

Health

Learning objectives

- By the end of the session, the participant will be able to:
- 1. Have a better appreciation of health disparities for Native Hawaiians in Hawaii
- 2. Have a better appreciation of the role of cultural trauma in health
- 3. Have a better understand of the articulation between self-determination and health.

Learning objectives

- By the end of the session, the participant will be able to:
- 1. Have a better appreciation of health disparities for Native Hawaiians in Hawaii
- 2. Have a better appreciation of the role of cultural trauma in health
- 3. Have a better understand of the articulation between selfdetermination and health.

Eresenter Disclosures Kawika M K I Liu, MD, PhD, JD (1) The following personal fluencial relationships with commercial interests relevant to this presentation oxided during the past 12 months: No relationships to disclose

Kawika M K I Liu, MD, PhD, JD

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

Inequities

- Types of disparity
 - Health status
 - Access to care
 - Quality of care

Gamble 2006

Inequities

- Types of disparity
- Health status Access to care Quality of care

Gamble 2006

Indigenous health inequities

- Throughout the world, indigenous peoples face higher morbidity and mortality burdens than majority groups
- These differences are not fully explained by traditional biomedical model of disease
 - In Aotearoa, 43% of the disparity between Māori and Pakeha explained through
 - 10% from higher smoking among Māori
 - · 33% from identifiable socioeconomic factors
 - However, 57% unexplained difference
 - Racism (colonialism) contributes to socioeconomic deprivation and together → health disparities

Gamble 2006; Blakely 2006; Harris 2006; Bhopal 2006

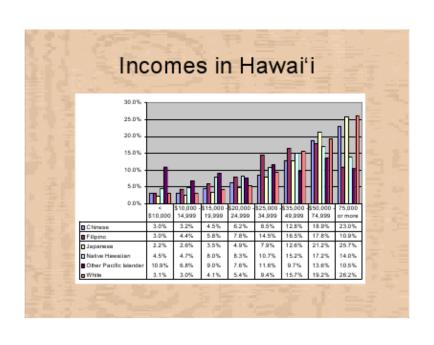
Indigenous health inequities

- Throughout the world, indigenous peoples face higher morbidity and mortality burdens than majority groups
- These differences are not fully explained by traditional biomedical model of disease
- In Aotearoa, 43% of the disparity between Māori and

Pakeha explained through

- 10% from higher smoking among Māori
 - 33% from identifiable socioeconomic factors However, 57% unexplained difference
- \bullet Racism (colonialism) contributes to socioeconomic deprivation and together \to health disparities

Gamble 2006; Blakely 2006; Harris 2006; Bhopal 2006



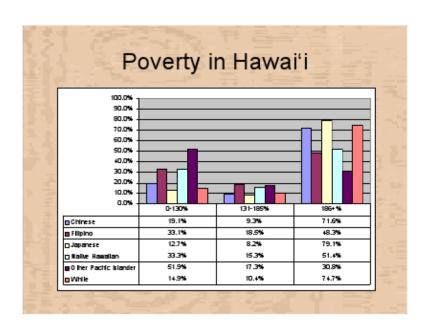
Incomes in Hawai'i

30.0% 25.0% 20.0% 15.0% 10.0% 5.0%

< \$10,000

Chinese 3.0% 3.2% 4.5% 6.2% 8.5% 12.8% 18.9% 23.0% Filipino 3.0% 4.4% 5.8% 7.8% 14.5% 16.5% 17.8% 10.9% Japanese 2.2% 2.6% 3.5% 4.9% 7.9% 12.6% 21.2% 25.7% Native Hawaiian 4.5% 4.7% 8.0% 8.3% 10.7% 15.2% 17.2% 14.0% Other Pacific Islander 10.9% 6.8% 9.0% 7.6% 11.6% 9.7% 13.6% 10.5% White 3.1% 3.0% 4.1% 5.4% 9.4% 15.7% 19.2% 26.2%

\$10,000 - 14,999 \$15,000 - 19,999 \$20,000 - 24,999 \$25,000 - 34,999 \$35,000 - 49,999 \$50,000 - 74,999 75,000 or more



