

Health Disparities among Pacific Islanders in Multnomah County

A supplement to the 2014 Report Card
on Racial and Ethnic Disparities

April 2015

*For more information about Multnomah County Health
Department's work to address disparities, please contact:*

Rujuta Gaonkar, MPH
Manager, Health Equity Initiative
Multnomah County Health Department
rujuta.gaonkar@multco.us

*For more information about the methods and results in this report,
please contact:*

Caislin Firth, MPH
Research Analyst
Program Design & Evaluation Services
Multnomah County Health Department
caislin.l.firth@state.or.us



Foreword from the Director

This report, along with the *2014 Report Card on Racial and Ethnic Disparities*, presents a devastating picture of health disparities in our county. While both reports focus on numbers, it is important to remember that these are not just numbers. The numbers represent lives – our own lives as well as the lives of siblings, parents, co-workers, children, aunts, uncles, friends, and neighbors to all of us.

This report highlights that, like other communities of color in Multnomah County, Pacific Islanders experience disparities in areas critical to leading healthy, happy, and productive lives. Despite medical advances, rigorous public health practices, and a wide range of community-based efforts, Pacific Islanders experience a serious number of disparities. These differences are unfair, unacceptable, and affect the well-being of individuals and the entire county.

Monitoring and reporting on the health of the community is a core Health Department function. We present this supplement to the *2014 Report Card on Racial and Ethnic Disparities* in order to broaden understanding of the health of our county and to further our collective work to address disparities.

Although this report focuses on poor outcomes, Multnomah County recognizes that the Pacific Islander community possesses unique strengths and remarkable resilience. The Health Department is committed to working with the community to build on those strengths.

We have already begun work with APANO (Asian Pacific American Network of Oregon) to expand our knowledge of the Pacific Islander community and better engage with community members to address the issues together.

An APANO letter to the Multnomah County Board of Commissioners is attached as an addendum to this report. It highlights the complexities of the Pacific Islander community, and gives recommendations for improving both data reporting and direct services.

We appreciate APANO's willingness to help us better address critical needs. Improving these entrenched disparities will require the full weight of our collective community effort.

Joanne Fuller, M.S.W.

Health Department Director

Introduction

Historically, people who identify their race as Asian and/or Pacific Islander have been combined when conducting analyses of health data. Multnomah County Health Department's *2014 Report Card on Racial and Ethnic Disparities* highlights disparities experienced by communities of color in Multnomah County and uses combined data for the Asian and Pacific Islander populations. Data across 33 indicators in that report identify where disparities exist for the aggregated Asian/Pacific Islander group, as well as where the combined group fares better than its non-Latino White counterparts.

Though combining the two groups results in larger and more stable numbers for analysis, it can also hide health disparities that disproportionately affect one group and not the other. This report separates the two groups and highlights some of the health disparities that exist among Pacific Islanders living in Multnomah County. It is a supplement to the *2014 Report Card on Racial and Ethnic Disparities*.

History

The Pacific Islander community first came to the region as laborers for fur-trading companies and Protestant missionaries in the late 18th and early 19th centuries. The Samoan and Tongan Pacific Islander communities predominantly immigrated to this country for financial and educational opportunities.¹ A large wave of Tongans and Fijians immigrated during the late 1970s through the 1990s.¹

Demographics

In the last decade, the Pacific Islander community in the county has grown considerably, from an estimated 4,419 in 2000² to 9,248 in 2013.³ In 2013, Pacific Islanders comprised 1.2% of the overall county population.*

The Pacific Islander community in Multnomah County is concentrated in North Portland and in the area east of 82nd Avenue.⁴ Nearly half of the Pacific Islander community in Multnomah County is foreign-born; 57% of adults and 28% of children were born in other countries.⁵

Immigration is a complex issue for Pacific Islanders because immigration status is dependent upon country of birth.⁶ Some Pacific Islander immigrants are considered U.S. nationals because they were born in countries with existing political agreements with the United States, while other Pacific Islanders were born in countries with no political ties to the United States.⁶ Such differences in immigration status impact the ability of some Pacific Islander groups to acquire public benefits including health insurance.^{6,7}

* It is important to note that the American Community Survey creates population estimates from a relatively small proportion of the U.S. population (<2%). The estimates derived for Pacific Islanders have high margins of error and are likely an undercount of the Pacific Islander community in Multnomah County.

