

**THE HIDDEN DISPARITIES WITHIN NATIVE HAWAIIAN
AND PACIFIC ISLANDER HEALTHCARE**

BY J.G. AND G.B.

The Explorers Virtual Internship at Fred Hutch is made possible by Pathways to Cancer Research (R25CA221770), a Youth Enjoy Science Award (YES/CURE), from the National Cancer Institute (NCI) at the National Institutes of Health. The contents of are solely the responsibility of the author(s) and the Fred Hutch Science Education Partnership and do not necessarily represent the official views of the NCI or NIH.

Minority Health Month focuses on health disparities within disadvantaged communities. The Native Hawaiian and Pacific Islander (NHPI) population often goes unnoticed as they are frequently grouped with the Asian American community. This causes health inequalities within NHPI populations to go unnoticed, especially during crises such as COVID-19. As NHPI populations experienced some of the nation's highest infection and death rates during the pandemic, the crisis deepened existing mental health challenges and revealed systemic barriers to care. To help bridge this widening gap, vaccine education programs and mental health services should be targeted towards NHPI, while considering the importance of culturally competent care.

For too long, the mental health crisis among NHPI has been overlooked. Suicide remains the leading cause of death for NHPI youths aged 15-24, yet they are 70% less likely to receive mental health services than non-Hispanic whites (Office of Minority Health, 2019). Part of the problem is that NHPI are often statistically grouped with Asian populations, concealing the unique struggles that they face (Kevin H Nguyen, PubMed, 2024). But even when data is divided, NHPI still experiences systemic racism in healthcare, from inadequate mental health resources to a lack of NHPI providers (KFF, 2023).

Cultural shame also plays a major role. Many NHPI see mental health struggles as personal or family matters rather than something requiring outside intervention (UCLA Newsroom, 2023). This discourages help seeking, leaving many without the care they need (Andrew M Subica, PubMed, 2019). Even those who do seek treatment face a system that does not represent them, mental health care that ignores NHPI cultural perspectives, fails to integrate traditional healing practices, and lacks NHPI professionals (KFF, 2023). Without targeted action, NHPI will continue to suffer in silence.

It has been 5 years since COVID-19 was ruled to be a pandemic, but its influence remains. Due to high COVID-19 transmission rates in NHPI (CDC, 2024; Ponce et al, 2021), the effects of vaccine hesitancy among NHPI populations were especially devastating (Ramirez, 2020; Ponce et al., 2021). Vaccines are crucial to prevent severe illness, hospitalization, and death, but barriers such as historical medical mistrust impede NHPI community's access to vaccines.

During the pandemic, COVID-19 cases and death rates exploded among NHPI populations (Ramirez, 2020). NHPI COVID-19 Data Policy Lab found that there were 52,309 positive cases and 780 deaths as of April 16th, 2021 (Ponze et al., 2021). COVID-19 cases were the highest within the NHPI population compared to other racial and ethnic groups (Ponze et al., 2020; Ramirez, 2020). However, a survey administered by the Pacific Islander Center of Primary Care Excellence and the American Association of Psychologists found that "Approximately 43% of respondents aged 18 to 44 years noted reservations to the [COVID] vaccine." Existing disparities that have resulted from historical oppression and inequity show that medical mistrust is linked to income and education inequality (Samoa et al, 2021). Due to this wealth and education gap, health literacy is a growing concern within this population, as studies (Juarez et al, 2022; Kaholokula, 2021) report that misinformation is associated with vaccine hesitancy in NHPI.

Addressing NHPI health disparities requires more than just awareness, it demands action. To combat vaccine hesitancy and improve mental health outcomes, healthcare systems must

**THE HIDDEN DISPARITIES WITHIN NATIVE HAWAIIAN
AND PACIFIC ISLANDER HEALTHCARE**

BY J.G. AND G.B.

integrate culturally competent care, including in-language services and traditional healing practices. Mistrust in healthcare, rooted in systemic racism and historical neglect, must be countered with community driven outreach and equitable access to care.

Public health efforts must also tackle misinformation head-on, ensuring NHPI communities receive clear, accurate, and accessible information. By prioritizing education, representation, and culturally informed solutions, we can bridge the gap and ensure NHPI communities receive the care they deserve.

References:

<https://minorityhealth.hhs.gov/native-hawaiian-and-pacific-islander-health-~:text=Some%20leading%20causes%20of%20death,HIV%2FAIDS%2C%20and%20tuberculosis>

<https://www.aamc.org/data-reports/workforce/data/figure-18percentage-all-active-physicians-race/ethnicity-2018>

<https://www.aamc.org/data-reports/workforce/data/figure-13percentage-us-medical-school-graduates-race/ethnicity-alone-academic-year-2018-2019>

<https://nam.edu/challenges-and-promise-of-health-equity-for-native-hawaiians/>

<https://www.shemmassianconsulting.com/blog/medical-school-acceptance-rates-by-race>

<https://aapcho.org/>

<https://scopeblog.stanford.edu/2021/10/25/qa-native-hawaiian-resident-shines-light-on-health-disparities/>