

Health of Native Hawaiians and Other Pacific Islanders in King County

Key Points

- ◆ Over 15,000 Native Hawaiian and Other Pacific Islanders (NHPI) lived in King County in 2006. NHPI children were twice as likely as King County children overall to live below the poverty line.
- ◆ Compared to King County, NHPI adults were one-and-a-half times more likely to be current smokers and twice as likely to be obese or report no leisure-time physical activity. NHPI adults were about as likely to report fair/poor health or diabetes as King County residents overall.
- ◆ Smoking and overweight were more common among NHPI school-age youth than for King County youth overall.
- ◆ NHPI infants more frequently were very low birth weight, high birth weight, prematurely delivered, born to teen mothers, and received late or no prenatal care compared with all King County infants.
- ◆ NHPI experienced higher age-adjusted death rates than King County residents overall.
- ◆ Inequities affecting the Native Hawaiian and Other Pacific Islander community are not apparent when NHPI data are combined into grouped Asian/Pacific Islander data. Presentation of disaggregated data for NHPI is important for identifying these inequities.

Introduction

This issue of *Public Health Data Watch* covers new health data on Native Hawaiians and Other Pacific Islanders (NHPI). Until recently, little data were available on health inequities affecting these communities—data were only collected for Asian/Pacific Islanders (Asian/PI). Asian/PI encompasses many distinct cultures, and inequities affecting NHPI were invisible under this system because NHPI are 5% of the Asian/PI category in King County. Because Washington State adopted new Federal data collection guidelines on race that specify NHPI as a distinct category, and with support from NHPI community leaders in King County, PHSKC can now present data specific to the NHPI population.

This report presents available data on demographics, health status, health risks, health care access, the health of mothers and infants, and deaths for the NHPI community. Major findings are presented in the main section of the report. Detailed indicator data are presented in the appendix. The King County “Equity and Social Justice Initiative” makes tracking and addressing inequities a priority for King County government. This report will support policymakers and community and agency advocates, and further Public Health – Seattle & King County’s goal of ending all health inequities.

Demographics

- ◆ Washington State has the third-largest community of NHPI in the United States, after Hawaii and California. Seattle was the city with the ninth largest population of NHPI in 2000.
- ◆ Over 15,000 NHPI lived in King County in 2006.¹
- ◆ Approximately 30% of NHPI in King County are multiracial. According to the 2000 US Census, most of these multiracial people are either white and NHPI (26%), Asian and NHPI (38%), or white, Asian and NHPI (15%).
- ◆ The NHPI population tends to be younger than the King County average, with a median age of 29.9 years versus 38 years for King County.¹
- ◆ In 2006, more NHPI alone (11.8%) lived below the poverty line than the King County average (9.5%). Twice as many NHPI alone children (less than 18 years old) lived below the poverty line (6.9% versus 2.6% of King County children). The percentage of NHPI alone adults ages 18-64 living below the poverty line was similar to all of King County.