The Pacific Islander community in Multnomah County is very diverse. Fourteen percent of the Pacific Islander community identifies as Native Hawaiian; 12% as Samoan; 8% as Tongan; 1% as Other Polynesian (including Tahitian or Tokelauan); 3% as Guamanian or Chamorro;* 40% as Other Micronesian (including Carolinian, Chuukese, I-Kiribati, Kosraean, Mariana Islander, Palauan, Pohnpeian, Saipanese, Yapese); 14% as Fijian; 8% as Other Pacific Islander not specified.⁴ Multiracial identity is common among Pacific Islanders. In 2013, 46% of the Pacific Islander community identified as Pacific Islander alone and 54% of the community identified with at least one other race.³

In Multnomah County, an estimated 48% of Pacific Islanders are male and 52% female.⁸ The median age of Pacific Islanders is considerably lower than that of non-Latino Whites (29 years vs. 42 years respectively).¹ Within the Pacific Islander community median ages also differ. For example, the median age of Tongans is 20 years compared to 31 years for Native Hawaiians.¹

Pacific Islanders live in larger households than non-Latino Whites.¹ Lower income and limited English language proficiency are two of the challenges the community faces. The median income of Pacific Islander households is lower than non-Latino Whites (\$34,000 vs. \$53,000 respectively).¹ In addition, English language acquisition is difficult for some Pacific Islander groups. For example, in 44% of Tongan households, household members struggle with speaking English and are linguistically isolated.¹

Health Disparities

Health disparities were identified by the calculation of disparity ratios. A disparity ratio is the rate or prevalence in a particular group divided by the rate or prevalence in another group. This measure is used to assess health disparities between groups. The disparity indicators for this report compare the rate or prevalence among non-Latino Pacific Islanders to the rate or prevalence among non-Latino Whites. The disparity ratio is categorized by the severity of the disparity, as described in Table 1.

* Guamanian and Chamorro populations are grouped together by the U.S. Census Bureau and represent two very different populations: those that identify as Guamanian and those that identify as indigenous peoples of the Mariana Islands (Chamorro). For more information on U.S. Census Bureau groupings of Native Hawaiian and Other Pacific Islander populations: <<http://www.socialexplorer.com/data/ACS2013/metadata/?ds=ACS13&var=B02007001>>

Table 1: Definitions for Levels of Concern for Disparities Identified in This Report

Level of Concern	Definition
Requires Intervention: Identified through statistical significance	The analyses of these indicators showed disparities between the non-Latino Pacific Islander group and the non-Latino White population. The disparity ratio was 2.0 or greater and was statistically significantly greater than 1. These disparities are high priorities for policy, systems, and/or environmental change interventions.
Needs Improvement: Identified through statistical significance	The analyses of these indicators showed disparities between the non-Latino Pacific Islander group and the non-Latino White population. The disparity ratio was between 1.1 and 1.9 and was statistically significantly greater than 1. These disparities have the potential to worsen and may require intervention.
Needs Improvement: Identified by local trends over time and/or disparities at the state level	The analyses of these indicators suggested disparities between the non-Latino Pacific Islander group and the non-Latino White group. Though the disparity ratio was 1.1 or greater, it was not statistically significantly different from 1. However, there was a consistent trend of the non-Latino Pacific Islanders faring more poorly than non-Latino Whites over time and/or there was a significant disparity for the population at the state level. These disparities have the potential to worsen and may require intervention.
No disparity detected	The disparity ratio comparing non-Latino Pacific Islanders to non-Latino Whites shows little or no difference between the two groups. For some indicators, non-Latino Pacific Islanders fared better than non-Latino Whites as represented by a disparity ratio of less than 1.0. Disparity ratios that are statistically significantly less than 1 are marked with an asterisk (*).

Results of the *2014 Report Card on Racial and Ethnic Disparities* indicated that the Asian/Pacific Islander group fared better than other groups of color in general. However, as noted above, combining data for both the Asian group and the Pacific Islander group likely hides some of the disparities being experienced by the Pacific Islander community.

This supplement presents an analysis of 11 of the 33 indicators in the *2014 Report Card on Racial and Ethnic Disparities* for which data on Pacific Islanders were available. Ten of the indicators were included in the larger report and one indicator (all-cause mortality) has been used in previous disparity reports. For six of the 11 indicators, a significant disparity exists for the Pacific Islander community (Table 2).

Table 2: Health and Socio-Economic Disparities among Pacific Islanders, Multnomah County and the U.S.

