Abstracts from the Pacific Global Health Conference (PGHC)

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Introduction

Theme: “Linking our Past, Building our Future”

Major Conference Objectives:

- Increase the knowledge and skills of public health practitioners working in and serving Hawaii and other Pacific Island nations
- Increase participants’ knowledge and utilization of evidence-based public health programs that are culturally relevant and appropriate for Pacific Island populations and environments
- Increase knowledge about the forces of globalization and how this phenomena impacts the health of people living in Hawaii and other Pacific Island nations and territories
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- Increase information exchange through both structured dialogue sessions and informal networking opportunities for participants
- Increase awareness of training programs and opportunities for public health workforce development

Conference Outcome:

Over 500 participants attended the 2005 Pacific Global Health Conference. This unprecedented turnout makes it the largest U.S.-based conference focused specifically on health issues of critical importance to Pacific Island environments. Through our partner sponsorships the conference planning committee was able to provide over 100 registration scholarships to health professionals from countries and territories outside of Hawaii, as well as for the Hawaiian Islands outside of Oahu. The PGHC was also planned to coincide with other regional meetings and conferences, which provided greater opportunities for participation and networking among health professionals from around the region. A two day pre-conference workshop on Evidence-based Public Health was also offered for chronic disease program managers working in the U.S.-related Pacific Island jurisdictions.

The conference program included over 90 plenary, panel and oral presentations. The 2005 PGHC also offered CE credits for the first time through collaboration with the American Public Health Association’s Continuing Professional Education Unit. This report provides a complete listing of the conference presentations, along with complete abstracts, abstract authors, and links to PowerPoint presentations that were made available to the planning committee.

KEYNOTE ADDRESS: Public Health for the 21st Century
Patricia Meil, President-Elect, American Public Health Association

Presentation Title: Evidence-based public health: putting science into practice
Abstract Authors: R. Brownson, E. Baker, T. Leet, K. Gillespie, Saint Louis University School of Public Health, St. Louis, Missouri
Abstract Text: Issues: Developing effective programs and policies in chronic disease prevention requires specific skills, including the application of principles of scientific reasoning and systematic use of data and information systems. Description: Recognizing the importance of cultivating a more systematic approach to the practice of public health, the Saint Louis University Prevention Research Center has developed a training course to increase the capacity of public health practitioners to find and use existing information and assessment tools in their daily work. Evidence-based public health is a process
that engages key stakeholders in “the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning, including systematic uses of data and information systems and appropriate use of behavior science theory and program planning models.”

*Lessons learned:* Course evaluations completed by course participants from 2001-04 have shown very high levels of satisfaction with the course and with the instructors. Nearly all participants (94%) have said that they expect to use their new skills in their daily work. Several universities and state health departments have initiated similar training courses for their personnel, indicating a recognized need for such courses. *Recommendations:* To effectively deliver evidence-based programs, new and better training models are needed—this course represents one such model. We now need to understand how to best disseminate these evidence-based approaches with a focus on the unique needs of the Pacific region.

**Presentation Title:** AHEC training in the Pacific

**Dr Denver G., et al**

**Abstract Text:** *Issues:* To meet the need for more primary care and public health providers in the Pacific, six countries have collaborated to develop training programs in Micronesia. *Description:* In 2001, the Republic of Palau Ministry of Health, Palau Community College collaborated with the University of Hawaii, University of Auckland Faculty of Medicine and the Fiji School of Medicine, School of Public Health & Primary Care to develop the Palau Area Health Education Center (AHEC) to provide public health and primary care training for health care workers. *Lessons learned:* Since its inception, the Palau AHEC has coordinated 37 postgraduate and undergraduate courses in Public Health for 139 physicians, nurses, health administrators, and environmental health workers in Palau, Yap State, and the Republic of the Marshall Islands. The most effective training methods turned out to be initial face to face training followed by distance learning. One outcome of the training program is that the Palau AHEC students collaborated with the Palau Ministry of Health to plan and implement a comprehensive community health survey of all 4,376 households in Palau to assess health indicators. Other partnership activities have expanded bioemergency training, pharmacy training and continuing education in the region. *Recommendations:* Lessons learned at the Palau AHEC have been utilized to expand AHEC programs to Yap State and the Commonwealth of the Northern Mariana Islands to address primary care and public health training needs using local resources, regional colleges and portable programs for educating health professionals.

**Public health in medical education: an oxymoron?**

**Pacific pair**

**Author:** S. A. Finau, Professor of Public Health, School of Public Health and Primary Care, Fiji School of Medicine, Suva, Fiji

**Abstract Text:** *Issues:* Teaching Public Health at a School for doctors is an oxymoron. A cursory look at the organizational cultural and profile of two schools for doctors will expose the contradiction of public health education versus medical training. *Description:* This paper will examine staffing, course distribution, course content and student assessment at the Auckland and Fiji School of Medicine. *Lessons Learned:* If the priority health needs of the Pacific communities are recognized and politically accepted, the configuration of medical schools should be much more different than the existing model. Subsequently health resources for human development, including those for medical education, would favor public health education. *Recommendations:* The recent experiences at Auckland and Fiji are used as case-in points to illustrate and discuss the oxymoronic situation. The analysis will identify strategies for public health to claim its rightful place in resolving health challenges of Pacificans, pacifically.

**Strengthening management training capacity in the Pacific**

**Authors:** M. Malison, L. Duenas, and M. Pangelinan, Office of Global Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

**Abstract Text:** *Issues:* The shortage of management skills among health professionals in the Pacific Islands is an important barrier to the effective and efficient delivery of health services. *Description:* CDC's Sustainable Management Development Program (SMDP) and the University of Guam (UoG) have established a regional public health management training program called Health Leaders Achieving Todays-Tomorrows Excellence (HLATTE). Through HLATTE, UoG is providing management skills to public health personnel throughout the Western Pacific. UoG faculty are trained by SMDP in Atlanta, and then assisted in teaching others on Guam and other islands in themes such as planning, priority setting, problem-solving, and team building. Local workshop participants are required to complete applied learning projects that address real management problems in the workplace, reinforce classroom learning, and demonstrate tangible impact of the training. *Lessons Learned:* To date, four cohorts of health personnel have been trained—three on Guam and one in the Northern Mariana Islands. Projects completed have addressed reducing waiting time in clinics, improving medication compliance among diabetics.
reducing the prevalence of TB among immigrant workers, and improving immunization rates among children. Through HLATTE, UC2 has demonstrated its capacity to serve as a regional training resource. Recommendations: UC2 needs to expand its marketing efforts to other islands and develop a business plan and strategy for how HLATTE will become self-sufficient after CDC funding ends.