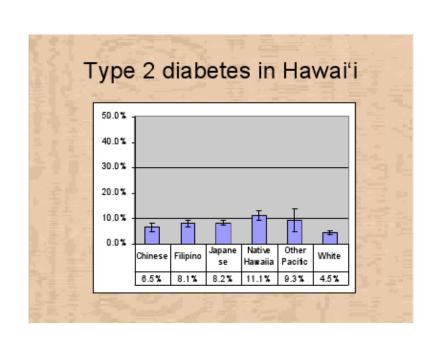
Poverty in US not measured similarily to other countries, i.e. in rest of the world, poverty definied as ≤ 50 of average family income, but now US definition ~ 20\$ of average family income, and should be disposable income, rather than simply gross or even AGI

Chinese 19.1% 9.3% 71.6% Filipino 33.1% 18.5% 48.3% Japanese 12.7% 8.2% 79.1% Native Hawaiian 33.3% 15.3% 51.4% Other Pacific Islander 51.9% 17.3% 30.8% White 14.9% 10.4% 74.7%

Poverty in US not measured similarly to other countries, i.e. in rest of the world, poverty definied as \leq 50 of average family income, but now US definition \sim 20\$ of average family income, and should be disposable income, rather than simply gross or even AGI

Poverty in Hawai'i

90.0% 80.0% 70.0% 60.0% 50.0% 40.0% 30.0% 20.0% 10.0% 0.0%



Type 2 diabetes in Hawai'i

50.0%

40.0%

30.0%

20.0%

10.0%

0.0%

Chinese Filipino

Japane se

Hawaiia Native

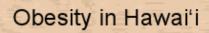
Pacific Other

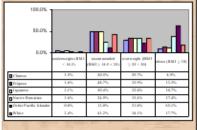
White

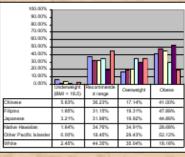
6.5% 8.1% 8.2% 11.1% 9.3% 4.5%

8

FTWWWFHW







Obesity in Hawai'i

100.0% 100.00% 90.00% 80.00% 50.0% 70.00% 60.00% 50.00% 0.0% 40.00% underweight (BMI recommended overweight (BMI < 18.5) $(BMI \ge 18.5 < 25)$ \geq 25 < 30) obese (BM I \geq 30) 30.00% 20.00% Chinese 5.3% 50.3% 29.7% 8.9% 10.00% Filipino 1.6% 48.7% 33.9% 12.3% Japanese 3.1% 50.4% 32.8% 10.7% 0.00% Underweight Recommende (BMI < 18.5) d range Overweight Obese Native Hawaiian 1.6% 24.9% 33.4% 37.4%

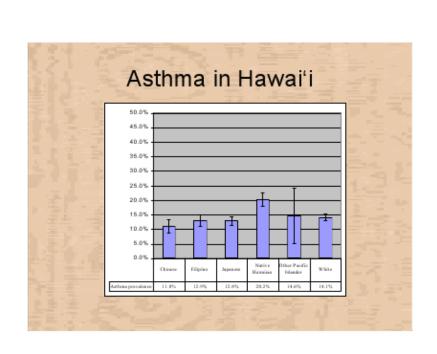
Chinese 5.63% 36.23% 17.14% 41.00% Other Pacific Islander 0.0% 12.0%

21.8% 63.1%

Filipino 1.65% 31.15% 19.31% 47.89% White 2.4% 43.2% 34.1%

17.7%

Japanese 3.21% 31.98% 19.92% 44.89% Native Hawaiian 1.64% 34.76% 34.91% 28.68% Other Pacific Islander 0.00% 18.45% 29.43% 52.12% White 2.45% 44.35% 35.04% 18.16%



Asthma in Hawai'i

50.0% 45.0% 40.0% 35.0% 30.0% 25.0% 20.0% 15.0% 10.0% 5.0%

Chinese Filipino Japanese

Hawaiian Native

Other Islander

Pacific

0.0%

White

Asthma prevalence 11.0% 12.9% 12.8% 20.2% 14.6% 14.1%