INDICATOR	National		Multnomah County			
	Benchmark	Disparity Ratio	Non-Latino Pacific Islander	Non-Latino White	Disparity Ratio	Disparity Summary
Social and Economic Factors						
Children under age 18 living in poverty ¹	14% ⁴	2.07	28.6%	13.2%	2.2**	Needs improvement
Children that live in single-parent household ¹	20% ⁴	1.47	32.2%	27.3%	1.2 [†]	No disparity
Adults aged 25+ with no more than a high school education ¹	30% ⁴	1.37	58.8%	27.0%	2.2	Requires intervention
Population aged 16+ unemployed, but seeking work ¹	5% ⁴	1.67	25.9%	8%	3.2	Requires intervention
Health Factors – Health Behaviors						
Teen birth rate per 1,000 female population, ages 15–19 ²	21 ⁴		33.9	21.1	1.6	Needs improvement
Health Factors – Clinical Care						
Mothers not accessing 1st trimester prenatal care ²	22.1% ³	1.46	62.7%	24.3%	2.6	Requires intervention
Health Outcomes – Morbidity						
Live births with low birth-weight (<2500 grams) ²	7.8% ³		9.3%	5.9%	1.6	Needs improvement
Health Outcomes – Mortality						
Years of Potential Life Lost ² (YPLL) before age 65 rate per 100,000 population	6,811 ⁵		3,898	3,973	1	No disparity
All-cause mortality rate per 100,000 population ²	741 ⁵		498	779	0.6*	No disparity
Coronary heart disease mortality rate per 100,000 population ²	191 ⁵		121	92	1.3 [†]	No disparity
All-cancer mortality rate per 100,000 population ²	185 ⁵		123	188	0.7	No disparity

* Disparity ratio was statistically significantly less than 1.

** Not statistically significant, but a disparity was detected at the state level.

[†] Not statistically significant and no disparity was detected at the state level.

¹ Prevalence estimates from the U.S. Census Bureau, 2006-2010 American Community Survey 5-year estimates.

² Oregon birth certificates and Oregon death certificates, Oregon Vital Statistics, 2007–2011.

³ The national benchmark is from the Healthy People 2020 Targets.

⁴ The national benchmark is from the 2013 County Health Rankings.

⁵ National Mortality rates are from National Vital Statistics Reports; Vol 61 No 6. 2012.

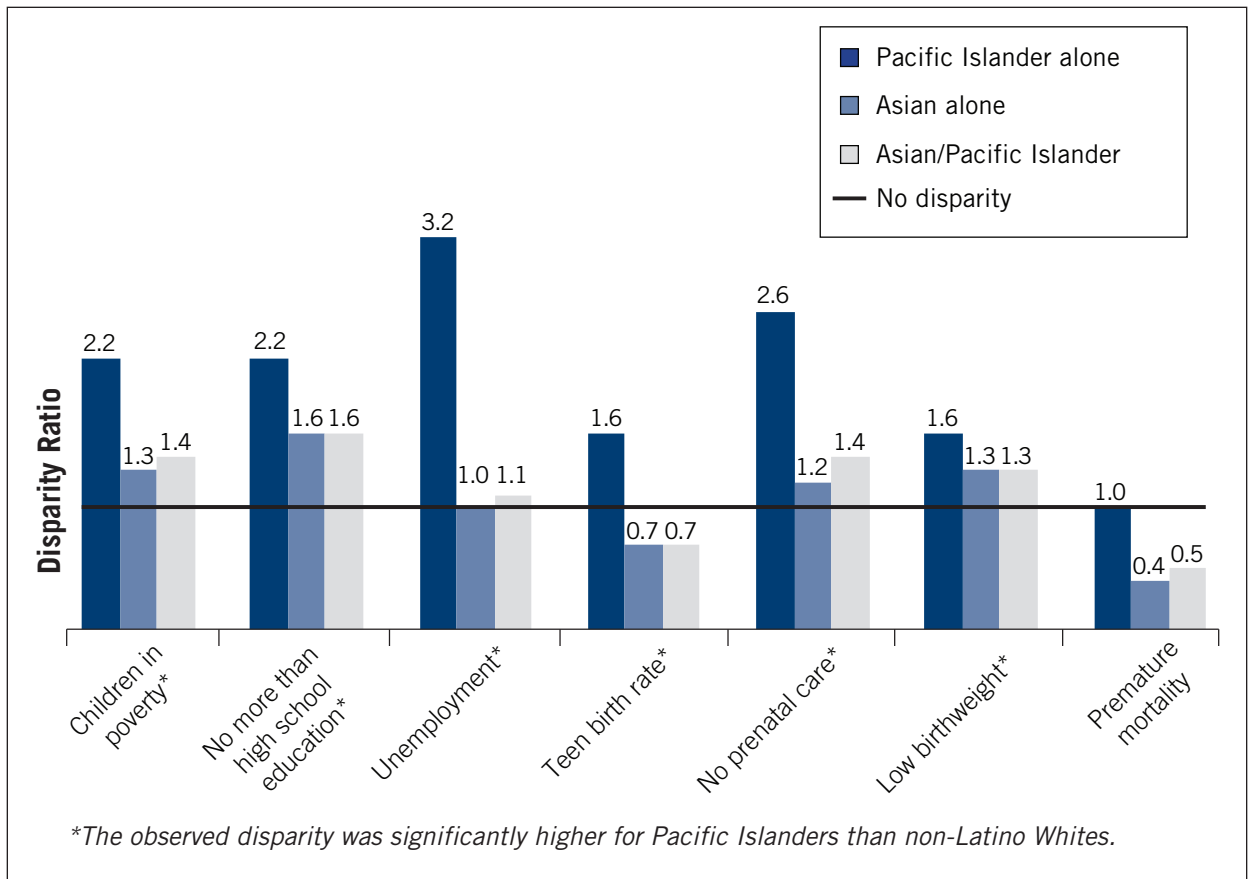
⁶ Prenatal care national disparity ratio is from National Vital Statistics Reports; Vol 59 No 1. 2010.