Health status, health risk behaviors and access to care among adults

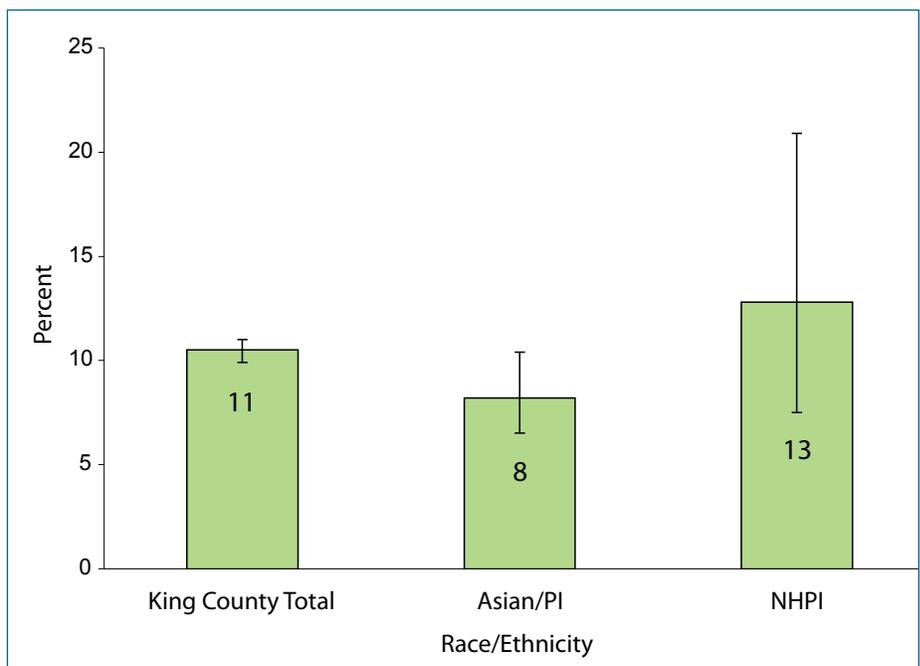
Health status

- ◆ The percent of adults reporting fair or poor health status and diabetes in the NHPI community was similar to the King County average. The limited number of NHPI respondents results in unstable estimates. We will monitor NHPI health status in these areas as more data become available (see Appendix for data details.)
- ◆ The data suggest the possibility of higher-than-average asthma prevalence in NHPI adults (see Appendix for data details). Because the number of respondents was too small to draw conclusions, we will

monitor these rates as more years of data become available.

- ◆ Dental health is important for overall health. Ten percent fewer NHPI adults had their teeth cleaned or saw a dentist in the last 12 months than the King County average (see Appendix for data details).
- ◆ Data from other geographic areas echo inequities seen in King County. In 2006, Native Hawaiians were significantly more likely than other Hawaii State residents to have asthma, and significantly less likely to have seen a dentist or have their teeth cleaned in the last 12 months.²

Health status fair or poor, King County adults, 2001-2007 combined

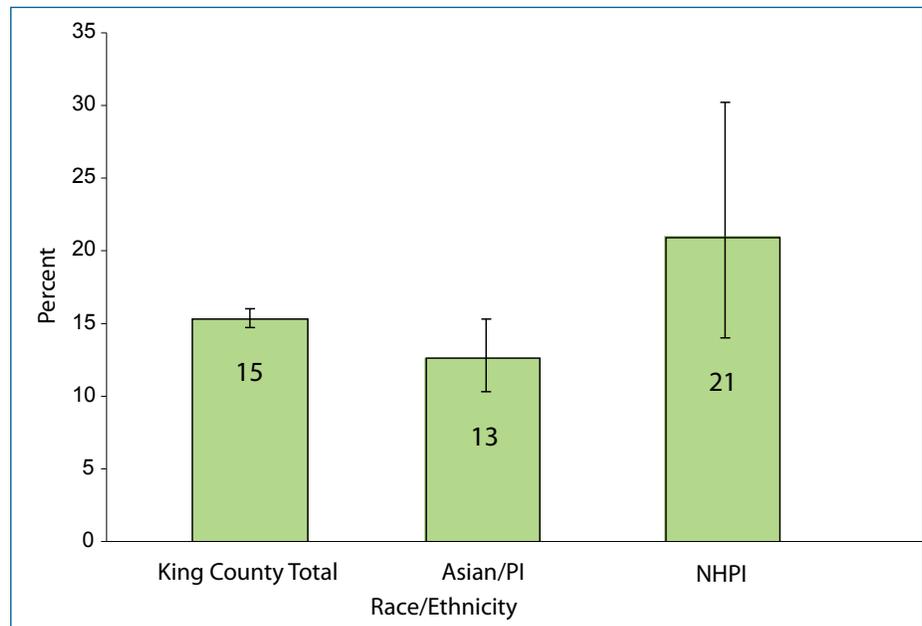


Data source: Behavioral Risk Factor Surveillance System

Health risk behaviors

- ◆ Averaging over 2001-2007, smoking was significantly more common among NHPI adults (21%) than the King County average (15%). Combined Asian/PI adults reported smoking significantly less frequently (13%) than King County residents overall. High rates of smoking among NHPI are also found nationally.³
- ◆ Youth NHPI were significantly more likely to smoke cigarettes. In 2006, 13% of NHPI students in grades 6, 8, 10, and 12 reported smoking in the past 30 days compared to 9% of King County youth.
- ◆ NHPI adults were significantly more likely to be obese than King County adults. Over 2001-2007, 65% of NHPI adults were obese or overweight. In contrast to NHPI, Asian/PI adults were significantly less likely to be overweight or obese than King County adults.
- ◆ NHPI youth in grades 8, 10, and 12 were significantly more likely to be overweight (for youth, defined as a BMI greater than the 95th percentile for age and gender). In 2006, 20% of NHPI youth were overweight, more than twice as high as King County youth (9%).
- ◆ Physical activity is strongly linked with body weight. Compared to King County adults, significantly more NHPI reported not having any physical activity in their leisure time.
- ◆ Similar to King County (39%), 38% of NHPI youth reported meeting physical activity recommendations (at least 60 minutes on five or more days of the week) in 2006.

