

# Kū Like Kākou: Utilizing a Community-led Model of Collaboration to Respond to the COVID-19 Pandemic

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## Abstract

The outbreak of COVID-19 in 2020 brought significant challenges for Native Hawaiians (NH), Pacific Islanders (PI), and other communities of color worldwide. Rapidly increasing rates of infection and transmission of the virus in Native Hawaiian and Pacific Islander (NHPI) communities and incomplete or unavailable data signaled to Hawai'i's leaders that advocacy and action needed to take place to minimize the impact of COVID-19. The Native Hawaiian and Pacific Islander Response, Recovery, and Resilience team (NHPI 3R Team) emerged from an effort to lead and fill gaps in response to COVID-19. Through the swift, intentional, and collaborative work of the team and its partners, NHPI communities and the entities that serve them were better equipped to navigate the pandemic, improve health outcomes, and contribute to a reduction in the number of infections, a rise in vaccination uptake, and an increase in NH and PI representation on various levels of government agencies. As the world shifts its focus from COVID-19 to broader health topics, the NHPI 3R Team will continue to serve as a hub for the exchange of resources and a model of community-led work that can be used to tackle issues like COVID-19 and beyond.

## Keywords

Native Hawaiian/ Pacific Islander (NHPI) collaboration, COVID-19 response, community-led model, data disaggregation, NHPI health disparities

## Abbreviations/Acronyms

CDC = Centers for Disease Control and Prevention  
COVID-19 = Coronavirus Disease, otherwise known as SARS-CoV-2  
HDOH = Hawai'i State Department of Health  
NH = Native Hawaiians  
NHPI = Native Hawaiians and Pacific Islanders  
NHPI 3R Team = Native Hawaiian & Pacific Islander Hawai'i COVID-19 Response, Recovery, & Resilience Team  
OMH = Office of Minority Health  
PI = Pacific Islanders  
POL = Papa Ola Lōkahi

## Introduction

*E lauhoe mai nā wa'a; i ke kā, i ka hoe, i ka hoe, i ke kā;  
e pae aku i ka 'āina*

“Everybody paddle the canoes together; bail and paddle;  
paddle and bail, and the shore will be reached.”  
If everyone pitches in, the work is quickly done.<sup>1</sup>

Native Hawaiians and Pacific Islanders (NHPI) experience adverse health, social, and economic disparities at higher rates than other racial and ethnic groups in Hawai'i. Those disparities were laid bare as events of the COVID-19 pandemic unfolded across the world in early 2020. A rapid increase in COVID-19 infections in Hawai'i and incomplete or unavailable disaggregated race and ethnicity data to guide an appropriate and meaningful public health response exposed the critical need for advocacy and action to minimize further impact on these communities. Leaders representing multiple NHPI communities came together to create the Native Hawaiian & Pacific Islander COVID-19 Response, Recovery, & Resilience Team (NHPI 3R Team).

The NHPI 3R Team was established in May 2020 in alignment with the national NHPI COVID-19 Response Team. Leaders and partners identified 3 overarching purposes: (1) improve the collection, analysis, and reporting of accurate data, (2) identify and lend support to initiatives across Hawai'i working to respond to and address COVID-19 among NHPI, and (3) unify to establish a presence in the decision-making processes and policies that impact these communities. Four influential and recognized community leaders, 2 each from NH and PI communities, lead the team and are integral to ensuring that all activities and partnerships are in alignment with and fully represent the NHPI 3R Team's mission and core values.

Papa Ola Lōkahi (POL), the federally appointed Native Hawaiian Health Board, serves as the organizing agency for the NHPI 3R Team. POL staff guides the development of agendas, discussions, and work products across committees, and ensures appropriate resources are mobilized to accomplish the team's goals. POL has engaged members to advance shared goals and establish a standard of support, inclusion, and accountability on all levels.