⁷ National disparity ratios are calculated from the U.S. Census Bureau, 2006-2010 American Community Survey 5-year estimates.

Key Findings

- › Pacific Islander children are more than twice as likely to experience poverty as non-Latino White children (28.6% vs. 13.2%, respectively) in Multnomah County, which is consistent with the national disparity. This disparity is at the *needs improvement* level. When Asian/Pacific Islander racial groups were combined, the disparity in childhood poverty was less severe (Fig 1).
- › Pacific Islander adults are more than twice as likely to have no more than a high school education compared to non-Latino White adults (58.8% vs. 27.0%, respectively). This disparity is at the *requires intervention* level. The magnitude of this disparity is considerably larger than that faced by Pacific Islanders nationally.
- › Twenty-six percent of Pacific Islanders aged 16 or older are unemployed, compared to 8% of non-Latino Whites. With a disparity ratio of 3.2, unemployment is one of the largest disparities faced by this community and reaches the *requires intervention* level. Yet when the Asian and the Pacific Islander racial groups were combined to assess unemployment, a disparity did not exist (Fig 1). In Multnomah County, this disparity is double the national Pacific Islander unemployment disparity of 1.6. Furthermore, the percent of unemployment among Pacific Islanders in Multnomah County is more than five times higher than the national benchmark for unemployment (25.9% vs. 5%).
- › Disparities exist in reproductive health for Pacific Islanders. The rate of births to teen mothers aged 15–19 years is significantly higher among Pacific Islanders than among non-Latino Whites. This disparity is at the *needs improvement* level. When the Asian and the Pacific Islander racial groups were combined, a disparity in teen births did not exist (Fig 1). The teen birth rate among Pacific Islanders in Multnomah County (33.9 per 1,000 female population) is considerably higher than the national benchmark (22 per 1,000 female population).
- › Disparities exist for both low birthweight babies and for mothers accessing prenatal care during the first trimester of pregnancy. Pacific Islander mothers are less likely to access prenatal care during their first trimester and more likely to have low birthweight babies than non-Latino Whites. The prenatal care disparity reaches the *requires intervention* level, and the disparity in low birthweight babies *needs improvement*. For both indicators, the magnitude of the disparity was considerably less when the Asian and the Pacific Islander groups were combined (Fig 1).
- › The proportion of Pacific Islander mothers in Multnomah County not accessing prenatal care in the first trimester (62.7%) is nearly three times higher than the Healthy People 2020 national target of 22.1%. The proportion of low birthweight babies born to the Multnomah County Pacific Islander community (9.3%) is also higher than the national Healthy People 2020 target of 7.8%.
- › For both coronary heart disease mortality and Years of Potential Life Lost (YPLL), when the Asian and the Pacific Islander groups were combined, Asians/Pacific Islanders fared significantly better than non-Latino Whites. However, when Pacific Islanders are considered alone, their rates are comparable to that of non-Latino Whites (Fig 1).