Current smoker, King County adults, 2001-2007 combined



Data source: Behavioral Risk Factor Surveillance System

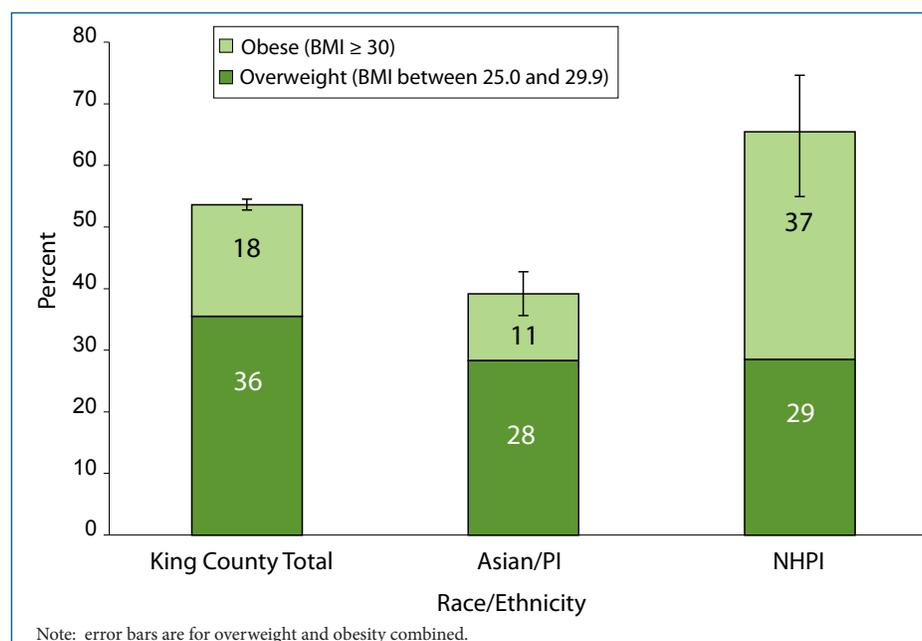
Access to care

- ◆ Seventeen percent of NHPI adults ages 18-64 years old reported not having health insurance, compared to 13% of King County adults. There are too few respondents to say for sure whether these rates are higher than average. We will monitor these percentages as

more data become available in the coming years.

- ◆ Lack of health insurance is only one barrier to obtaining needed and preventive health care. Other important barriers include cultural competency of healthcare providers and lack of information about care providers.⁴

Overweight and obesity, King County adults, 2001-2007 combined



Note: error bars are for overweight and obesity combined.

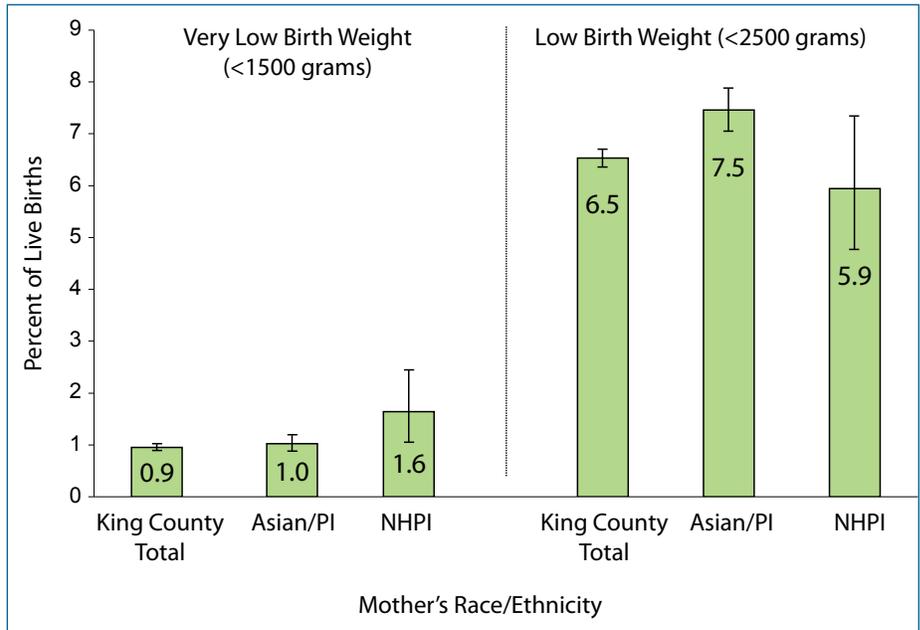
Data source: Behavioral Risk Factor Surveillance System