In response to identified priorities, collaboration in committees address (1) data & research, (2) social support programs and recovery, (3) testing, contact tracing, isolation, and vaccinations, (4) communications & community engagement, and (5) public policy. Committees operate with appointed chairs who guide discussions and tasks in alignment with response priorities. In addition to ensuring adequate representation of the working committees, subcommittees create space for separate, relevant

discussion of community priorities, attitudes, and character. As one collective unit, the team supports the tremendous COVID-19 response, recovery, and resilience-building efforts needed to address the disproportionate impact among NHPI. The NHPI 3R Team's core organizational values and priorities align with the 5 conditions of the Collective Impact framework.<sup>2</sup>

The *‘ōlelo no‘eau* (Hawaiian proverb) above illustrates the importance of working together toward a common goal – a foundational characteristic of the NHPI 3R Team and Pacific worldview. Uniting the efforts of NHPI organizations improved the way the collective responded to the needs of the community. The purpose of this article is to showcase the achievements of the NHPI 3R Team specific to addressing the COVID-19 crisis and highlight a model of community-led collaboration and partnership that can be utilized to respond to future public health emergencies.

## Efforts

### Building a Network of NHPI Serving Partners

At the onset of COVID-19, NHPI-serving organizations looked to each other for new, relevant NHPI data and eventually joined forces to establish a more significant presence in seeking it. The NHPI 3R Team's leadership then looked to engage additional partners with community rapport and a deep understanding of the disparities facing NHPI populations to navigate a response to the virus. It was essential to find partners actively immersed in community work to amplify efforts rather than replicating them. Partners from community-based organizations, health care centers, hospitals, insurance companies, trusted physicians, public health researchers, academia, finance, community action, government agencies, and others were sought to join the NHPI 3R Team's effort. As the pandemic evolved and the impact of COVID-19 became clearer, additional partnerships, especially among service providers, evolved to help bridge gaps.

### Conducting Environmental Analyses

Each committee conducted an environmental scan to identify what resources were available, where gaps existed, and where partnerships could be brokered to respond to COVID-19. Scans revealed there were significant gaps in data collection and reporting, reliable information on transmission and side effects of the virus, linguistic and culturally aligned public health messaging, and available programs and social services. Historical trauma and a lack of cultural competency were shown to be long-standing barriers in the distrust that underserved and marginalized communities feel toward the government and government-like agencies. With the continually evolving status of COVID-19, the NHPI 3R Team frequently assessed and reassessed its priorities and activities.

Newspapers and journal articles also illustrated the need for COVID-19 health information and messaging that was scientifically accurate, linguistically appropriate, and culturally aligned with NHPI knowledge, attitudes, beliefs, and practices. Partners were conscientious of longstanding trust issues between communities and the government agencies intended to serve them. In turn, they ensured that programs, events, and initiatives considered and integrated NHPI voices and histories. Regardless of the adversities that NHPI often face, their resilience and commitment to their cultural and historical foundations can be leveraged to reduce the impact of diseases like COVID-19.<sup>3</sup>

## Understanding the Role of Data

In Hawai‘i, NHs represent 21% and PIs represent 4% of the state population.<sup>4</sup> Though they are a minority of the population, historically the impact of disease has disproportionately affected these groups.<sup>3</sup> Unfortunately, when health data are collected and reported on a state and national level, NH and PI or Asian American (AA) and PI data are reported in aggregate. In Hawai‘i, the Hawai‘i State Department of Health (HDOH) often fails to consistently report and collect disaggregated NHPI data. Additionally, the aggregate race group “Pacific Islander” clusters together many unique people throughout the Pacific. These discrepancies mask the disease burden, making it difficult to respond accurately and promptly.<sup>5</sup>

In the early stages of the pandemic, data were collected and reported by a few entities, 1 being the Hawai‘i Department of Health (HDOH). However, while the HDOH reported infection rates in accordance with the federal standard defined by the Office of Management and Budget (OMB), they failed to disaggregate NH data from PI data even though they possessed baseline data.<sup>6</sup> The team leveraged the interconnectedness of the NHPI 3R Team network to partner with the HDOH to exchange information and solutions to respond to COVID-19. This partnership was instrumental in helping the HDOH's Disease Outbreak Control Division (DOCD) navigate data disaggregation challenges and improve the reporting process to the public. It also opened doors to opportunities for further investigation into other gaps in data collection, reporting, and usage.

Advocacy efforts for data disaggregation also took shape through testimony submitted to the Hawai‘i State legislature. Such efforts were pivotal to ensuring NHPI concerns related to COVID-19 and social determinants of health were heard. The team provided testimony for bills and resolutions that focused on addressing more immediate needs, such as timely, consistent, and disaggregated NH and PI COVID-19 data and the establishment of a PI contact tracing team. They also sought to prepare for future data needs, such as establishing protocols for more seamless data sharing and advocating for NHPI representation as part of the newly established data task force.