The public health certificate in MCH leadership
Authors: G. Baruffi*, C. Hardy*, C. Waslien*, S. Uyehara**, D. Krupitsky*; *John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii; **Women and Children (WIC) Program, Hawaii State Department of Health, Honolulu, Hawaii

Abstract Text: Issues: Obesity in the U.S. has become an epidemic. Fifty percent women 25-55 years of age are overweight or obese. Excessive weight gain during pregnancy is a likely contributor to obesity in women. African-American women retain more of excessive prenatal weight gain than Caucasians or Hispanics. Little is known of prenatally excessive weight gain and retention in Asian and Pacific Island (API) women. Description: To study pregnancy weight gain and retention in a racially mixed, predominantly API population, records for first postpartum (PP) visit of 5,863 women attending the Hawaii WIC Program for 1997-1998 were examined. Weight gain during pregnancy was self-reported. WIC staff measured weight and height PP. Lessons learned: By six months PP women had retained on the average more than 9 pounds of weight gained during pregnancy. Asian and Filipino women reported the lowest mean pregnancy weight gain (29.1 lb and 30.0 lb respectively) and the lowest PP weight retention (9.6 lb and 11.0 lb respectively). Samoans and Hawaiians reported the largest weight gain (37.3 lb and 34.1 lb respectively) and PP weight retention (17.5 lb and 12.3 lb respectively). After adjusting for pre-pregnancy BMI, weight gain during pregnancy, PP days, and age, Black and Hawaiian women did not differ from Caucasians in weight retention. All other ethnic groups retained more and Samoans retained the most. Recommendations: In this sample of API women there was almost 2/3 PP weight retention for each pound of weight gained during pregnancy. These findings will be useful for developing culturally sensitive counseling to promote appropriate weight gain during pregnancy and PP weight loss.

Garnering political will, finding champions, and establishing local infrastructure and capacity are critical.

Developing a burden of disease from tobacco report for Fiji
Author: H. Stanton, Public Health Programme, Secretariat of the Pacific Community, Noumea, New Caledonia

Abstract Text: Issue: From 2003-2004 the Secretariat of the Pacific Community worked in collaboration with the University of Queensland, the Fiji School of Medicine and the Ministry of Health Fiji to produce a report on the burden of disease caused by tobacco. Description: Using the best available national health care and demographic data, researchers at the University of Queensland used the WHO methodology for determining the burden of disease. Lessons learned: The report provides data on both morbidity and disability adjusted life years (DALY's) for the year 2000. This is the first occasion on which the burden of disease calculations have been made for a low middle income country in the Pacific. Recommendations: The presentation will recommend greater collaboration between countries and agencies on the development of burden of disease data, and seek to apply it to a range of non-communicable disease areas for the Pacific islands.
Building organizational capacity to evaluate tobacco prevention and control programs

Authors: T. Wong, M. Casey. Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract Text: Issues: There is a need for project managers and evaluation consultants to jointly implement a program evaluation plan. This collaborative effort will build the organization’s capacity to evaluate its performance. This presentation will elaborate on the failures and successes achieved in building the evaluation capacities of organizations involved in tobacco prevention and control. Descriptions: In 2001, Hawaii’s master tobacco settlement made provisions to fund tobacco cessation and prevention programs. This created an opportunity for organizations to submit grant proposals and improve public access to tobacco control programs. The Hawaii Outcomes Institute received a contract to assist the community grantees in evaluation design, outcomes development, and data management and analysis. Lessons Learned: This involves the importance of organizational assessment in defining evaluation capacities of each grantee, including the examination of the grantee’s evaluation approach and data management procedures, as well as the collaboration between the evaluator, data analyst, and project manager. Recommendation: To build internal evaluation capacity, the evaluation consultant and project manager requires program knowledge and planning skills. There is a need for joint project management and evaluation training. This will give greater appreciation for the divergent roles and skillsets possessed by the evaluator and project manager.

Recommendations: The best method to enhance the shipping process is to better train and update lab workers performing the shipping exercises.

Overview of regional laboratory activities

Author: V. Uluiviti, Pacific Islands Health Officers Association, Regional Public Health Laboratory, Guam Department of Public Health & Social Services, Mangilao Guam

Abstract text: Issues: Providing core public health laboratory services for outbreak-prone diseases for the level 1 (hospital) laboratories in the US-affiliated Pacific Islands (USAPI) was an initiative that involved the setting up of a laboratory network between the USAPI laboratories and level 2 laboratories (public health laboratories) in Guam, Hawaii and California, as well as level 3 (reference) laboratories in Australia and New Caledonia. This initiative also highlighted the importance of safe and effective shipping practices to and from the USAPI laboratories. Description: Subsequent to the 2000 LabNet initiative of the Pacific Public Health Surveillance Network (PPHSN), the Pacific Islands Health Officers Association (PIHOA) board of directors in 2003, endorsed the initiative of ensuring the availability of core public health laboratory services to all USAPI which includes American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Palau, Federated States of Micronesia and the Republic of Marshall Islands. This resulted in the implementation of regional laboratory activities funded by PIHOA in 2004. A few highlights of these activities were the setting up of the Guam Public Health Laboratory as the level 2 laboratory for the USAPI, the hiring of the new regional laboratory coordinator based in Guam and the first ever USAPI LabNet meeting held in Guam in February 2005. Lessons learned: The L1 to L2 testing at the Guam Public Health Laboratory is in progress with standard protocols and procedures now in place to effectively facilitate the process. All USAPI laboratories have trained and certified shippers for infectious and diagnostic specimens and re-certification training are held every 2 years. The PIHOA Reimbursable fund can be accessed by the USAPI laboratories in case of emergencies for shipping, purchase of test kits or services for the specified target diseases namely dengue, influenza, leptospira, measles, rubella, HIV, gonorrhea, chlamydia, typhoid, cholera and tuberculosis. Recommendations: To continue to provide technical support, advice, training and available resources to USAPI so as to help contribute to effective regional public health laboratory services to the northern Pacific region. The continuation and consistency of providing shipping training to USAPI laboratory professionals is essential in ensuring safe and timely shipping of specimens from the L1 to L2/L3 laboratories.