Maternal and child health outcomes

- ◆ Between 2003 and 2006, there were 92,000 births to King County residents. NHPI mothers had 1,500 births. Data details are presented in the report Appendix.
- ◆ Indicators for NHPI differed from those for Asian/PI for almost every maternal and child health indicator in this report. These differences support routinely presenting NHPI-specific data when available.
- ◆ 5.9% of all infants born to NHPI mothers were low birth weight (less than 2500 grams or 5 ½ pounds, see Appendix for data details), similar to the King County average.
- ◆ Almost twice as many NHPI infants were very low birth weight (less than 1500 grams, or 3 pounds 4 ounces) than King County overall (1.6% of NHPI versus 0.9% of King County).

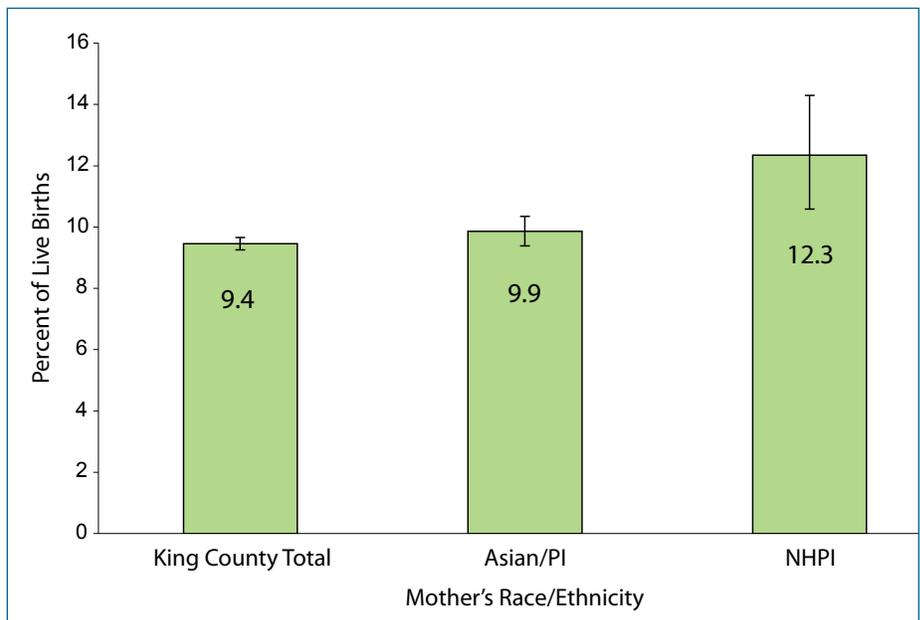
- ◆ Preterm births are infants born before 37 completed weeks of gestation. NHPI infants were significantly more likely to be born preterm (12.3% versus 9.4% of King County infants).

Birth weight, King County births, 2003-2006 combined



Data source: WA State Department of Health, Center for Health Statistics, birth certificates

