

INTRODUCTION

"We are Micronesian, Marshallese, Palauan, Kosraean, Chamorro/Chamoru, I-Kiribati, Yapese, Pohnpeian, Pingelapese, Chuukese, Refaluwasch, Polynesian: Samoan, Tongan, Tahitian, Tokelauan, Maori, Rotuman, Uvean, Futunan, Kanaka 'O'iwi, Tuvaluan, Lauan, Kapingamarangi, Nukuoro and we are Melanesian: Itaukei, Solomon Islanders, New Caledonians, Vanuatuan, Papuan, West Papuan, Torres Strait Islander, Indigenous Australian and other colorful Pasifika nations that make up our family." PICA-WA Jan 2022

Native Hawaiian or Other Pacific Islander (NHOPI) people belong to one of the fastest-growing racial groups in the United States¹. For over 200 years, the NHOPI community has lived in King County, with recent gentrification leading to displacement to more affordable regions in South King county. ICHS is a Federally Qualified Health Clinic in King County historically rooted in the Asian and Pacific Islander community. Data shows 0.67% of patients who identify as NHOPI are captured within the organization (ICHS UDS report, 2021).

In King County, NHOPI individuals make up 1% of the population, have the lowest life expectancy of all racial/ethnic groups: 72.2 years compared to 85.7 years², and experience strikingly high rates of chronic disease, including: heart disease, diabetes, breast, lung, colorectal, and uterine cancers³. Health disparities within this population are well documented, and yet they continue to be underrepresented in all areas of health research⁴. NHOPI populations are often grouped into the Asian and Pacific Islander category – leading to generalizations which miss discrepancies in health disparities within NHOPI communities.

To improve morbidity and mortality and more effectively use healthcare resources, more information is needed about the specific health needs and concerns of the NHOPI population.

OBJECTIVES

1. Understand the unique needs of the Native Hawaiian or Other Pacific Islander (NHOPI) population in South King County.
2. Identify common barriers faced by NHOPI individuals.
3. Recognize population strengths which can inform targeted interventions.

METHODS

In August and September 2022, postgraduate Advanced Practice trainees at ICHS partnered with three local community organizations serving NHOPI individuals in South King County to conduct five focus groups with a total of 36 participants answering nine interview questions. Possible mistrust in research and health care systems was considered and addressed during the recruitment and interview process.



Conduct focus groups with community members within the NHOPI community in South King County in partnership with community organizations.



Analyze themes in order to identify specific healthcare needs as well as the barriers being faced preventing the community from accessing existing services.