Development of biological shipping training modules and reference tools for the U.S.-affiliated Pacific Islands

Authors: S. Vindigni, S. Banerji, K. McCall, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract Text: Issues: Shipping biological specimens from Pacific Island labs is a process with many details and steps. Adherence to the correct procedures is essential to maintain public health programs. Description: The authors developed 4 products, each serving a different purpose but aiming to make the shipping process clearer while strengthening public health programs. In addition to a text copy, a printed flowchart, displaying the procedural steps, has been designed as a wall poster for display in the lab. CD-ROM-based training has been developed covering procedures using objectives, scenarios and self-checks. Reference tools are available on the same CD-ROM allowing users to easily locate and print information. The modules and reference tools present the shipping process in a clear and concise, yet comprehensive
manner that provides the most benefit. Lessons learned: An evaluation tool for these products was developed to assess the needs of the U.S.-affiliated Pacific Island countries. The authors feel that with the development of these products, important information is now provided in a way promoting adherence. With some modification, these products can be applied to all regions of the world involved in shipping. Recommendations: The best method to enhance the shipping process is to better train and update lab workers performing the shipping exercises. Therefore, the best recommendation would be continued promotion of these products to the target population in collaboration with technical support.

Laboratory-based salmonella surveillance in Fiji: a model for food borne disease surveillance in Pacific Island countries


Abstract Text: Issues: Most Pacific Island Countries do not perform laboratory-based foodborne disease surveillance. To enhance foodborne disease surveillance in Fiji, the Salmonella Surveillance Project (SSP) was developed. Description: The SSP conducts laboratory-based surveillance of non-typhoid Salmonella infections through Divisional laboratories. Partners include epidemiologists, microbiologists and environmental health personnel from the Fiji Ministry of Health, Fiji School of Medicine, World Health Organization, and Centers for Disease Control and Prevention. To facilitate reporting, standardized case report forms are used. Non-typhoid Salmonella isolates are forwarded to a central laboratory for serotyping and susceptibility testing. Lessons learned: In 2004, forty-two non-typhoid Salmonella infections were reported. Challenges included a dispersed population, minimal infrastructure, and limited resources for centralized laboratory-based surveillance. The SSP used international partnerships to successfully implement laboratory-based surveillance. Recommendations: Continuation of the SSP in Fiji is essential to describe the burden of salmonellosis, detect outbreaks, and conduct epidemiology studies. The authors recommend that Pacific Island Countries consider similar partnerships to implement laboratory-based foodborne disease surveillance.

Tuberculosis control program development in the U.S.-affiliated Pacific jurisdictions

Authors: A. Helder, S. Banerji, Z. Taylor, Division of TB Elimination, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract Text: Issues: Significantly higher rates of TB in this region than compared with closest US state (Hawaii) and US mainland coupled with geographical and resource access challenges creates an environment which is not found anywhere in the US mainland. Description: Through intensive on-site technical assistance along with continuous remote assistance from Atlanta, the authors have been able to improve the delivery of core TB control services for the US Pacific health jurisdictions.

Lessons learned: Commitment of resources, coordination with several partners, and the collaboration and support of local staff has enabled capacity development in key areas of TB program development of the US Pacific health jurisdictions. Recommendations: CDC will continue to build on successes and utilize this approach as a model to replicate in other U.S. Pacific health jurisdictions.

Tuberculosis resistance pattern in the CNMI – Past, Present and Future

Authors: R. Brostrom, P. Untalan, J. Hofschneider; Division of Public Health, Saipan, Northern Mariana Islands

Abstract text: Resistant isolates of tuberculosis (TB) have increased dramatically in the mainland U.S. and across the world. Both clinical and public health efforts are greatly increased when resistant isolates are found. In the last 5 years, CNMI has diagnosed and treated more than 120 culture positive cases, and many of these have been found to be resistant to one or more commonly used TB medications. Three cases of MDR-TB have been diagnosed and treated. This presentation evaluates the results of susceptibility testing for all available cases in the CNMI. This presentation includes susceptibility patterns for the four major categories of populations in the CNMI: TB from CNMI Chamorros and Carolinians, TB from Filipino contract workers in the CNMI, TB from Chinese contract workers in the CNMI, and TB from other Pacific Islanders in the CNMI. The results are viewed in a longitudinal fashion, allowing for analysis of potential trends in susceptibility of TB isolates. Future study will include an evaluation of the effectiveness of therapy in cases where the resistance pattern is unknown or unavailable.

Tuberculosis in Hawaii, 2003

Authors: J.S. Wing*, D.T. Thai**, S. Jacobson**; *U.S. Centers for Disease Control and Prevention, Atlanta, Georgia; **TB Control Program, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: Background: Hawaii’s tuberculosis...
An introduction to CDC’s WISEWOMAN program, a culturally tailored intervention program aimed at reducing cardiovascular disease risk among low-income women


Abstract text: Issues: This presentation provides an overview of the WISEWOMAN program, including a description of its culturally adapted interventions and their impact on participants. Description: WISEWOMAN is a CDC-funded program that provides low-income uninsured women aged 40-64 years with chronic disease risk factor screenings, lifestyle interventions, and referral services in an effort to prevent coronary heart disease (CHD) and improve health. The program serves a diverse population of white and minority women, including African Americans, Hispanics, American Indians, and Alaska Natives. Interventions are tailored to participants’ economic limitations, reading level, and cultural influences. Lessons learned: By providing culturally appropriate lifestyle interventions, WISEWOMAN presents a cost-effective strategy for improving cardiovascular health of at-risk low-income women. Our estimates indicate that the program significantly reduces systolic and diastolic blood pressure, total cholesterol, and 10-year risk of CHD and extends life at a cost of $4,000 per life year gained. Recommendations: A program, such as WISEWOMAN, that incorporates multifaceted culturally appropriate interventions should be considered as a cost-effective approach to reducing CHD risk among low-income women of diverse backgrounds.

Key lessons have included the importance of empowerment through the provision of defragmentated services and programming and meeting the linguistic and cultural needs of all clients

A model for providing care: Community Center of Excellence in Women’s Health

Author: Z. Broos-Saunders, M. Hla, Kokua Kalihi Valley Comprehensive Family Services, Honolulu Hawaii

Abstract text: Issues: The National Community Center of Excellence in Women’s Health Program strives to address the problem of fragmentation in traditional women’s health services in a multicultural environment through providing comprehensive, seamless care to women across their life span and strengthening linkages between health and social service agencies. Description: The Community Center of Excellence in Women’s Health model combines coordinated clinical care, public education and outreach, disease prevention, research and technical assistance to provide comprehensive defragmented health care for women. Kokua Kalihi Valley was designated a Community
Center of Excellence in 2002, providing culturally appropriate services to the women of Kalihi Valley through implementation of the national program model. Lessons Learned: Through implementation, while also considering their age and degree of acculturation when providing services or designing programming. Recommendations: Kokua Kalihi Valley aims to build a sustainable program where select components are permanently integrated within all areas of service and to remain a technical resource for other organizations in the provision of comprehensive and holistic health services.