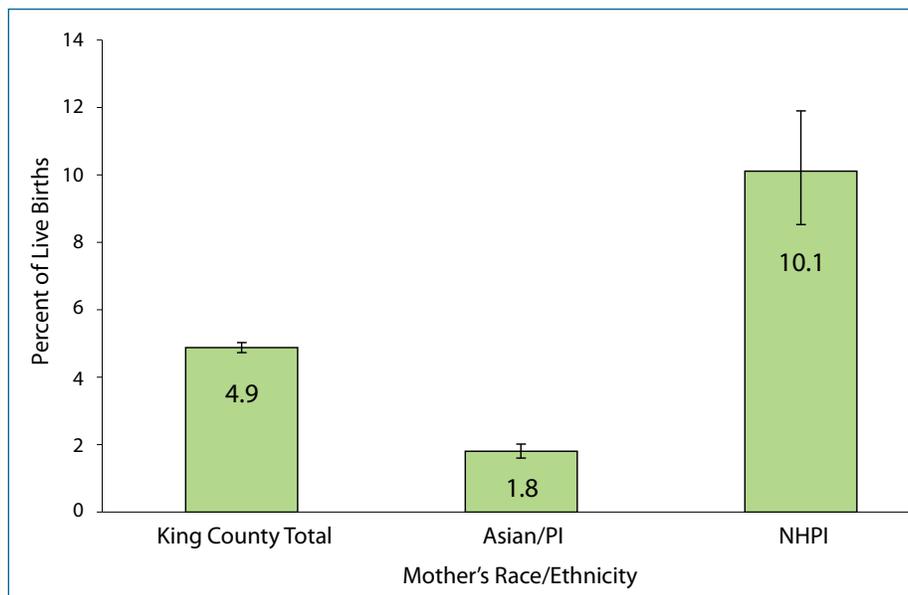
Preterm births, King County births, 2003-2006 combined



Data source: WA State Department of Health, Center for Health Statistics, birth certificates

- ◆ NHPI mothers were twice as likely to smoke during pregnancy (10.1%) compared to all King County mothers (4.9%). Asian/PI mothers were significantly less likely to smoke (1.8%).
- ◆ Births to young mothers (aged 15-17 years) were significantly higher among NHPI compared to King County.

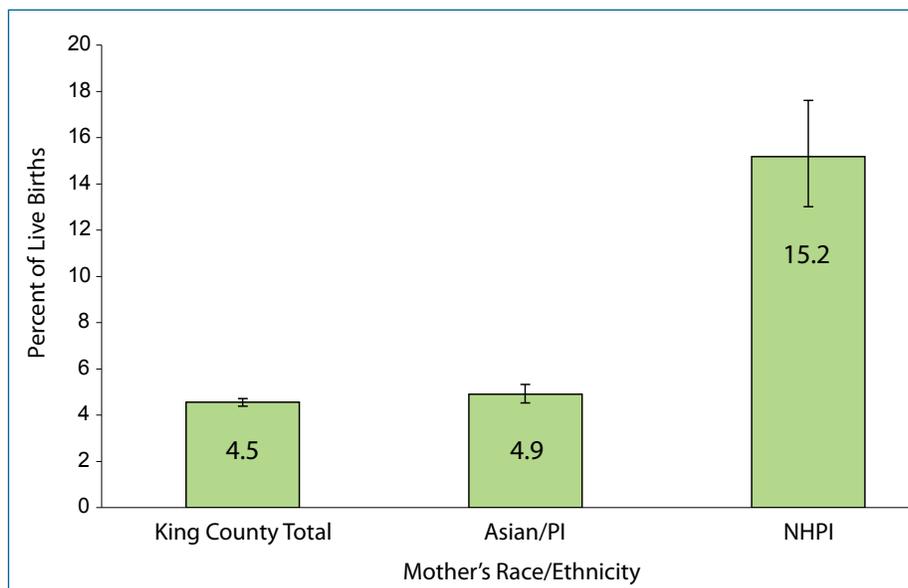
Smoking during pregnancy, King County, 2003-2006 combined



Data source: WA State Department of Health, Center for Health Statistics, birth certificates

- ◆ More than three times as many NHPI women did not receive prenatal care during their pregnancy or received prenatal care starting late in the pregnancy (15.2% of NHPI versus 4.5% for King County overall). Prenatal care is considered late if it begins in the third trimester.