## Impacts

### Partnerships and Collaboration

The NHPI 3R Team's network quickly became a hub for the exchange of resources, information, and expertise on newly surfacing topics during the COVID-19 pandemic. Partners looked to strengthen existing wraparound services and develop new programs to fill emergent gaps. Newsletters, flyers, and presentations providing updated data, testing and vaccination events, community surveys, resource kits, upcoming learning opportunities, and more were distributed weekly for partners to review and share with their networks. The production and planning of those communication products were coordinated through the NHPI 3R Team network. Today, more than 60 partners convene regularly to discuss issues surrounding COVID-19 and create community-aligned and data-informed solutions.

Bringing together partners in the NHPI 3R Team effort opened doors for engagement in national conversations and conferences to discuss the challenges facing NHPI communities before, during, and after COVID-19. This included presentations delivered to the Centers for Disease Control & Prevention (CDC), Administration for Native Americans (ANA), numerous national Asian American & Pacific Island-serving organizations, Office of Minority Health, Morehouse University, Office of Hawaiian Affairs trustees, Public Relations Society of America – Western Chapter, Hawai'i Department of Health Vaccine Communications Hui, Hawai'i Broadband Hui, Pacific Region Indigenous Doctors Congress (PRIDoC), American Public Health Association (APHA), Society for Prevention Research (SPR), International Union for Health Promotion and Education (IUHPE), and many more.

Exchanges between the NHPI 3R Team with other national and local efforts provided partners with opportunities for workforce and leadership development through networking. The NHPI 3R Team currently has partners involved on the Advisory Committee for the Office of Minority Health (OMH), the national NHPI COVID-19 Response team and its various committees, and the National Association of Pacific Organizations (NAOPO) and its working committees.

### Data-informed Solutions

Through strong and persistent advocacy efforts by the NHPI 3R Team and other partners, Hawai'i is now the only state to disaggregate NH and PI COVID-19 data. Once data were disaggregated, it was easier to identify the status of NHs and PIs at different points during the pandemic to provide adequate and timely solutions. Partners were recognized for their significant effort in advocating for improvements in the data collecting, analysis, and reporting process and were invited to co-author a *Morbidity and Mortality Weekly Report* (MMWR) article in collaboration with the CDC in late 2021.<sup>7,8</sup>

The disaggregation of NH and PI COVID-19 data and lived experiences confirmed the need for a PI contact tracing team (hereafter referred to as Team 6B) within HDOH that was grounded in trust-building and culturally relevant and effective outreach strategies. In response to the rapidly increasing NHPI COVID-19 caseload, the 26-member team, exclusively composed of and led by NHPI community members, provided culturally tailored and in-language wrap-around service referrals for NHs and PIs. Their effectiveness as a team was apparent in the proportion of cases they handled daily and the decreasing case rates of COVID-19 within the NH, PI, and Filipino communities. Data showed that NHPIs were 44% of cases and 32% of deaths from March 1, 2020 to February 28, 2021. The infection and mortality rates were 2501 cases per 100 000 population and 39 deaths per 100 000 population among NHPI communities, respectively. In comparison, Whites had an infection rate of 947 cases per 100 000 population and mortality rate of 9 per 100 000 population during the same time period.<sup>7,8</sup>

To help minimize the spread of COVID-19, testing sites were set up across Hawai'i in zip codes with overall high infection rates. When clusters and new variants were identified throughout 2021, government response committees discussed ways to improve the current response to COVID-19 and the partnerships needed to succeed. One of the limitations identified was many of the initial testing and vaccination sites were set up in areas that were not easily accessible or considerably far from communities in need. Funding received through the NHPI 3R Team provided financial support for setting up over 300 testing and vaccination points of distribution across Hawai'i in priority zip codes as well as communication and outreach activities that addressed misinformation and promoted vaccinations within NHPI communities.