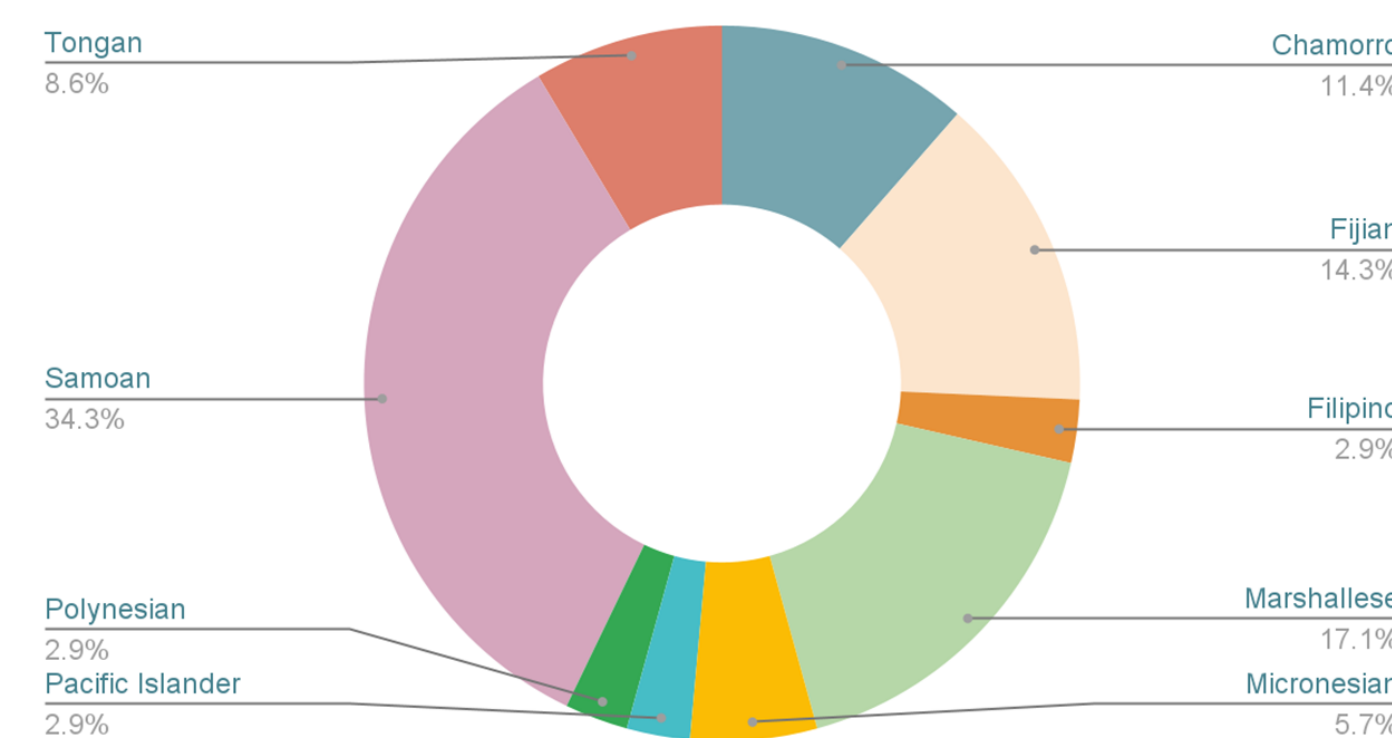


Understand sources of strength and resilience within this community.