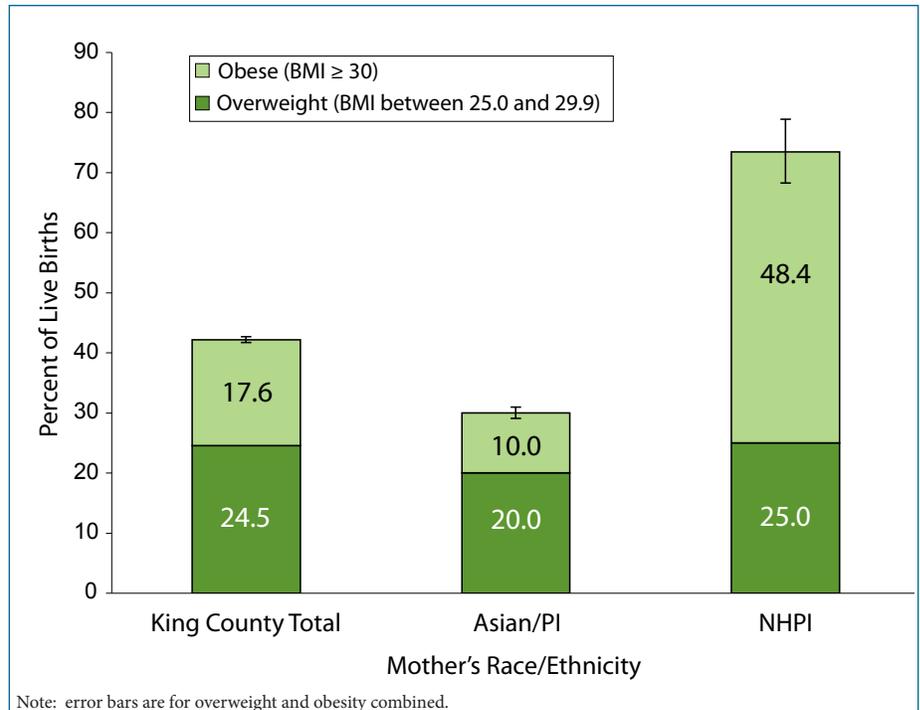
Late or no prenatal care, King County, 2003-2006 combined



Data source: WA State Department of Health, Center for Health Statistics, birth certificates

Percent of live births with mother overweight or obese before pregnancy, King County, 2003-2006 combined

- ◆ Similar to King County, 25.0% of NHPI mothers were considered to be overweight. However, NHPI mothers were almost three times as likely to be obese.



Data source: WA State Department of Health, Center for Health Statistics, birth certificates

Deaths among Native Hawaiians and Other Pacific Islanders in King County

The infant mortality rate is considered an indicator of the overall health of a community. The Asian/PI population has typically experienced rates of infant mortality similar to the county overall, and infant mortality in King County has been steadily declining since 1981. However, data are not yet available to allow for an analysis of infant mortality for the NHPI in King County.

National data from 2002 do suggest a higher infant mortality rate among NHPI. Although Asian/PI had an infant mortality rate of 4.8 per 1000 live births, which was lower than the national average of 7.0 per 1000, Hawaiians had an infant mortality rate of

9.6 per 1000.⁵ No more recent data are available. In 2006, Native Hawaiians living in Hawaii also had a high infant mortality rate.⁶

During 2004-2006, 142 people who were recorded as being NHPI alone died of any cause in King County. This age-adjusted all-cause mortality rate of 1048 per 100,000 population was significantly higher than for King County overall during this period (654 per 100,000). Relatively small numbers of NHPI deaths do not support an analysis by specific cause of death at this time.

Data notes

Using data in this report

In general, the health indicators included in the report about the health of Native Hawaiians and Other Pacific Islanders (NHPI) living in King County are compared to rates for all King County residents. References are also made to rates for “Asians/Pacific Islanders” (Asian/PI), which includes Asians, Native Hawaiians, and Other Pacific Islanders combined. This comparison to Asian/PI is used to highlight how different conclusions might be reached when separately examining indicators for NHPI and highlights the health inequities of this population. The term “significant” when comparing numerical data is used to imply a statistically significant difference in rates. A statistically significant difference is one that cannot be explained by chance alone.

Limitations of survey data

Between 2001 and 2007, NHPI were 1% of the over 24,000 King County adults participating in the Behavioral Risk Factor Surveillance System (BRFSS) telephone survey. This limits the information that can be reliably presented while simultaneously respecting the privacy of participants.

Background and definitions

- ◆ New federal guidelines on how data on race and ethnicity are collected have led to newly available data for Native Hawaiians and Other Pacific Islanders.
- ◆ In this report, “Native Hawaiian and Other Pacific Islander” or NHPI for short, refers to any of the peoples of Hawaii, Samoa, Fiji, Guam, Tonga, Micronesia, French Polynesia, Palau, the Northern Mariana Islands, and the Marshall Islands living in King County, Washington.
- ◆ The US Census Bureau allows people to report multiple races. Using their definition, NHPI “alone” is someone who reports *only* Pacific Islander race/ethnicity, including people from more than one island. NHPI “in combination” refers to multiracial people who report NHPI race/ethnicity in combination with another race/ethnicity (one or more of either white, Asian, African-American, or American Indian/Alaska Native).
- ◆ This report presents data for all NHPI, including multiracial people, where data are available. Detailed data on NHPI are presented in the technical appendix. Where data are available for the NHPI alone population but not the multiracial population, the NHPI alone data are presented in this report.

