Diabetes in Native Hawaiian and Pacific Islander Communities

Rates of diabetes in Native Hawaiian and Pacific Islander adults in the U.S. are almost greater than rates of the average U.S. adult ¹

Why do these disparities exist?

There are a number of risk factors for diabetes, including being overweight, genetics, age, family history, and physical inactivity.² The following health and social factors unique to Native Hawaiian and Pacific Islanders (NHPI) may also play a part:

34.6 % of NHPI adults are considered obese ³

This high percentage may be influenced by...



Cultural norms

Larger body sizes may be more culturally accepted and viewed as beautiful. $\vec{}$

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Economic Status

More NHPIs experience poverty and have lower education levels. This can associated with stress, lack of sleep, and food insecurity, leading to unhealthy eating patterns. 5

Understanding of a "healthy" diet



Reverting to traditional NHPI diets is important to improve the health of NHPI communities and preserve their culture. Although more NHPI communities, specifically in the islands, are reverting back to traditional NHPI diets of fresh and traditional produce, often there is a misunderstanding on the nutritional value of traditional foods that are considered healthy. For example, coconut oil is widely used in traditional NHPI diet, but it's noteworthy that it has a high saturated fat content and should be consumed in moderation.

(Continued)

Decreased physical activity



There is a direct correlation between physical inactivity, obesity, and diabetes. Only 25% of NHPI adults in the U.S. meet the requirements for recommended amounts of physical activity.³ This could be due to lack of physical activity programs rooted in Pacific Islander concepts where exercise and physical activity is often communal. In addition, physical exercise was oven into NHPI daily life such as farming and growing their own food, and fishing.

Discrimination within healthcare



Often times, NHPIs who receive healthcare services face barriers that prevent them from getting quality care. For example, there is a lack of translators equipped to explain medical issues to NHPI immigrants. There is also not enough appopriate education to accommodate varying literacy levels. ⁵

How can this be addressed?

These are a few ideas and is not a comprehensive list:



- Develop culturally tailored interventions and programs for diabetes education, prevention and management.
- Involve community and family members to help establish healthy living patterns.⁴
- Utilize peer educators from the community to help provide education and support.⁵

Sources:

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[3] Source: CDC 2017. Summary Health Statistics: National Health Interview Survey: 2015. Table A-15

[4] Tung, W. (2012). Diabetes Among Native Hawaiians and Pacific Islanders. Home Health Care Management & Practice, 24(6), 309-311.

[5] McElfish, P., Purvis, R., Esquivel, M., Sinclair, K., Townsend, C., Hawley, N., Haggard-Duff, L., & Kaholokula, J. (2019). Diabetes Disparities and Promising Interventions to Address Diabetes in Native Hawaiian and Pacific Islander Populations. Current Diabetes Reports, 19(5), 1-9.

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