When the first set of vaccines was available for a limited rollout, state leaders looked to follow the guidance put forth by the CDC's Advisory Committee on Immunization Practices (ACIP). Recognizing the need to address community concerns, the NHPI 3R Team provided opportunities for community members to hear from trusted leaders and medical professionals about the COVID-19 vaccine. Communication materials such as public service announcements, toolkits, and infographics were distributed through webinars and social media to increase health literacy on vaccines in ways that resonate with NHPI communities. After the collective efforts of the NHPI 3R Team and its partners, vaccination uptake increased to be at 22% for the NHPI aggregate.<sup>8</sup>

In preparation for the legislative session each year, the NHPI 3R Team engaged community and partner expertise to better inform advocacy efforts. Throughout the 2022 State Legislative Session, the NHPI 3R Team submitted 13 testimonies on 10 unique bills introduced to benefit NHPI communities. Among those, the team submitted testimony urging the HDOH to continue to employ NHPIs, especially the NHPI contact tracing team

(Team 6B), to improve the collection and reporting process for COVID-19 data and provide better access to culturally relevant programs and care.

### Responding to Community Needs

A lack of linguistically, culturally, and scientifically appropriate messaging to inform communities during COVID-19 was a need identified through environmental scans and community anecdotes. Additionally, the lack of funding was the most significant barrier to providing services and outreach because many of the partners had no funding to perform the necessary work, therefore collaboration and pooling of resources and connections were critical. Weekly meetings gave partners the time to discuss gaps in communication strategies and collaborate on solutions. Issues like virus and vaccine misinformation, uncertainty in accurate testing and isolation protocols, and improving access to in-language resources fueled the creation of communications materials to help NHs and PIs navigate the pandemic. Tackling misinformation within communities was achieved through engaging trusted health care professionals, community health workers, and other leaders with community rapport to ensure NHPI received accurate, in-language information and messaging both digitally and in person.

Partners were instrumental in identifying a variety of media to disseminate health information. A dedicated website and comprehensive newsletter were established by the NHPI 3R Team and continues to be updated and distributed weekly. Contests, concerts, and radio campaigns were implemented across the Hawaiian Islands and in various Pacific languages. More than 60 webinars featured PI and/or NH content experts, and more than 30 public service announcements (PSAs) were produced and/or co-sponsored by the NHPI 3R Team. Flyers, toolkits, bus signs, mall signs, and informational presentations supplemented the social media strategies. Thoughtful outreach included engaging with cultural groups, churches, canoe clubs, *hālau* (hula schools), *kūpuna* (elder) groups, and other community-centered groups. It included outreach in geographic communities with significant populations of NHs and PIs to increase awareness and literacy surrounding COVID-19 and COVID vaccinations.

### Discussion and Conclusion

The COVID-19 pandemic magnified underlying health disparities within NH and PI communities in Hawai‘i and exposed an urgent need for action and advocacy to reduce further impact to these communities. The creation of the NHPI 3R Team highlights a model of community-led collaboration that was highly effective in addressing disparate COVID-19 impacts among NHPI communities, underscoring the ongoing need for culturally grounded information, outreach and services, and increased NHPI representation and advocacy on all decision-making levels.

The NHPI 3R Team provided a platform for community partners to cultivate effective collaborations and use them to forge solutions that improve NH and PI outcomes. The highest priority work areas for the team moving forward, as identified by partners, include: (1) increasing equity and representation for NHPI, (2) continuing collaboration across and within NH and PI communities, (3) working to de-silo all systems that serve communities and bring about systemic equity, (4) continuing to work in public health systems, (5) increasing communications internal and external to the NHPI 3R Team, and (6) developing leadership and resource opportunities.

The NHPI 3R Team’s living model of collaboration is highly effective and can be used and adapted to inform future work in NHPI communities and other communities of color. The model of the NHPI 3R Team is organic and adaptable. As the status of COVID-19 continuously evolved, partners recognized that there was no single method to tackling the challenges highlighted by the virus, and as the situation with COVID-19 evolved, so too did the response of the NHPI 3R Team.

### Continued Work

The NHPI 3R Team and its partners continue to build on the foundations created since the beginning of the COVID-19 pandemic. It is thanks to fierce leaders and partners who possess the trust of their communities that the NHPI 3R Team was able to respond to the identified needs of the people. While there have been significant strides made for improving health outcomes among NHs and PIs and increasing representation on multiple levels, the effort must continue. Advocacy done within and external to the NHPI 3R Team will need to continue to benefit and raise the status of NHs and PIs. As the NHPI 3R Team prepares to shift its focus to tackle health disparities other than COVID-19, the collaboration demonstrated by this team will serve as a model for the work that lies ahead.

### Conflict of Interest

None of the authors identify a conflict of interest.

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