Data sources

Washington State Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Washington State Department of Health, 2001-2007.

US Census Bureau, 2006 American Community Survey and 2000 Census.

Washington State Healthy Youth Survey, 2006.

Birth Certificate Data (2003-2006) and Death Certificate Data (2004-2006): Washington State Department of Health, Center for Health Statistics.

Local resources and services

International Community Health Services

Clinics in International District and Holly Park, Seattle

206-788-3700 or 206-788-3500

www.ichs.com

Provides culturally and linguistically appropriate health services to improve the health of the Asian Pacific Islander community and others. ICHS provides medical, dental, health education and prevention services.

Pacific Island Women's Association

c/o 10237 16th Ave SW

Seattle, WA 98148

www.pacificislandwomen.org

Works to identify and address critical issues facing the Pacific Island community in the Northwest.

Korean Women's Association

888-508-2780

www.kwaoutreach.org

Multi-cultural and multi-lingual agency that provides many services, including but not limited to low-income housing, naturalization, immigration, food stamps, medical insurance, welfare benefits, social security benefits, employment, English as a second language classes, survival skills, domestic violence, and emergency shelter.

Asian Counseling and Referral Service

720 8th Avenue South, Suite 200 (Main Office)

Seattle, WA 98104

206-695-7600

www.acrs.org

Serves Pacific Islanders. Promotes social justice and the well-being and empowerment of Asian Pacific American individuals, families, and communities by developing, providing, and advocating for innovative community-based multi-lingual services.

Asian Pacific Islander Women and Family Safety Center

PO Box 14047

Seattle, WA 98114

206-467-9976

www.apiwfsc.org

Mission is to prevent violence against women through community organizing and education; to provide safe, culturally relevant services for women, youth, and children; and to create housing resources for families who face domestic and sexual violence and/or victimization from human trafficking in Asian and Pacific Islander communities.

Seattle Indian Health Board

P.O. Box 3364

Seattle, WA 98114

206-324-9360

www.sihb.org

Provides clinical, community, chemical dependency, and clinical support including prenatal care, case management and maternity support.

PASEFIKA

206-763-0764

Provides services specifically for the Pacific Islander community in King County. Provides holistic, culturally-relevant family programs, support services, and referrals.

Resources on the world wide web

Lokahi `Ohana O Hawai`i

www.lokahiohananw.com

Provides information from local and Native Hawaiian community resources to meet the needs of the Great Northwest and Western Region of Hawaiian communities.

Northwest Hawaii Times

www.northwesthawaiiitimes.com

Free monthly newspaper with news and information for the Northwest community of Native Hawaiians.

Papa Ola Lokahi

papaolalokahi.org

Located in Honolulu, this organization conducts health education and research and maintains health data for Native Hawaiians.

Office of Minority Health, US Department of Health and Human Services

www.omhrc.gov

Provides national-level data and statistics for Pacific Islanders and links to information on cultural competency and health topics.

Association of Asian Pacific Community Health Organizations

www.aapcho.org

Provides information on national programs addressing Asian and Pacific Islander health issues, health education and resource materials, and fact sheets about health topics.

Office of Hawaiian Affairs

www.oha.org

To malama (protect) Hawaii's people and environmental resources and OHA's assets, toward ensuring the perpetuation of the culture, the enhancement of lifestyle and the protection of entitlements of Native Hawaiians, while enabling the building of a strong and healthy Hawaiian people and nation, recognized nationally and internationally.

`Imi Hale - Native Hawaiian Cancer Network

www.imihale.org

Native Hawaiians experience disproportionate rates of cancer incidence and mortality both nationally and in their homeland. `Imi Hale is a 10-year project funded by the National Cancer Institute aimed at reducing the burden of cancer among Native Hawaiians. Includes culturally relevant cancer resources and training for health professionals.

