

## Guest Editors' Message

# Resources and Methods for Examining Native Hawaiian, Pacific Islander, and Filipino Health Disparities

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### Abbreviations

*BERD* = biostatistics, epidemiology, and research design

*NH* = Native Hawaiian

*PI* = Pacific Islander

*PIKO* = Center for Pacific Innovations, Knowledge, and Opportunities

Dear Readers,

Why does Hawai‘i need this supplemental issue titled, “Resources and Methods for Examining Native Hawaiian (NH), Pacific Islander (PI), and Filipino Health Disparities?” Chronic conditions including diabetes, heart disease, and obesity are more prevalent in NH, PI, and Filipino patients than other racial/ethnic groups.<sup>1-7</sup> Due to the higher prevalence of chronic diseases and other health problems, NHs have shorter life expectancies than the overall population.<sup>8</sup> When seeking medical care, NH, PI, and Filipino individuals often face linguistic and cultural difficulties that may result in poorer health outcomes and untreated medical issues.<sup>9,10</sup> NH, PI, and Filipino are also more likely to experience mental health problems, such as sadness and anxiety, than Whites and are less likely to seek mental health care.<sup>11-13</sup>

The goal of this supplement is to encourage broader use of research and intervention approaches that “work” for NH, PI, and Filipino individuals and other small populations by providing resources, tools, and information of relevance and importance to academic researchers and communities.

This issue is sponsored by the Center for Pacific Innovations, Knowledge, and Opportunities (PIKO), an infrastructure-building program funded by the National Institute of Gen-

eral Medical Sciences (U54GM138062). The goal of PIKO is to promote the development of culturally responsive and community-engaged clinical and translational research aimed at improving the health and wellbeing of NH, PI, Filipinos, and other medically underserved populations. PIKO supports early-stage investigators and other researchers through its 7 cores: (1) administrative; (2) biostatistics, epidemiology, and research design (BERD); (3) clinical research and regulatory support; (4) community engagement and outreach; (5) pilot projects program; (6) professional development; and (7) tracking and evaluation.

This supplement has been developed, compiled, and edited by the leadership of the BERD Core. The mission of the BERD core is to enhance methods, data collection, and data analysis to advance the science of health disparities and health equity research for NHs, PIs, Filipinos, and other medical underserved populations. This supplement aims to assemble articles from BERD core staff, other University of Hawai‘i faculty, and community members to contribute to this mission.

Race and ethnicity are social constructs in that they largely communicate variations in cultural, historical, and political differences between people, rather than inborn genetic distinctions.<sup>14-16</sup> In other words, we are more defined by “what surrounds us than what is inside of us.”<sup>17</sup> Although cultural, historical, and political factors can influence individual and group health, they do not directly cause any particular health issue. However, they are often linked to social determinants of health (eg, stress, racism, income, education, and access to health care) and other factors that can contribute to health is-



sues but are frequently not included in datasets. By examining health data by race or ethnicity, specific inequities in health and in social determinants of health can be identified, and these data can be utilized to direct resources and interventions to the groups experiencing the greatest disparities.

Originally, the supplement was to include 8–10 manuscripts. However, the response to the call for papers from community-based and academic researchers was so strong that the editors received 18 high-quality manuscripts, resulting in a double issue. The first 9 manuscripts focus on issues of importance to communities and community-engaged researchers, including Indigenous research methods, community connectivity and collaboration, implicit bias, policy initiatives, cultural identification, and culturally adapted interventions to improve the health of NH, PI, and Filipinos.

The second 9 manuscripts address methodological challenges in health disparities research, for example: What racial/ethnic classifications ought to be applied when gathering and disclosing racial/ethnic information for NH, PI, and Filipinos? Which survey datasets are available with disaggregated data for these populations? Which interventions have been proven to be effective for these populations? And which survey tools have been validated for use in these populations? The supplement ends with a column regarding aspects of the data lifecycle that should be considered when conducting health disparities research.

Armed with the examples, tools, and resources provided in this special issue, we encourage you to conduct research to better the health of NH, PI, and Filipino people and communities. We appreciate everyone who co-authored an article or served as a reviewer for this special edition. If you have any questions or run into problems while conducting your research, PIKO and the BERD core are here and are ready to help.

With Aloha,

Eunjung, Kathryn, and Deb

## Conflicts of Interest

None of the authors identify a conflict of interest.

