Disaggregating Health Outcomes Among Native Hawaiian and Pacific Islander Subgroups

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Background

- Native Hawaiians and Pacific Islanders (NHPIs) have typically been aggregated with Asian populations or as one NHPI group.
- Disaggregation of NHPI health data has revealed that NHPIs have higher chronic disease prevalence as compared to Asians.
- Few studies have examined NHPI ethnic groups independently.

Objective

- To compare chronic disease outcomes and obesity measures among self-identified Chamorros, Native Hawaiians, and Samoans.

Methods

- From 2013-2014, self-administered surveys (n=163) were given to NHPI participants in San Diego, CA.
- Participants were recruited at local NHPI cultural festivals, civic and social clubs, community-based organizations, and private residences.
- Survey items assessed diabetes and cardiovascular disease (CVD) diagnosis by a doctor, and biological family history of cancer.
- Anthropometric measures (height, weight, and waist circumference) were used to calculate Body Mass Index (BMI) and Waist-to-Height Ratio (WHtR).
- 156 participants identified as Chamorro, Native Hawaiian, or Samoan.
- Chronic disease outcomes (diabetes, CVD, and cancer) were compared using Chi-Square tests.
- BMI, WHtR, and Waist Circumference (WC) were compared using one-way ANOVA.
- Significant tests were analyzed post-hoc utilizing multiple comparisons.

Discussion

- Diabetes prevalence significantly differed by ethnicity (p = .025).
- When compared to Samoans, Chamorros and Native Hawaiians had significantly higher diabetes prevalence.
- Inclusion of sociodemographic variables (age, gender, monthly household income) attenuated differences in diabetes prevalence by ethnicity.
- Age became significantly associated with diabetes prevalence when included in the logistic model.
- Gender and monthly household income were not significantly associated with diabetes prevalence.

Conclusion

- Different measures of obesity differ by ethnicity within San Diego’s NHPI population after controlling for sociodemographic variables.
- Disaggregation of health data by ethnicity reveals distinct differences in health outcomes.
- Future studies should consider continued data disaggregation of health data by ethnicity and continue exploring the distinct cultural backgrounds of different ethnic communities to create comprehensive programming.

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