Appendix

Prevalence of health status, risks, and access to care, King County adults, 2001-2007

	King County Percent	Asian/PI Percent		NHPI Percent		Conclusion differs [#]
Fair/poor general health	11	8		13		no
No health insurance	13	13		17		no
No physical activity participation	14	21	↑	32	↑	no
Current smoker	15	13	↓*	21	↑*	yes
BMI - Overweight	36	28	↓	29		yes
BMI - Obese	18	11	↓	37	↑	yes
Saw dentist in last year	75	73		64		no
Teeth cleaning in last year	74	71		64		no
Diabetes prevalence	5	5		5		no
Asthma prevalence	14	12	↓*	19		yes
Have 5 servings of fruits and vegetables a day	26	28	↑*	19		yes

NHPI category includes both NHPI alone and multiracial NHPI (NHPI in combination with another race). Prevalence is statistically significantly higher (↑) or lower (↓) than the estimate for King County. Where King County differences do not achieve statistical significance, statistically significant differences are identified using Washington State (*) data from 2001-2006. The confidence interval is a statistical measure of the amount of random variation that you can expect in calculations that are based on relatively small numbers. It means that you can be 95% sure that the true rate falls within the confidence interval. Any two rates are considered to be statistically different from each other only when their confidence intervals do not overlap. Asthma question not asked in 2001. Fruit and vegetable consumption question not asked in 2001, 2004. Dental health questions not asked in 2003, 2005, 2007.

[#] "Conclusion differs" shows how reporting on NHPI reveals new information. "Conclusion differs" = yes when the result of the Asian/PI vs. King County comparison and the NHPI vs. King County comparison is different.

Birth risk factors, King County, 2003-2006

	King County Percent	Asian/PI Percent		NHPI Percent		Conclusion differs [#]
Mother's BMI - Overweight	24.5	20.0	↓	25.0		yes
Mother's BMI - Obese	17.6	10.0	↓	48.4	↑	yes
Very low birth weight (<1500g)	0.9	1.0		1.6	↑	yes
Low birth weight (<2500g)	6.5	7.5	↑	5.9		yes
High birth weight (>4500g)	1.8	0.9	↓	2.9	↑	yes
Preterm birth	9.4	9.9		12.3	↑	yes
Smoked during pregnancy	4.9	1.8	↓	10.1	↑	yes
Teen birth (Mother 15-17 years)	1.4	0.7	↓	2.5	↑	yes
Late (3rd trimester) /no prenatal care	4.5	4.9		15.2	↑	yes

NHPI category includes both NHPI alone and multiracial NHPI (NHPI in combination with another race). Estimates are statistically significantly higher (↑) or lower (↓) than the estimate for King County. The confidence interval is a statistical measure of the amount of random variation that you can expect in calculations that are based on relatively small numbers. It means that you can be 95% sure that the true rate falls within the confidence interval. Any two rates are considered to be statistically different from each other only when their confidence intervals do not overlap.

[#] "Conclusion differs" shows how reporting on NHPI reveals new information. "Conclusion differs" = yes when the result of the Asian/PI vs. King County comparison and the NHPI vs. King County comparison is different.

References

- 1 U.S. Census Bureau, American Community Survey (ACS), 2006.
- 2 State of Hawaii Department of Health. 2006 State of Hawaii Behavioral Risk Factor Surveillance System.
- 3 Adams PF, Schoenborn CA. Health behaviors of adults: United States 2002–2004. Vital Health Stat 2006;10(230). Available at http://www.cdc.gov/nchs/data/series/sr_10/sr10_230.pdf.
- 4 Pacific Island Women's Association. Voices of Pacific Island Women Residing in the Pacific Northwest: Reflections on health, economics, education, and more. 2006.
- 5 CDC, National Center for Health Statistics (NCHS). Health United States 2007: Table 19 Infant, neonatal, and postneonatal

About this issue of Public Health Data Watch

Public Health Data Watch monitors trends in key health indicators for King County.

This issue of Public Health Data Watch was prepared by Eva Wong and David Solet of the Assessment, Policy Development & Evaluation Unit of Public Health - Seattle & King County. We wish to thank Lorrie Alfonsi, Blishda Lacet, Michael Smyser, Maile Taulii, Matias Valenzuela, and the Pacific Islander Women's Association for their thoughtful review and comments. This report would not have been possible without the on-going participation and support of the Native Hawaiian and Other Pacific Islander community of King County, for which we thank them.

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