Disability status of U.S. Pacific Islanders: Census 2000
Author: S. Panapasa, University of Michigan
Abstract text: Issues: Pacific Islander populations in the US have been identified as suffering from some of the highest health problems in the country. Concerns over obesity, poverty, teenage pregnancy and related issues have been cited but largely unstudied due to a lack of information regarding these groups. These critical gaps in understanding the well-being of NHPIs across the life course have impaired our ability to understand the well-being of this subpopulation and develop relevant programs and policies to better serve their unmet health needs. Description: Using the newly released disability data from 2000 US Census Public Use Microsamples (PUMS) this paper examines the association of select demographic, socioeconomic and household information for NHPIs with disability. The objective of this study is to better understand the limitations and living conditions of disabled NHPI and provide baseline information on their disability status. The results of the project will be used to measure healthy expectancy and inform future research on disability among NHPI. Recommendations: It is recommended that with population aging the risk of disability and chronic illness will increase and much work is needed to better understand the social, economic and health costs on NHPI families and their communities, and whether the needs of the disabled are being met.

Building Infrastructure to improve end-of-life care - PANEL
Authors: K.L. Braun, A. Zir, H. Karel, Center on Aging, University of Hawaii, Honolulu, Hawaii
Abstract text: Issues: Most Americans want to die peacefully and pain-free at home. However, most Americans die in institutions, in pain, and without regard to their wishes. Description: Three EOL projects will be discussed: Kokua Mau Coalition. With funding from Robert Wood Johnson and others, Kokua Mau coalesced and activated community innovators. In 3 years, coalition membership grew to 350; 17,000 individuals attended educational events; policy changes were facilitated; and increases were seen in advance directive completion rates and hospice utilization. Today, members continue to develop and implement new programs to improve EOL care. ECHO – Enhancing Care for Hawaii Ohana. With funding from the Administration on Aging, the authors developed 5 booklets on EOL care. Testing with 600 caregivers suggests that the booklets are helpful in stimulating EOL planning, increasing understanding of the dying process, and comforting caregivers. ACORN – Appropriate Care for Residents of Nursing Homes. With funding from HMSA Foundation, the authors developed an 8-session, interactive, in-service curriculum for nursing home workers. Tested in 11 nursing homes, participants answered 85% of post-items correctly. They especially appreciated the opportunity to talk about their experiences and how to apply new knowledge. Lessons learned: Although it will take years to affect comprehensive and sustained improvements to EOL care, community coalitions and educational programs can facilitate change on individual, organizational, and policy levels. Recommendations: More work is needed to train individuals, change organizations, and affect policy in ways that will improve EOL care.

While some may experience ‘diminished responsibility’ through physical and mental illness some people are living alone in impoverished and isolated conditions

Bring me beyond vulnerability: elderly care of Maori, by Maori
Author: M. Kepa, P. Reynolds, R. Walker, Pae o te Maramatanga/The National Institute of Research Excellence for Maori Development and Advancement, University of Auckland, New Zealand.
Abstract Text: Recently, two Indigenous Maori health organizations in the Gisborne region of New Zealand told stories of the “vulnerability” of elderly Maori people. One person expressed concern about a man dying in his own home unbeknown to his family and the agency. This is shocking to even hardened Maori social workers. Care of the elderly is seen as a highly important cultural value, and most tribes view their small populations of elderly men and women as important cultural resources and sources of wisdom, cultural continuity and hope. The provider indicated that social isolation is a growing problem amongst Maori. If a community cannot care for its most vulnerable members then the community has arguably lost the capacity and capability to care for itself. Description: This project focuses on “vulnerable” elderly Maori. The term “vulnerable” is conceptualized broadly as including elderly Maori who can no longer care for themselves. Lessons Learned: While some may experience ‘diminished responsibility’ through physical and mental illness some people are
living alone in impoverished and isolated conditions, often too proud to succumb to being cared for, some may be already institutionalized, even on a day-care basis. Others are living with a son or daughter but have lost their economic independence and ability to interact with others outside their immediate family.

Health Aging Project partnership
Abstract Authors: T. Tom*, L. Pang**, Hawaii State Executive Office on Aging, Honolulu, Hawaii; Maui District Health Office, Hawaii State Department of Health, Kahului, Maui
Abstract text: Though Hawaii's older adults are blessed with longevity, there are a growing number and percentage who do not pursue the benefits of healthy lifestyle practices such as physical activity and good nutrition. The result of this trend is increases in chronic conditions, leading to rising healthcare costs for both individuals and the government. Improving the health status of Hawaii's kupuna is a shared responsibility. Description: The Healthy Aging Project is a partnership aimed at improving the health status of kupuna through evidence-based programming at the community level. The partners acknowledge that in order to ensure long-term sustainability this venture must be community driven and owned, inclusive, built upon existing assets. The partnership is unique in that it offers a supportive environment for evidence-based research, is inter-agency, and does not have a monetary resource base. Lessons Learned: Local communities need the “tools” to successfully design, implement, and evaluate health promotion programs. Identifying professional development needs towards this goal and offering trainings in communities is essential to ensuring a sustained partnership. The community must be involved every step of the way. They play an essential role in developing successful health promotion programs. Recommendations: Continue to offer “tools” to level the playing field in geographical communities. Continue to encourage and lend support to outcomes development and measurement be focused on when evaluating success of programs. Include the community in program design and evaluation.

Abstract text: Issues: Few states have produced a comprehensive report on how well they are doing in addressing violence prevention. This report serves as a foundation for strengthening prevention efforts in Hawaii, using the framework of the World Health Organization's (WHO) World Report on Violence and Health. Description: The Hawaii report covers statewide data on: 1) rates of violence, and 2) violence prevention policies and programs. The statistics show that, compared to the nation, Hawaii has low rates of reported violence except for suicides, suicide attempts by youth and reports of youth feeling unsafe to go to school. The analysis reflects how well Hawaii measures up to each of the WHO recommendations. Example are provided to illustrate Hawaii's current status in violence prevention and "next steps" for policy-makers, researchers, and practitioners. Lessons Learned: The original intent was to develop a violence prevention report card for Hawaii. After two years of data and information gathering, it was determined that there few evidence-based policies and interventions in addition to insufficient data and information to grade how Hawaii is doing in addressing the primary prevention of violence. Many of the data sources that are used to describe violence are not reliable and often misleading. Reliable data needs to be provided as a basis for sound research and effective interventions. Recommendations: The information and findings in the report are intended to be disseminated and discussed widely to increase knowledge and understanding of the problem of violence, using a common framework to address what needs to be done to prevent it.