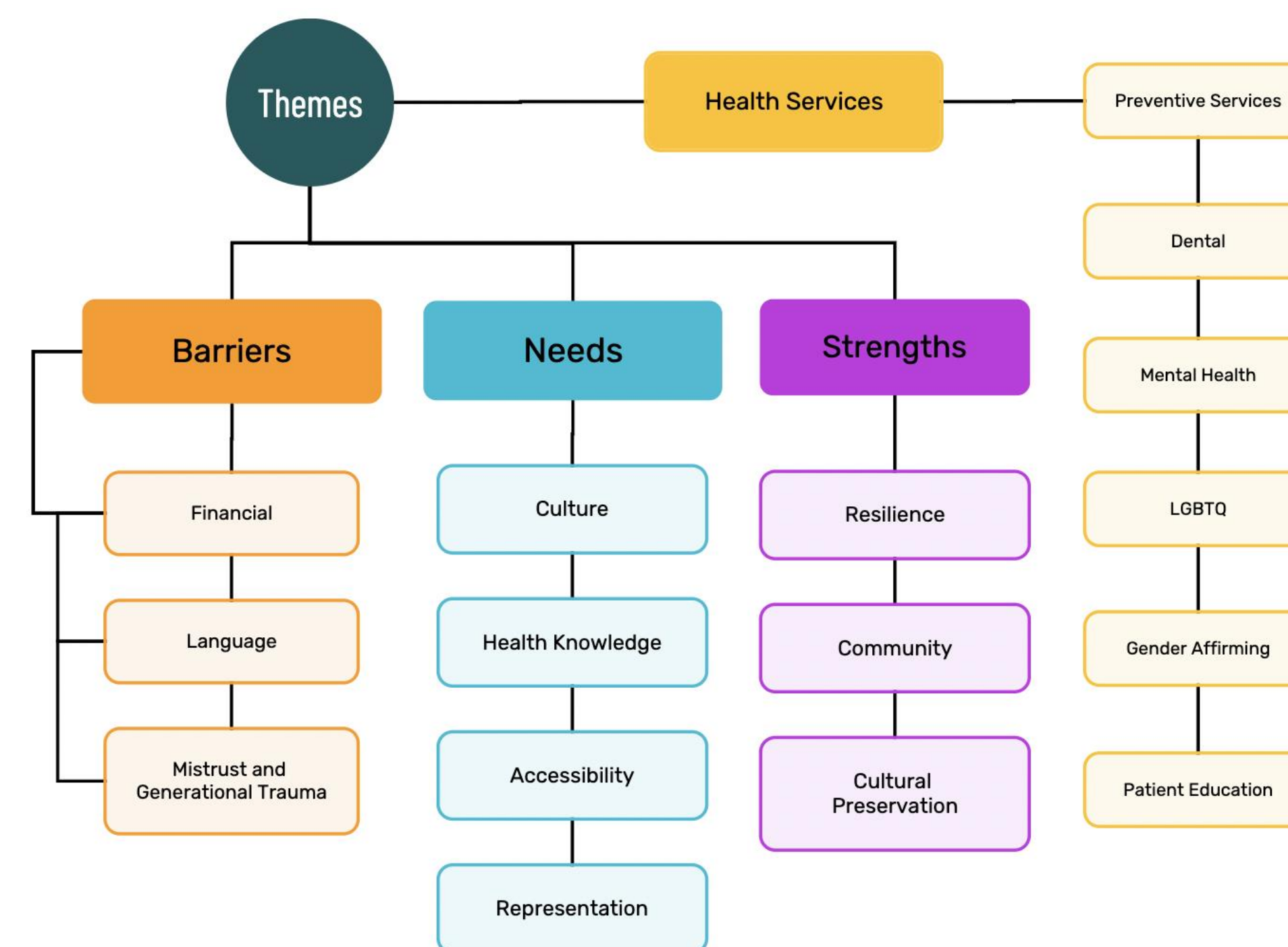
Use these data to inform how ICHS may support expanded access to care within South King County.

Focus Group Demographics



RESULTS

Interviews were recorded, transcribed and analyzed. Qualitative data was grouped into four themes:



Participants repeatedly emphasized the importance of **traditional medicine** within NHOPI populations, addressed the need for greater **cultural sensitivity** when providing care to this group, and mentioned the importance of hiring people of color as medical staff, including NHOPI individuals.

Participants frequently noted experiences of **stigma and discrimination** when seeking medical care and discussed the significant impact of **generational trauma** in shaping their interactions with the healthcare system, including: medical experimentation, colonialization, military occupation, unfulfilled reparations, and intergenerational conflicts.

"I think a doctor or nurses even or anyone that's involved with the care of community should reassess and think back to why you decided to do it in the first place. Check your intentions."



"You feel it...not receiving the 100% care...you feel that they're just being performative, like using all these heavy medical terms and you're asking questions and you feel like they're dodging it, from telling you what it really means."



"It's a chore for me mentally, 'do I really want to submit myself to these spaces?' I guess I go when I absolutely have to, when it's services [my community] doesn't provide. Most the time I don't go because I don't feel comfortable."



"It takes a lot for our community to go out and interact with people, or just be in another situation that doesn't involve our community. But it's a different kind of hurt when you're in a medical facility or in a doctor's office that's supposed to be caring for you and you don't feel safe at all."

CONCLUSIONS

NHOPI communities have unique concerns which must be addressed to improve population morbidity and mortality. In alignment with the themes identified through qualitative community assessment, post graduate trainees made the following recommendations to ICHS leadership in 2022:

1. Implement staff and provider education on cultural humility.
2. Recruit a diverse staff including individuals from NHOPI communities.
3. Sustain meaningful long term community partnerships with NHOPI organizations and groups.
4. Explore opening a satellite clinic in South King County.

REFERENCES

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