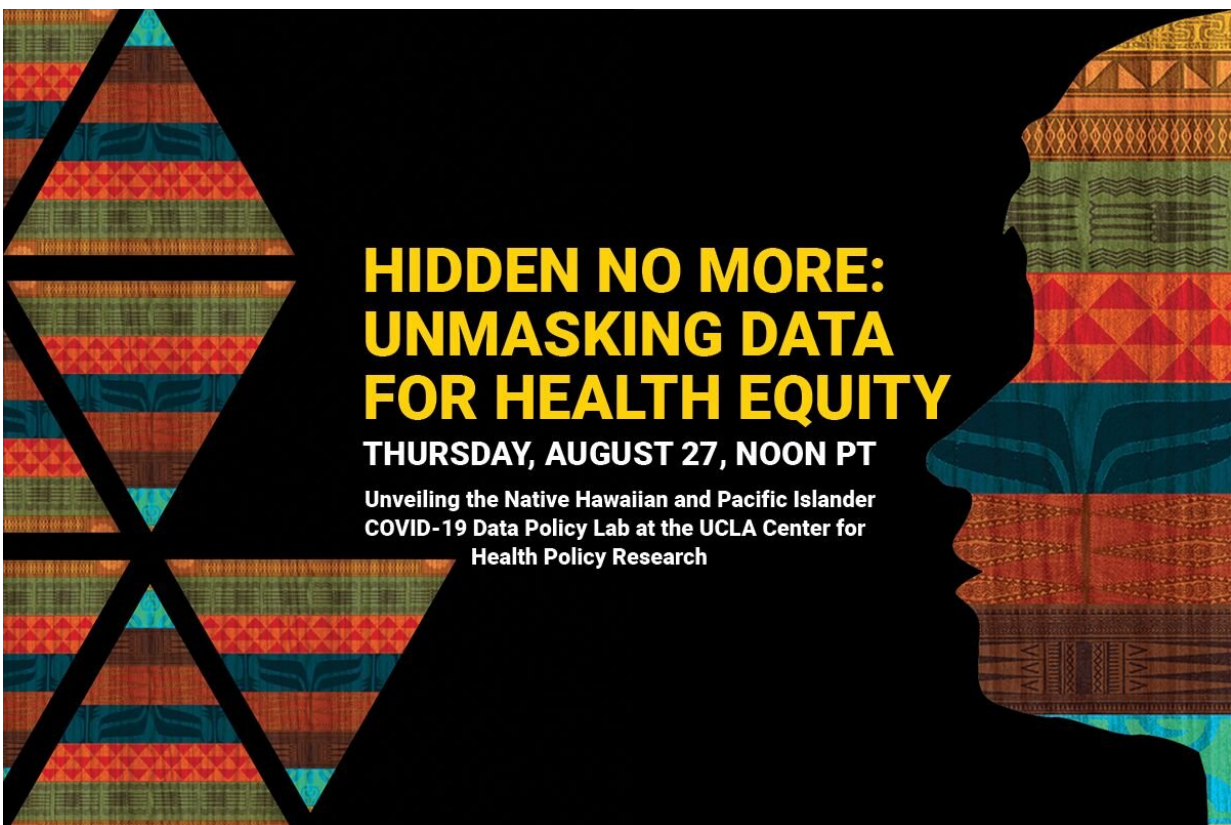


Q&A: COVID-19 exposes how Native Hawaiians and Pacific Islanders face stark health care disparities

August 26 2020, by Elaiza Torralba



We see the headlines regularly: COVID-19 has revealed long-standing systemic social and health inequities facing members of racial and ethnic

minority groups. The Centers for Disease Control and Prevention reports that Black people and Latinos are almost [three times as likely to become infected](#) and up to twice as likely to die from COVID-19 when compared with whites.

But what about other minority groups, such as the Native Hawaiians and Pacific Islanders, who even amid calls for more equitable attention and treatment often get overlooked? The needs of the Native Hawaiian and Pacific Islander populations have historically been unmet because [data](#) is not collected and published in ways that target these specific groups.

Ninez Ponce, director of the UCLA Center for Health Policy Research and a professor of health policy and management at the Fielding School of Public Health, and a team of scholars from across the United States are working to address the issue. Ponce and Karla Thomas, who graduated from UCLA in 2019 and is currently a [graduate student](#) at USC, spoke to us about the need to collect more data on Native Hawaiians and Pacific Islanders and the upcoming launch of the Native Hawaiian and Pacific Islander COVID-19 Data Policy Lab at the UCLA CHPR. The center will be hosting a [webinar](#) to introduce the lab and share data about the pandemic's impact on Aug. 27.

How is COVID-19 affecting Native Hawaiians and Pacific Islanders and why did you decide to focus on this particular group?

Ponce: The impact on the Native Hawaiian and Pacific Islander, or NHPI, community is devastating, and without [accurate data](#), we only know a small piece of the story. Currently, NHPIs are seeing infection rates up to five times that of white people in Los Angeles County alone, and this impact is being felt across the country, in states such as Arkansas, Louisiana, Illinois, Colorado, Washington, and Oregon, where

NHPI case and death rates are higher than any other race and ethnicity. It's no secret that this public health crisis is shedding light on barriers to health care access and use, as well as all of the social determinants of health which may include factors such as socioeconomic status—income, occupation and housing status—and other systemic issues such as discrimination. Nearly 25% of NHPIs serve in essential roles, such as military, security, manufacturing, health and service-related industries, which certainly would exacerbate impact.