Preventing youth violence among Filipino, Hawaiian, and Samoan Youth – PANEL
Authors: S. Nishimura, E. Wegner, O. Garcia-Santiago P. Fiaui, D. Mayeda, University of Hawaii, Honolulu, Hawaii
Abstract text: Issue: Youth violence prevention research and community mobilization in Hawaii. Description: Youth violence has become a public health issue of growing significance over the past decade. As part of the 2000 Centers for Disease Control & Prevention’s nationwide youth violence prevention initiative, the University of Hawaii Department of Psychiatry established the Asian/Pacific Islander Youth Violence Prevention Center. The aims of the Asian/ Pacific Islander Youth Violence Prevention Center include conducting risk and protective factor research on youth violence prevention; assisting community-based organizations and residents in community mobilization efforts to reduce and prevent youth violence; and

Next steps to be taken in this research endeavor include focus on one Hawaii community to further address interpersonal youth violence prevention, using more extensive community partnerships.
disseminating research findings on youth violence prevention. Lessons Learned: How participatory research can be utilized to engage Asian and Pacific Islander communities in efforts to prevent interpersonal youth violence. Recommendations: Next steps to be taken in this research endeavor include focus on one Hawaii community to further address interpersonal youth violence prevention, using more extensive community partnerships to develop the research-mobilization plan.

CROSSROADS – AN ANTI-TOBACCO PLAY FOR YOUTH
Sponsored by the Hawaii Tobacco Prevention and Control Trust Fund of the Hawaii Community Foundation

Description:
Crossroads, a new anti-tobacco play for youth, made its successful debut in December 2004 and has now been seen by almost five hundred middle school students, in grades ranging from six to eight, at five separate public and private schools across the island of Oahu. Crossroads is the touching story about a young boy growing up in Hawaii who must decide whether or not to try his first cigarette. Throughout the play, he is influenced by the people around him, including his family and best friend, about which path to take. The drama deals with peer pressure, family, friends, and the difficulties we all face when we find ourselves standing at a crossroads, about to make an important decision. Included within the drama are a couple of humorous audience-participation segments that engage and entertain as well as educate the audience about the dangers of smoking.

Dramatic presentations of this nature are a very effective way of health education messages, and programs across Hawaii and the Pacific have successfully implemented a number of health theater interventions. While many anti-tobacco presentations within the schools present just the facts and statistics, Crossroads reaches students by showing what happens to real and everyday people who face choices about using tobacco on a regular basis. Students relate to the characters and situations, and recognize themselves and other children they know as they face similar struggles.

Along with the theatrical drama, a multimedia element is included within the production. Images and information appear on a screen throughout various points in the drama, supplementing the onstage on-stage drama and enhancing the experience of watching the show. This has worked very well with students who might be disinclined engage in a live theatrical performance. It is an exciting way to incorporate a television and movie-going experience into a live-action production.

Interesting and likeable characters are brought to life by a talented cast of veteran stage performers, who pull the audience into the story and keep them riveted up until the final bows. At the 2002 Global Public Health Conference, Kalihi-Palama Health Center presented its STD and pregnancy prevention play It Can Happen to You to conference attendees. The opportunity to present this new health drama to health professionals from across the Pacific at the 2006 Pacific Global Health Conference would be a privilege and an honor. Crossroads runs for approximately an hour, and is produced by the Kalihi-Palama Health Center and The Cancer Information Service-Pacific. The cost of performing the play is approximately $1600, which covers the actors’ and director’s salaries for two rehearsals and one performance. Please call the director, For more information please contact Karen Loebi, Kalihi-Palama Health Educator, at (808) 791-6324 or e-mail: kloebi@healthhawaii.org

Development, implementation and results of Hawaii health workforce needs assessments
Authors: Kelley Wilthy*, Lloyd Y. Asato**, Josh K. Hekekia***, R. Palama Lee***; *John A. Burns School of Medicine, University of Hawaii; **Office of Rural Health, Hawaii State Department of Health; ***Native Hawaiian Health Services Program of Papa Ola Lokahi, Honolulu, Hawaii

Abstract text: Issues: The health workforce needs within the state of Hawaii are not well defined, and are constantly changing. However the barriers to an adequate health workforce are relatively constant. Description: The Hawaii Department of Health/ Hawaii State Office of Rural Health, the Hawaii Primary Care Office, the Native Hawaiian Health Scholarship Program, and the Hawaii Area Health Education Center have partnered to develop an ongoing assessment tool to identify state health workforce needs. The survey is a living document developed with broad based input, and has been utilized twice via email and telephone surveys to give a picture of the needs in rural and underserved areas of Hawaii. Lessons Learned: Thirteen out of forty one agencies responded to the initial email and phone survey. Results indicate that the greatest need for health care professionals in Hawaii is for nurses, technicians, administrators and therapists. The most common barriers described by respondents include low salary, geographic isolation, lack of resources, high cost of living, and low moral. Suggestions for improvement of the situation as described by respondents will be discussed.
Recommendations: Low compliance rate limited the accuracy of the data, however methods to improve cooperation will be discussed. It is anticipated that support for the survey will grow and the results will be of immediate benefit in filling unfilled positions.

Shriners Hospitals tele-applications
Authors: C. Ono, J. Lindsey, Shriners Hospital, Honolulu, Hawaii
Abstract text: Issues: Access to specialty care is limited in the Pacific Basin. Traveling medical teams provide limited access. Patients otherwise must travel off-island. Description: The Shriners Hospital for Children in Hawaii is a philanthropic organization that provides free pediatric orthopaedic surgery and burn care. This hospital traditionally has an outreach team that travels on an annual or semi-annual basis to the Commonwealth of the Northern Mariana Islands, Guam, Palau, the Federated States of Micronesia, American Samoa, Samoa, Fiji, and the Marshall Islands. The team works collaboratively with the public health and primary care services of these areas in identifying children who require specialty services. Children are brought to Honolulu for surgical care and rehabilitation. The Shriners Hospital provides episodic specialty care and relies on the primary care providers or the local surgeons to provide interim care between the outreach visits. Lessons learned: In 1998 the Weinberg Foundation provided funding for a telemedicine program with real-time videoconferencing. The program has grown and now has regularly scheduled clinics with dedicated personnel and resources. Remote sites have gained increased access to specialty care. Coordination of care has improved. Educational opportunities have increased. The Shriners program is described as a prototypical real-time videoconferencing program. The authors describe their experience over the past 7 years. Technical issues have become less of a problem with equipment improvements and network maturation. Current challenges now relate to care provider comfort with relating to this new way of gaining access to specialty care.