Figure 1: Disparity Ratio by Indicator for Asian, Pacific Islander, and Asian/Pacific Islander race groupings



Conclusion

Pacific Islanders in Multnomah County face significant health and socioeconomic disparities. This information is often overlooked because of the way data are collected and reported for the population. This report shows the importance of collecting and reporting data on the Pacific Islander population, separately from the larger combined Asian/Pacific Islander population.

While it may be unusual to have adequate numbers of Pacific Islanders in a population-based sample to report stable estimates, it is nevertheless important to conduct these analyses whenever possible to emphasize the need for greater attention to the health of this population. Important disparities are hidden when data for this group are combined with data on the

Asian population group, and opportunities for improvement in addressing those disparities can be missed.

Note:

See the full text of the *2014 Report Card on Racial and Ethnic Disparities* (<https://multco.us/file/37530/download>) for more information on:

- › the framework for selecting indicators
- › why the indicators used are important
- › Multnomah County Health Department’s next steps

Reference

- ¹ Curry-Stevens, A. & Coalition of Communities of Color (2012). The Asian and Pacific Islander Community in Multnomah County: An Unsettling Profile. Portland, Oregon: Portland State University.
- ² U.S. Census Bureau; 2000 Census Summary File; Profile of General Demographic Characteristics: 2000; using American FactFinder; <<http://factfinder2.census.gov>>
- ³ U.S. Census Bureau. 2013 American Community Survey 1-year estimates; using American FactFinder; <<http://factfinder2.census.gov>>
- ⁴ U.S. Census Bureau. 2009–2013 American Community Survey; using American FactFinder; <<http://factfinder2.census.gov>>
- ⁵ U.S. Census Bureau. 2006–2010 American Community Survey 5-year estimates; using American FactFinder; <<http://factfinder2.census.gov>>
- ⁶ Empowering Pacific Islander Communities (2014). Native Hawaiians & Pacific Islanders, A Community of Contrasts in the United States, 2014. Los Angeles, California.
- ⁷ Asian & Pacific Islander American Health Forum (2015). Medicaid Restoration for Compact of Free Association Migrants. <<http://www.apiahf.org/policy-and-advocacy/policy-priorities/health-care-access/medicaid-restoration-compact-free-associati>>
- ⁸ U.S. Census Bureau. 2011 American Community Survey 1-year estimates; using American FactFinder; <<http://factfinder2.census.gov>>

The following is included to reflect suggestions given to the Health Department and the Multnomah County Board of Commissioners to better identify and address disparities being experienced by the Pacific Islander community going forward.



Asian Pacific American Network of Oregon

Multnomah County Board of Commissioners
Multnomah County Health Department
RE: Health Disparities among Pacific Islanders in Multnomah County

(971) 340-4861

info@apano.org

www.apano.org

  @apanonews

To the Board of Commissioners:

The Asian Pacific American Network of Oregon (APANO) applauds the efforts of the Multnomah County Health Department in the production of a Pacific Islander (PI) supplement to the Health Disparities Report. We would like to see this significant development made permanent, as part of any and all Multnomah County racial data analysis. It is insufficient to produce reports using the Asian Pacific Islander (API) racial grouping. We offer sincere thanks to the Board of Commissioners for investing in this addition. The Portland PI population has seen enormous growth in the last decade. This report comes at a crucial time, as many struggle to find stability while facing high rates of poverty, language barriers and exclusions from public assistance programs. While we support the conclusions found in this supplement, we would like to highlight the following considerations for future studies:

Further Examination of “Other” Identities

The 2010 Census provides disaggregate PI data, from which much of this report is based. However, the Census falls drastically short of providing state agencies with the tools they need to make visible these small, but growing populations. The Pacific Islander population is a complex weave of rich cultures, with varying histories and unique challenges. It is then no surprise to see the majority of those surveyed selected “other”, when offered such limited choice.

Aggregating less prevalent identities masks the inequities between them. For instance, the Chamorro people identify as indigenous to Guam and the Northern Marianas. Guamanians may be born in and reside in Guam, but they are not indigenous. The data combines these two populations with problematic results. This would be similar to surveying the health of Native Americans and including those who identify as “American”. While histories may vary, the inequalities experienced by indigenous populations are consistent when subjugated to colonialism. [1] More context is needed to ensure that policy makers, and practitioners, are equipped to make appropriate decisions and guard against generalizations which may limit the effectiveness of new culturally-specific strategies.

