PACIFIC HEALTH GATHERING 2017

WORLD CAFÉ DISCUSSION RESULTS

University of Hawaii JABSOM & University of Arkansas for Medical Sciences
Honolulu, Hawaii
October 3-5, 2017
World Café

• Opportunity for community leaders, patients, providers, researchers, etc. to meet and get to know each other.

• Opportunity for conference participants to confirm and discuss the three Pacific Health Priorities.

• Priorities were selected based on results from 2016 Gathering.
Priorities

1. Diabetes Prevention
2. Pathways to Health Careers
3. Veterans Health
4. Pacific Islander Health
Diabetes PREVENTION

Health Literacy, Communication and Education
a. Best Practices: Word of mouth (avenue to dissemination)
b. Need: translated and culturally relevant materials; tailor CDC materials; dissemination and access to materials; centralize database (International Native PI Repository) for translated and “work in progress” materials; and health curriculum tailored for PI in schools
c. Ideas: Difficulty in communicating with PI can offer an opportunity to understand their values; work with the PI definition of health (use this definition to frame prevention messages); and move from disease messaging to health and wellness messaging

Different cultures (not just ethnic/racial culture)
a. Culture of collaboration: health programs (Oral Health, TB, etc.); groups of people (artists, faith leaders, etc.); and generations (elders, working adults, young adults, youth, children, etc.)
b. Economic status (ex.” Middle class can’t afford to be healthy”)
c. Geo-political: beyond the US Pacific – ex. French Polynesia also have issues with diabetes and diabetes prevention.
Diabetes PREVENTION

Ways of thinking
a. Values: Understanding the “WHY” will affect change
b. Attitude: diabetes is “normal”; disdain; and problem is too big
c. Cultural identity: need to link with healthier behaviors
d. Health Focus: what happened in the past and needed outcomes (future) but not managing current stresses and situations

Research
a. Holistic approach (not just diet and exercise)
b. Helicopter studies don’t affect lasting change because healthy lifestyle are not incorporated into the everyday living of PI
c. Do research that benefits the people NOT just for the sake of science
d. Policy Research: Taxes (sugar, sin, etc.); Regulation on imported food/drinks, etc.
Diabetes PREVENTION

Collective Work

a. Advocacy: Educating elected officials on prevention; Continuous conversation with elected officials and change agents; and Structural Changes informed by evidence/best practices.

b. Networks of champions: focus on 1 or 2 priorities around research, policy change, information dissemination, etc.

c. Environment: Work with communities to identify root causes of negative health outcomes

d. Training our own people to be part of the workforce

e. Promote our HEALTHY traditions and use them in innovative ways!
Veterans Health

Needs

a. Understanding what benefit is available for veterans and active duty
   • Information and education on pathways to US citizenship
b. Accessing health benefits and services
   • ex. PTSD services
   • VA clinic availability for COFA migrants (Pay their own way to VA clinic)
c. Accurate count of PI veterans for planning and advocacy purposes
d. Information Sharing
e. Upper-level voices from Pacificans
Veterans Health

Ideas!

a. Organize veterans at the local level
b. Create a group (national level) with representation from the local level to look at Pacifican veterans issues.
   • This group can also facilitate community inputs and information; dissemination of information
   • Collaborate with HHS and DOD
c. Plan for outreach (including citizenship clinics), lobbying, etc.
d. Partnerships: Community Health Centers, Veteran Service Academies, SAMHSA, etc.
Pathway to Health

Need

a. More PI students going into health careers
b. Program to encourage students to continue to college (undergraduate and graduate studies)
   • Ex. Pasefika Passion Pipeline (Hawaii) to transition from HS to college
   • Need programs to transition from college to graduate studies AND college to career

Barriers

a. Family obligations (students taking off from school to fulfill family obligations)
b. Tuition and Financial Aids
c. Documentation (prove citizenship)
d. Preparation (math and science)
Pathway to Health

Moving forward!

a. Improve Support system: Family support, good counselors, community support, etc.

b. Set up a mentoring program or system for HS, college and early career: encourage, support, guide, etc.

c. Tutoring programs: High School and College (undergraduate and graduate)

d. Pipeline Programs tailored for Pacific Islanders
Pacific Islander Health

Needs
a. Local centers to help PI with socio-economic needs
b. Community and Families to be passionate about their health
c. Medicaid: involvement of PI elderly and low income
d. Health Funding allocation
e. Address Social Determinants of Health

Barriers
a. Funding (barrier between funder and community)
b. Equitable access: clinical and education
c. Low numbers of PI in health workforce and leadership positions
d. Cultural Competency (all sides and levels)
e. Understanding of what is threatening our health (including nuclear war, climate change, etc.)
f. Discrimination and Racism
Pacific Islander Health

Ideas!

a. Educate ourselves and others on different PI subgroup and diversity among groups
b. PI engagement in developing Policies and Laws that dictates health
c. Advocate for cultural approaches
d. Community Mobilization – need a MOVEMENT or multiple movements
e. Work with government agencies to bridge the gap
f. More GATHERINGS to “update and adapt”
Moving Forward…

- Frame the agenda for the **2018 Gathering – Salt Lake City, Utah**
- World Café 2018 at the Gathering
- Forming work groups and joining existing work groups.
- Open to ideas…