Addressing oral health disparities of American Indian/Alaska Native children: developing and deploying a new member of the dental team – a pediatric oral health therapist
Author: D.A. Nash*, W. R. Willard*, R. Nagel**; *Division of Pediatric Dentistry, College of Dentistry, University of Kentucky; **Alaska Native Tribal Health Consortium, Division of Community Health Services, Anchorage, Alaska
1. Abstract text: Issues: American Indian and Alaska Native children are disproportionately affected by oral disease in comparison to the general population of American children. Additionally, they have limited access to professional oral health care. The Indian Health Service (IHS) and American Indian/Alaska Native (AI/AN) Tribal leaders face a significant problem in ensuring care for the oral health of these children. Description: This paper discusses the development and deployment of a new allied oral health professional, a pediatric oral health therapist. Lessons learned: Such a practitioner can effectively extend the ability of dentists to provide for children not receiving care, and to help the address the significant oral health disparities existing in AI/AN children. The IHS has a distinguished history of training allied health professionals to provide care. As a consequence, the Service is uniquely positioned to undertake, in cooperation with the Tribal leadership, the development and deployment of pediatric oral health therapists. Public health competencies: a model for public health workforce development
Authors: C. A. Sorensen, E.W. Prince, Hawaii State Department of Health, Honolulu, Hawaii
Abstract text: Issue: Only 20 percent of the nation’s estimated 500,000 public health professionals have the formal education and training needed to effectively perform assigned tasks and respond to public health threats. The Healthy People 2010 initiative calls for increasing “...the number of state and local health agencies that provide continuing education and training to their employees to improve performance of the essential public health services.” Description: The Council on Linkages between Academia and Public Health Practice identified 68 public health core competencies that have their foundation in the essential public health services framework. The competencies translate into methodologies that improve performance enabling skills, knowledge, behaviors and attitudes of public health workers; with a focus on job tasks and measurable outcomes rather than general knowledge. The Hawaii State Dept. of Health’s Informatics Project used these competencies to assess the job skill needs of the current workforce through the identification of deficient analytical skills, and to guide the development of public health skills-building interventions. Lessons learned: The Informatics Project found the public health competencies to be a constructive, practical, and useful model for providing continuing education to established health department workforces, particularly where limited access to training resources is an issue. Recommendations: Public health competencies...
will continue to be the foundation of the Hawaii Department of Health’s workforce development efforts.

Public health workforce development: the Hawaii State Department of Health data management training experience
Authors: O.V. Geling*, D. Bolen**, J. Maddock*, E.Prince***, C.A. Sorensen****; *Department of Public Health Sciences and Epidemiology, University of Hawaii, Honolulu, Hawaii; **Hawaii Outcomes Institute, Honolulu, Hawaii; ***Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: Issues: Many public health professionals lack adequate training in data use. Description: To enhance Hawaii’s public health workforce, Informatics Project Team at the Hawaii DOH initiated the Data Management Training program and partnered with the Hawaii Outcomes Institute and Department of Public Health Sciences and Epidemiology at the University of Hawaii to develop and implement the training curricula. Specific objectives were: develop curricula addressing core public health/informatics competencies; deliver training to Hawaii DOH public health staff; evaluate effectiveness of the training initiative in enhancing public health/informatics competencies and in improving work practices. Six modules were developed. Each module was offered six sessions. 129 staff, representing all DOH Divisions and Branches, attended at least one module; most attended multiple modules. Comprehensive evaluation demonstrated significant increases in knowledge and confidence to apply new skills. Lessons learned: The training proved to be an effective tool in enhancing core competencies of Hawaii’s public health workforce. Participants rated highly the overall effectiveness of the training and strongly recommended it be continued and expanded. Recommendations: Continue post-training evaluation to assess effectiveness of the training in changing job related practices. Conduct a broad needs assessment to define future training needs.

An important component of such an infrastructure is acquisition of scientific data

Assessing cessation needs and capacity in support of comprehensive tobacco control
Authors: H. Lee*, T. L. St. John**, D. Mitschke***, M. Reyes****, H. Robinett****, T. Tama***; **Cancer Research Center of Hawaii, University of Hawaii; **Tobacco Prevention & Control Program, Hawaii State Department of Health; National Cancer Institute’s Cancer Information Service, Pacific Region, Honolulu, Hawaii; ***Coalition for Tobacco Free Hawaii, Honolulu, Hawaii

Abstract text: Issues/Description: In support of comprehensive tobacco control planning and infrastructure development, HI tobacco control stakeholders are conducting an assessment to identify prioritize cessation needs across the state. The project includes a review of smoking prevalence/cessation data, and development of a survey instrument to gather standard information from treatment providers, including utilization rates, data collection systems, and training requirements. Policy related questions are to be presented to program administrators, and key informants will be polled regarding their perceived need for services tailored to diverse populations. In-person interviews begin 2/1, and results will be available by 4/30/05. Lessons learned: Approximately 58% of HI’s 165,100 adult smokers are interested in quitting. While overall interest in cessation assistance is lower compared to levels observed elsewhere, surveys indicate a preference for nicotine replacement therapy (43%), with few smokers interested in counseling or telephone helpline assistance. Key findings from the in-person interviews will also be presented. Recommendations: Needs assessment findings and recommendations will guide planners in their efforts to prioritize short to long term projects in support of a comprehensive tobacco control program. This project will contribute to the development of a more coordinated and well-integrated cessation system - one that incorporates HI’s new quit line. In addition, data generated from this assessment will help set direction for an integrated action plan to influence public health policies, culturally relevant program development, and resource allocation.