Incorporate Residency Status Into Data Collecting Practices

Nationally, many PI residents face barriers to federal assistance programs such as TANF, SNAP, student loans and Medicaid due to residency status. This barrier is a result of Welfare Reform (PRWORA, 1996), which categorically excludes Legal Permanent Residents and those from Compact of Free Association (COFA) nations. Many states have chosen to extend public services to COFA residents; In Oregon, COFA are still excluded from Medicaid. COFA is a treaty between the United States and three PI nations: the Republic of Palau (ROP), Federated States of Micronesia (FSM) and Republic of the Marshall Islands (RMI). Held in trust by the United States after WWII, the U.S. agreed to “protect [these] inhabitants against the loss of their lands”. [2] Instead, the United States detonated the equivalent to 7,200 nuclear bombs on island atolls, incinerating upwards of 6 islands. [3] These three treaties allow COFA residents to legally live and work in the U.S. without a visa, commit the U.S. to administering annual aid to their nations and allow for the continued military occupation of their land, and waters, until 2066.

As a result of nuclear fallout, COFA populations are more likely to experience radiogenic diseases, have abnormally high rates of TB, obesity, diabetes and high-blood pressure. The most dominant identity in the FSM is Chuukese, one of the identities that compose “other” in this report. Similarly, the Marshallese (RMI) population has grown over 300% in the U.S. between 2000-2010; Oregon is home to the 5th largest COFA population in the nation, of which the Marshallese community is most dominant. [4] The Marshallese are not mentioned in this report.

LeftBank Building Suite 215 | 240 N Broadway Portland OR 97227



Asian Pacific American Network of Oregon

(971) 340-4861

info@apano.org

www.apano.org

  @apanonews

Provide Meaningful Community Access to Data Analysis & Program Development

There is a need for translated materials and a long-term plan for a more culturally competent administration of services. In order to tailor programs and services appropriately, measures need to be taken to ensure PI communities are fully engaged. We suggest the Multnomah County Health Department create a permanent, PI health equity staff position and invest in a community leadership program. These positions would serve as tools to resource a range of PI members to be directly engaged in data analysis and program development. The inequities facing PI residents demonstrate this need.

For example, there are high disparity ratios linked to indicators for which low-income services are currently available. Pacific Islanders go without 1st trimester prenatal care at a rate of 2.6 times their white peers. With low-income programs, such as OHP Plus and the Citizen Alien Waived Emergent Medical (CAWEM) Plus, which covers non-citizen prenatal care, there is a clear disconnect between access to services and those who are most in need of them.

External Considerations to Address Health Disparities

We suggest the Board of Commissioners develop the means to perform a robust, language-access audit across all county programs, with an eye toward language access for ethnic and cultural groups who have documented disparities as outlined in *The Asian and Pacific Islander Community in Multnomah County; An Unsettling Profile*. The Chuukese, Pohnpeian, Samoan and Tongan are priority PI communities identified in this profile.

To support the efforts of the Health Department, we propose the county invest in external programs, such as directly engaging PI residents by investing in civic leadership opportunities. We suggest the county leverage existing relationships held by community organizations, such as APANO, to act as liaisons and assist in the construction and facilitation of leadership training curriculums.

We believe the PI community to be larger than what current population studies report; we acknowledge the limitations of the supplement with regard to lack of community verified data. APANO supports HB 2522; currently before the Oregon Legislature, HB 2522 asks the OHA to conduct a health gap assessment of COFA residents. We believe this to be a much-needed start in order to fully examine the health disparities affecting the invisible populations within the PI community. We urge Multnomah County Commissioners to support this bill.

We appreciate the opportunity to comment throughout the process of the PI supplement. Please contact us if you have any questions or concerns.

With thanks,

Kristina Narayan, Policy Associate
Rev. Joseph Santos-Lyons, Executive Director

[1] Liu DM, Alameda CK. Social Determinants of Health for Native Hawaiian Children and Adolescents. *Hawaii Medical Journal* 2011;70(11 Suppl 2):9-14.

[2] Trusteeship Agreement for the Former Japanese Mandated Islands; Art. 6, July 18, 1947; 61 Stat. 3301, 8 U.N.T.S. 189.

[3] Pevec, Davor, "The Marshall Islands Nuclear Claims Tribunal: The Claims of the Enewatak People". March 10, 2008.

[4] APIAHF. "Medicaid Reinstatement for COFA Migrants: Fact Sheet", July 2014.