

Workshop on Research on Native Hawaiian and Pacific Islander NHPI Health

Executive Summary

Description

The National Institute on Minority Health and Health Disparities (NIMHD) hosted a virtual workshop on February 13 and 14, 2024 to address the state of Native Hawaiian and Pacific Islander (NHPI) health research. The "Workshop on Research on Native Hawaiian and Pacific Islander Health" was co-chaired by Dr. Keawe'aimoku Kaholokula of the University of Hawai'i at Mānoa, John A. Burns School of Medicine and Dr. Michael S. Spencer of the University of Washington, School of Social Work. A diverse group of scientific researchers, clinicians, subject matter experts, community leaders, and representatives from the National Institutes of Health (NIH) were convened to identify critical health needs, gaps in knowledge, and future opportunities for research – all aimed at eliminating health disparities in NHPI populations. Speakers and participants represented a wide range of disciplines and professional backgrounds, including medicine, public health, epidemiology, social work, psychology, nursing, community health workers, and leaders of community-based organizations. Hundreds of participants and dozens of speakers joined from Hawai'i, the Pacific Islands, and the continental United States.

Background

Native Hawaiians and Pacific Islanders are defined as people having origins in any of the original peoples of Hawai'i, Guam, Samoa, or other Pacific Islands that are part of the three major subregions of Oceania (Melanesia, Micronesia, and Polynesia). In 2021, according to the US Census, the estimated number of individuals of NHPI heritage, alone or in combination with another race, is 1.7 million. Historically, NHPI individuals have often been grouped with Asian American populations. Unfortunately, this type of grouping has taken and continues to take place in surveys and research studies, which fails to account for the heterogeneity between the groups. In particular, the much larger proportion of Asian individuals masks the health disparities that NHPI persons experience when these groups are aggregated together. Often, this creates the perception that health disparities are limited among NHPI persons since the larger combined population is often found to have lower incidence or mortality rates for most diseases or other adverse health outcomes when, in fact, NHPI persons have a notable number of health disparities for various diseases and health outcomes.

Workshop Objective

The objective of the Research on Native Hawaiian and Pacific Islander (NHPI) Health Disparities workshop was to identify 1) critical health outcomes/topics and needs affecting NHPI communities; 2) the current gaps in knowledge and research efforts on NHPI health outcomes; and 3) future opportunities for research on promoting NHPI health to reduce health disparities.

Summary of Sessions and Discussions

The workshop was organized into four main sessions, each focusing on a specific aspect of NHPI health research:

1. Determinants of NHPI Health
2. Mechanisms and Processes of Health Outcomes
3. Methodologic Approaches/Tools for NHPI Health
4. Cultural Interventions to Improve NHPI Health

Academic and community keynotes set the tone and charge for these four scientific sessions. These scientific sessions, along with additional discussion panels and a separate break-out

session, allowed for in-depth exploration of the social, cultural, and structural factors influencing NHPI health, the biological and behavioral processes contributing to health outcomes, the research methods and tools needed to effectively investigate these factors important to NHPI communities, and the role of culturally responsive interventions in promoting health equity.

Workshop Participants:

Through the gathering of the speakers and discussants to identify the critical health outcomes/needs of NHPI communities and current gaps in knowledge and research efforts, the workshop aimed to identify actionable steps to advance the field of NHPI health research.

Each session included presentations and discussions from researchers, clinicians, and community members. Perspectives from different, NH and PI populations were included as well as those from actively funded researchers and community partners supported by NIH and other agencies.

Recurring themes from discussions across the sessions and discussions were:

- 1) **Social and cultural determinants of health in NHPI research:** Understanding the social determinants of health that influence NHPI health holistically is necessary as various social conditions, such as education, household income, and living conditions, affect health directly and indirectly. The speakers and discussants also mentioned the importance of understanding the historical and cultural context of distinct NHPI communities and incorporating cultural perspectives and practices into potentially effective interventions. Several socio-ecological and social determinants of health frameworks were shared to capture the unique historical factors (e.g., colonization), geopolitical factors and political statuses of NHPI (e.g., U.S. territories versus COFA [Compacts of Free Association] migrants), societal factors (e.g., structural racism), and cultural factors (e.g., language and cultural revitalization).
- 2) **Culturally relevant measures and methodologies:** Current behavioral, psychosocial, and social determinants of health measures often fail to capture the unique contexts and experiences of NHPI communities (e.g., the impact of land dispossession, historical trauma, and migration) and their impact on health and well-being. Speakers and discussants called for the development and validation of measures that capture constructs relevant to NHPI populations and research methodologies that draw from NHPI traditions. An example of novel measures was the 'Āina Connectedness Scale. 'Āina means land in Hawaiian and a person's connection to and caring for the 'Āina is an important part of many Pacific Islanders' identities and a source of health and well-being. Dr. Nia Aitaoto, one of the workshop's keynote speakers, brought up a reference to the customary knowledge-seeking concepts of Tofā Sa'ili (quest for truth) and tofā loloto (depth of thought) from the Samoan culture in her keynote as approaches to conducting research in NHPI communities.
- 3) **Role of biological and other factors in NHPI health:** Several speakers emphasized that biological processes affected health in NHPI populations by highlighting biological distinctions that influenced disease development and response to treatment, such as variations in epigenetic patterns, the gut microbiome, and accelerated biological aging. In addition, differences in other factors such as exposures, experiences, and psychological mechanisms that interface with biological mechanisms were discussed, such as the pathway from racism to poor physical and mental health outcomes that involved the human stress response and coping strategies. The integration of biological mechanisms with environmental, behavioral, social and psychological factors at play is crucial for the understanding of the underlying processes that result in health disparities and for future development of tailored interventions to improve health outcomes and advance health equity.
- 4) **Lack of data for NHPI populations:** The majority of the speakers highlighted the issue of the aggregation of NHPI data with those of Asian Americans, which masks important disparities and limits the ability to develop targeted interventions. The aging of existing

cohorts – such as the Multiethnic Cohort (MEC) study that has Native Hawaiian participants – was also identified as a challenge. These concerns emphasized the importance and need for new cohorts that would reflect the extensive diversity of the NH and PI populations. Also, the need for comprehensive and disaggregated data on NH and PI health across the lifespan was reiterated for studies at the local and national level. In addition, methodological and analytical strategies are needed to overcome the issue of small sample sizes and maintaining confidentiality when working with small tight-knit communities.

- 5) Integration of traditional knowledge and cultural practices:** Speakers highlighted the importance of recognizing and incorporating the wisdom of community leaders, traditional healers, and cultural practitioners in promoting health and well-being. This could include the incorporation of practices such as hula (or other forms of traditional dance), storytelling, and land stewardship into research designs and interventions. A good example of successfully leveraging a traditional practice for health promotion in the Pacific region can be found in the use of hula (the traditional dance of Hawai'i) to address cardiovascular disease risk. An NIH-funded randomized controlled trial has already established the efficacy of a hula-based (the traditional dance of Hawai'i) intervention for preventing cardiovascular disease in Native Hawaiians ([KaHOLO study](#)).
- 6) Community engagement and collaborations:** Several speakers and discussants also identified an opportunity for developing community-driven research models and interventions. Some stressed that research studies including health interventions should be co-created with community partners to ensure relevance, acceptance, and sustainability and that building trust and fostering long-term partnerships were essential to the success of NHPI health research. Recent examples of successful community-academic partnerships that have led to culturally grounded interventions included the [PILI 'Ohana Project](#) (health promotion programs to address excess body weight and diabetes management) and the [KaHOLO study](#) (the use of hula, a traditional Hawaiian dance, to increase physical activity and reduce cardiovascular risk).

In summary, the Workshop on Research on Native Hawaiian and Pacific Islander Health provided a platform for researchers, clinicians, community leaders, and other partners to discuss the current state of NHPI health research and identify priorities for future work. The recurring themes, gaps, and opportunities identified throughout the workshop point to the need for a comprehensive, community-engaged approach to NHPI health research that addresses the complex interplay of social, cultural, biological, and psychological determinants of health. Speakers offered specific recommendations for advancing NHPI health research and emphasized the need for sustained investment in community-academic partnerships, capacity building, and research infrastructure (e.g., mechanisms that support stable, equitable partnerships between researchers and NHPI communities, as well as training programs that increase the pipeline of NHPI researchers and healthcare professionals).

Participants were in consensus that research on NHPI health must be guided by the priorities and perspectives of NHPI communities themselves. This requires a commitment to community engagement, cultural sensitivity, and the centering of NHPI voices in all aspects of the research process. By working collaboratively and leveraging the history, traditions, and knowledge of NHPI communities, researchers and stakeholders can develop more effective, culturally grounded solutions to improve health outcomes and sustain those improvements.

Publication Plans

The meeting organizers will develop a detailed workshop report for publication in a peer-reviewed journal. The report will describe in more depth the discussions and research opportunities.

Workshop Speakers and Discussants

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