Tobacco treatment in a low-income Asian and Pacific Islander community
Authors: H-R Lee, M-S Kim, S-S Im & M Choe, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Despite improvements in the overall health of the general population over the past decade, there are significant health disparities across diverse populations. An important first step for developing health promotion programs is the documentation of the prevalence of health risk behaviors among the target population. Yet, there is no data on many minority populations due to the lack of adequate sample sizes in major national health surveys. This paper describes the process through which a large-scale health promotion needs assessment was conducted with Korean immigrant population in Hawaii. Description: Funded by the Master Settlement Agreement money, the Korean Health Promotion (KHealth) project aims to establish a minimum infrastructure for health promotion for Korean immigrants in Hawaii. As a first step, the KHealth project mobilized the Korean community and successfully completed a needs assessment to document the prevalence of health risk behaviors among Korean immigrants in Hawaii. Lessons learned: Data from the needs assessment established that Koreans in Hawaii
are at a greater risk compared to the national average in areas such as smoking, drinking, and access to health care. **Recommendations**: It is a challenge to address the health needs of a minority population due to limited resources and inadequate infrastructure. An important component of such an infrastructure is acquisition of scientific data. While there are many challenges to acquiring such data, the KHealth project demonstrates that it can be achieved through carefully planned community mobilization.

Integration of tobacco cessation intervention into perinatal care

Authors: M. Hla, J. Minder, P. Uehara, Kokua Kalihi Valley, Honolulu, Hawaii

**Abstract text**: Issues: Kokua Kalihi Valley (KKV) serves high risk, low-income Asian and Pacific Islander (API) women in the Kalihi Valley. Once 30% of women smoke when they enter for prenatal care, and many relapse during postpartum after quitting during pregnancy. KKV has integrated tobacco cessation into perinatal care in 1996 and expanded to WIC services in 2001. **Description**: Evidence based Guidelines for Smoking Cessation from the Agency for Health Care Policy and Research states that patient education, if provided routinely to smokers by trained health care providers, can significantly change smoking behavior. Based on this model KKV trained bicultural perinatal case managers, nutritionists and nutrition aides to provide brief tobacco cessation intervention as part of routine perinatal and WIC services. During the past three years, 245 pregnant women went through brief intervention. Sixty five women (26%) had already quit when they entered for care. Of 101 women who desired to quit, 20% quit during pregnancy. Thirteen percent (8/63) who quit during pregnancy were smoke-free throughout 6 months postpartum. **Lessons Learned**: Heavy tobacco users may need intensive counseling. However, referral to tobacco cessation support groups for counseling and support was not very successful. A high number of women are lost to follow up at 6 months postpartum. **Recommendations**: KKV plans to increase the intensity of tobacco cessation intervention by training the WIC nutritionists to become tobacco cessation specialists. Postpartum follow up system needs to be strengthened for relapse prevention. Referrals to comprehensive tobacco cessation including pharmacotherapy should be promoted especially for postpartum women. **Evaluating Guam's Great American Smokeout: a community partnership advocating smoke free policy**

Authors: R.L. Workman**, M. Liberator*, C.M. Balaadida**, A.M. David***, M.B. Ehler*, and L. Martinez**; University of Guam, Mangilao, Guam; **American Cancer Society, Guam Unit, Hagatna, Guam; ***Mental Health and Substance Abuse, PEACE Project, Hagatna, Guam

**Abstract text**: Issues: Adult smoking rates on Guam continue to increase (from 31.2 percent 2001 to 34.2 percent 2003). A Coalition For A Tobacco Free Guam initiated a dialogue on smoke free policy with island stakeholders. However, because Guam's economy is dependent on Asian tourism, many believe smoke free advocacy will be resisted by Asian-Pacific Islander customers and employees. **Description**: Pre-post data were collected from 91 employees in five businesses who joined the 2004 Great American Smokeout. 2 resort hotels, 2 restaurants and a newspaper. The restaurants went “smoke-free” for the day. Pre-smokeout data were collected from 76 customer groups, and 134 customer groups completed surveys on the smoke-free day. **Lessons Learned**: Support for smoke-free policy was high among all respondents. Two-thirds of smokers tried to stop. Restaurant data documented two-thirds of customer groups were made up of non-smokers regardless of smoke free policy. This finding, plus additional sales data from one restaurant suggested the one-day smoke-free trials had no impact on business. **Recommendations**: Tobacco prevention programs partnering with local businesses in Pacific Island states can conduct low cost evaluation studies as one way to initiate evidence-based dialogue among community stakeholders to find smoke free policy solutions good for business and health.

**The experience of Guam might help other island communities in developing their programs**

**Results from a Guam health professional survey: assessing knowledge, attitudes, and practices**

Authors: M. Ehler**, A. David***, T. Pacheco*, R. Workman*, C. Albright**, M. Liberator*; **University of Guam, Mangilao, Guam; ***Mental Health and Substance Abuse, PEACE Project, Hagatna, Guam; ****Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

**Abstract text**: Issues: The reported smoking rates on Guam were the highest of all states and jurisdictions in the United States, continuing an upward trend (31.2 in 2001 to 34.2 in 2003). Interested community members organized to collect reliable data that could guide reduction efforts. Data driven tobacco use reduction programs that fit within a comprehensive tobacco control strategy are most successful. **Description**: International agencies are developing a comprehensive tobacco surveillance system. Guam participates in some of these programs but lacks data on its health professionals. Numerous studies show that health care providers can have a pronounced impact on smoking reduction (see Asma et al., 2004). To remedy this data vacuum, the authors developed and surveyed
Guam-based health professionals to assess what Guam health professionals believe about tobacco use and what they do in practice. Recommendations: The authors anticipate using the results to guide activities to reduce the incidence of tobacco use on Guam. The experience of Guam might help other island communities in developing their programs.

How Kauai took on R.J. Reynolds to protect its island image

Authors: J Hunt, C Roessler, T Symons, Kauai District Health Office, and Tobacco Free Kauai, Lihue, Kauai

Abstract text: Issues: The R.J. Reynolds Company took Kauai's name and cultural icons to market their candy flavored cigarettes – Kauai Kolada. Description: When the July issue of Sports Illustrated hit the stands, the Tobacco-Free Kauai coalition began to receive calls from angry Kauai residents about an advertisement for Camel Kauai Kolada flavored cigarettes. A quick scramble to find a copy brought a wave of rage at seeing our good name, usually associated with a healthy, healing place, being used to market a product that kills. The ad also featured a "hula girl" image that was insulting to the Hawaiian culture. The Coalition brought the ad to our mayor's office, to our County Council office, and to the Kauai Visitors Bureau. Word was put out on Global Link asking for assistance. The state coalition was contacted. They brought to the table a media consultant, the Heart, Lung and Cancer societies, the Governor's Office, the Department of Health, and the grassroots community. The stage was set for a nationwide venting of outrage. Letters were sent by the mayor, council, visitor bureau and governor to the R.J. Reynolds company expressing outrage. The governor publicly called the ad "disgusting." The story was picked up by the Associated Press and it ran in over 50 papers across the country. The story was also used in the lobbying efforts to pass FDA regulation of the tobacco companies.