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## References

1. Karter AJ, Schillinger D, Adams AS, et al. Elevated rates of diabetes in Pacific Islanders and Asian subgroups: The Diabetes Study of Northern California (DISTANCE). *Diabetes Care*. 2013;36(3):574-9. doi: 10.2337/dc12-0722
2. Hagiwara MK, Miyamura J, Yamada S, et al. Younger and sicker: Comparing Micronesians to other ethnicities in Hawaii. *Am J Public Health*. 2016;106(3):485-91. doi: 10.2105/AJPH.2015.302921
3. Sentell T, Miyamura J, Ahn HJ, et al. Potentially preventable hospitalizations for congestive heart failure among Asian Americans and Pacific Islanders in Hawai'i. *J Immigr Minor Health*. 2015;17(5):1289-97. doi: 10.1007/s10903-014-0098
4. Siriwardhana C, Lim E, Davis J, et al. Progression of diabetes, ischemic heart disease, and chronic kidney disease in a three chronic conditions multistate model. *BMC Public Health*. 2018 Jun 18;18(1):752. doi: 10.1186/s12889-018-5688-y
5. Taira DA, Gelber RP, Davis J, et al. Antihypertensive adherence and drug class among Asian Pacific Americans. *Ethn Health*. 2007;12(3):265-81. doi: 10.1080/13557850701234955
6. Davis J, Juarez D, Hodges K. Relationship of ethnicity and body mass index with the development of hypertension and hyperlipidemia. *Ethn Dis*. 2013;23(1):65-70.
7. Shimokawa MAL, Siu AM, Choi SY, et al. The NEW Keiki Program reduces BMI z-scores among overweight and obese children and BMI among their adult caregivers in Hawai'i. *Hawaii J Health Soc Welf*. 2020;79(5 Suppl 1):24-31.
8. Brunelle T, Cacal SL, Ching LK, et al. Racial and ethnic disparities in obesity prevalence among children, adolescents, and young adults receiving inpatient care in Hawai'i, 2015-2016. *Prev Med Rep*. 2021;24:101542. doi: 10.1016/j.pmedr.2021.101542
9. Wu Y, Braun K, Onaka AT, et al. Life expectancies in Hawai'i: A multi-ethnic analysis of 2010 life tables. *Hawaii J Med Public Health*. 2017;76(1):9-14.
10. Morisako AK, Tauai'i M, Ambrose AJH, et al. Beyond the ability to pay: The health status of Native Hawaiians and other Pacific Islanders in relationship to health insurance. *Hawaii J Med Public Health*. 2017;76(3 Suppl 1):36-41.
11. Malabed JM, Taira DA, Seto TB, et al. 2017 Writing Contest Undergraduate Winner: Pathways to preventable hospitalizations for Filipino patients with diabetes and heart disease in Hawai'i. *Hawaii J Med Public Health*. 2018;77(7):155-160.
12. Hermosura AH, Noonan CJ, Fyfe-Johnson AL, et al. Hospital disparities between Native Hawaiian and other Pacific Islanders and Non-Hispanic Whites with Alzheimer's Disease and related dementias. *J Aging Health*. 2020;32(10):1579-1590. doi: 10.1177/0898264320945177
13. Sentell T, Unick GJ, Ahn HJ, et al. Illness severity and psychiatric hospitalization rates among Asian Americans and Pacific Islanders. *Psychiatr Serv*. 2013;64(11):1095-102. doi: 10.1176/appi.ps.201200408
14. Sentell TL, Valcour N, Ahn HJ, et al. High rates of Native Hawaiian and older Japanese adults hospitalized with dementia in Hawai'i. *J Am Geriatr Soc*. 2015;63(1):158-64. doi: 10.1111/jgs.13182
15. Edgoose JYC, Carvajal DN, Reavis KMP, et al. Addressing and dismantling the legacy of race and racism in academic medicine: A socioecological framework. *J Am Board Fam Med*. 2022;35(6):1239-1245.
16. Cogburn CD. Culture, race, and health: implications for racial inequities and population health. *Milbank Q*. 2019;97(3):736-761. doi: 10.1111/1468-0009.12411
17. Bennett C. "Race: Questions and Classifications." In: Anderson MJ, editor. *Encyclopedia of the U.S. Census*. Washington, DC: CQ Press; 2000. pp. 313–7.
18. Mersha TB, Beck AF. The social, economic, political, and genetic value of race and ethnicity in 2020. *Hum Genomics*. 2020;14(1):37.