A few months ago, when the quarantine began, I was tasked by my fellow colleagues and advocates to look at and produce COVID-19 data on NHPIs and discuss ways to address the highly anticipated need for data across underrepresented groups. I revealed in a previous Q&A that California data suggest a higher burden in COVID-19 infections and deaths for NHPIs, but that the data are only reported for single-race, non-Latinx NHPIs, so many members of the community are often hidden if their cases are reported in the multiracial or Latinx categories. Data that are broken up in specific subgroups are vital to deploying appropriate resources and aid to groups that are often invisible or unnoticed due to the alarming lack of accurately representative data.

Thomas: It's unfortunately not surprising that COVID-19 has significantly affected Pacific Islander communities across the nation in the ravaging ways that it has. The data tell us that NHPIs have higher COVID-19 case and death rates than any other racial or ethnic group, especially in regions with dense populations of NHPIs. We understand that the high prevalence of underlying health conditions, and other social determinants, are large contributing factors in this impact. However, the cultural context of the community is also worthy of understanding how COVID-19 has so deeply afflicted our communities.

Growing up with my maternal Samoan family, I've been accustomed to the large congregations of community members that gather for

traditional events including funerals, weddings, chiefly bestowments and religious ceremonies. These gatherings are prioritized in our ways of life, especially for NHPIs in the U.S. diaspora. Even with rising cases of COVID-19, many NHPIs continue to congregate in large gatherings and not follow distancing guidelines. At the aforementioned events as well as family reunions, graduation parties, and home-based church services, few wear masks and people I personally know have contracted the virus as a result. Although COVID-19 messages and guidelines are widespread, messaging is generalized and it doesn't feature NHPI faces or touch community values, making it difficult to resonate with. It also doesn't help that there is a language barrier when these messages reach trusted messengers of the community such as our faith-based leaders, many of whom are primary NHPI-language speakers.

However, the Pacific Islander COVID-19 Response Teams were created in part to identify and address these systematic issues that result in racial disparities and [health inequities](#). My past advocacy efforts as a UCLA undergraduate in the Pacific Islands' Student Association is where I began to observe the systematic issues that prevent NHPIs from reaching health equity. The focus on NHPIs in the lab is an effort to bring justice to this historically overlooked community through accessible and tangible data, to empower the voices of Oceania and strengthen the fight for health equity.

Can you tell us more about the Native Hawaiian and Pacific Islander Data Lab that the UCLA Center for Health Policy Research is about to launch?

Ponce: The NHPI COVID-19 Data Policy Lab will address striking gaps within data and research for NHPIs including the need to increase the number of states reporting disaggregated NHPI COVID-19 cases, which at this stage only 30% of states are doing. The lab calls to attention the

fact that NHPs are experiencing among the highest COVID-19 rates of any racial and ethnic group here in California and throughout the country including the states I mentioned earlier. On Aug. 27, we will unveil a dashboard that looks specifically at NHPI COVID-19 data and are hoping that other researchers and advocates can use it as a model to help with their work to improve outcomes for the disproportionately affected group. The data we've produced so far have been used in testimony before the U.S. House of Representatives Ways and Means Committee, featured in news media, and will be included in a blog run by the journal Health Affairs. The scholars have also been working with the National and Southern California Pacific Islander COVID-19 response teams and present data weekly. I strongly believe that the data lab, the dashboard, and all of the data we're producing will help inform health advocates, researchers and especially government decision makers on how COVID-19 is affecting NHPs and bridging the gap in needs and services for the community. The NHPI COVID-19 dashboard embodies our UCLA CHPR's mission to democratize data to inform policies and improve health.

In addition to the new NHPI dashboard, the center's [COVID-19 Rates and Risk Factors by California County](#), that is presented by our California Health Interview Survey, known as the CHIS, and updated weekly, looks at both COVID-19 rates by race and ethnicity, as well as various contributing factors such as underlying chronic conditions like asthma and diabetes, as well as food insecurity and health insurance status. Our next cycle of CHIS will also include data on COVID-19.

Thomas: The NHPI COVID-19 Data Policy Lab began with a few NHPI scholars led by Professor Ponce, in accordance with the coalition of Pacific Islanders in the National Pacific Islander COVID-19 Response Team. It started off with careful and meticulous attention to the data produced by local public health departments. Some areas that I have personally monitored are San Bernardino, San Diego and Orange

counties, whose data has assisted in the later successful advocacy for disaggregated NHPI data in Riverside county, that I also oversee. Over time, the lab has grown, and the data collection has become less laborious as new scholars have introduced automated processes for recording COVID-19 data. The increased bandwidth of the lab has given us more time to translate the data into meaningful, comprehensible, and some in-language data and health education presentations for NHPI communities as well as in meetings with decision makers. My hope is that the launching of our lab will encourage all attending entities or institutions to re-think their reporting methods of demographic data if they do not disaggregate NHPIs, and acknowledge ways they could be contributing to [health](#) inequities and disparities for minority populations like NHPIs, whose data is often hidden.

Provided by University of California, Los Angeles

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