Lessons learned: The outrage of a tiny group on a tiny island in the middle of the Pacific ended a marketing campaign and brought the issue to the halls of Congress. Recommendations: Form your alliances and networks early so that you are able to respond quickly and effectively when the need arises.

Tobacco control through youth advocacy and empowerment: REAL efforts in Hawaii

Authors: N. Sutton, P. Haro Arvizu, K.B. Lunde, D. L. O' Riordan Cancer Research Center of Hawaii, University of Hawaii, Honolulu Hawaii

Abstract text: Issues: Anti-industry approaches to tobacco prevention are an effective alternative to typical approaches focusing on negative health consequences. Youth-led prevention and outreach are essential components of a comprehensive tobacco control program. Description: The purpose of the REAL movement is to expose the manipulative tactics used by the tobacco industry to target Hawaii's youth. This is accomplished through a range of youth-designed activities (e.g.: street marketing, advocacy events, trainings, rallies) for teens 13-19 years old. To evaluate REAL's efficacy a telephone survey was conducted.

Lessons learned: REAL members represent the cultural diversity within Hawaii. Almost 54% of the members joined within the last year because they believe in REAL's cause (96.3%) and want top make a difference (93.0%). Over 50% of the members identified to be somewhat to very active in the past year. Active members were more confident in there ability to advocate against tobacco within their community and purported stronger attitudes against the manipulative strategies of the tobacco industry. Although some members were smokers (5.6%), the prevalence was well below the state average.

Effective youth led programs such asREAL require dynamic and flexible leadership from adult facilitators

Reducing youth access to tobacco products: 10 years experience in Hawaii

Authors: A.D. Jarrette, D.L. O'Riordan, E. Wilson, K. Glanz, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Eighty-nine percent of adult smokers start before the age of 19. Limiting youth access to tobacco products is one strategy to reduce the number of smokers. The Synar amendment requires states to: 1) conduct inspections of retail outlets that sell tobacco products and 2) enforce state laws regarding the sale of tobacco products to minors. Description: The Cancer Research Center of Hawaii has worked with Hawaii State Department of Health and the county police departments, to monitor and reduce youth access to tobacco over the past 10 years. Annual Synar inspections are undertaken using a stratified (by county) systematic random sample of outlets. Youth volunteers (15-17 years of age) accompanied by project staff attempt to purchase cigarettes at retail outlets without identification. Since 1997, enforcement operations have been conducted using a similar protocol, but with undercover police or FDA inspectors. Volunteers have been required to use identification during surveillance operations since 2000. Lessons Learned: Hawaii has been successful in reducing noncompliance rates to one of the lowest in the nation, through enforcement, merchant education and community awareness. Noncompliance rates for the annual Synar inspections have decreased from 44.5% in 1996 to 5.2% in 2004. Sales rates during enforcement operations have decreased from 27% in 2000 to 15.8% in 2004. Recommendations: Future efforts should focus on licensure of outlets and removal of licenses for those vendors who sell to minors.
for this age group. REAL was identified by a large proportion of members (77.3%) as being instrumental in reducing personal tobacco use. Recommendations: Youth advocacy and empowerment models can work in culturally diverse communities. Effective youth led programs such as REAL require dynamic and flexible leadership from adult facilitators, while ongoing training and skill acquisition is essential component for youth.

Integration: comprehensive HIV prevention counseling

Authors: M. Santa Maria, B. White, H. Lusk, STD/AIDS Prevention Branch, Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: Issues: The Centers for Disease Control and Prevention are encouraging increased integration of services in HIV prevention programs. Clients of HIV counseling and testing benefit from having other issues addressed simultaneously including other sexually transmitted infections, viral hepatitis infections as well as prevention messages for people living with HIV and their partners. Description: The STD/AIDS Prevention Branch is using current resources to comprehensively integrate services through cross training of staff, adapting system processes and infrastructure, modifying job descriptions and contracts, and quality assurance. Lessons Learned: In many Pacific communities, including Hawaii, HIV services, viral hepatitis services, STD services and prevention for people living with HIV are often provided by the same staff. Training for integrated services maximizes resources and offers budget savings. Client-centered culturally appropriate approaches to integration of services may look very different in communities across the pacific. Barriers include: training personnel, restructuring organizations, sharing resources, and resistance of staff to changes in the current structure of services according to disease rather than a client centered manner. Recommendations: Clients are better served by integrated HIV counseling and testing services at public health departments and community-based organizations. Agency capacity can be increased by integrating STDs, viral hepatitis and prevention for people living with HIV into training, structures, protocols and contracts.

Data suggests that the population at-risk is 25 years old and under, mostly heterosexual, who may engage in alcohol and/or NID use

Office of Minority Health RARE Project, the National Native American AIDS Prevention Center, and Papa Ola Lokahi, a team of investigators from the Wai'anae Coast community, conducted a qualitative evaluation project titled, the West O'ahu RARE Project. This project specifically focusing on the Nanakuli 'Ahu'ula and applied the RARE methodology which combines a multiple scientific method, and direct observation, interviews, surveys and ethnography to gather information of the behaviors that can put Native Hawaiian "ice" users at risk for HIV and other related diseases. The purpose of this project was to assess the unmet needs in HIV prevention/intervention services to this population, and to identify areas of concern for future policy and program development. The presenters will share how the project was tailored, adapted and implemented in a predominately Native Hawaiian community, and how through the process of a community advisory group, recommendations were made, and an action plan was developed to address the unmet HIV prevention needs of the Native Hawaiian "ice" using population.

The state of sexual health in Hawaii


Abstract text: Issues: In 2003, Hawaii ranked third highest in chlamydia infection rates in the US. Chlamydia, the most common reportable sexually transmitted disease (STD), may indicate sexual risk-taking behaviors (SRTB). Recent studies show crystal methamphetamine (CM) may act to increase sexual drive and SR_TB. The authors examined attitudes of SR_TB including CM use among patients diagnosed with chlamydia. Description: Patients diagnosed with chlamydia at the STD Clinic on Oahu from January 1 to December 31, 2003 were interviewed. Demographics such as gender, race, and age; sexual practices including condom use, sexual orientation, and HIV status; and social history including use of alcohol and illicit drugs were collected. All information elicited from interviews covered the patient’s recent history two months prior to diagnosis of chlamydia. Lessons Learned: Of those diagnosed with chlamydia trachomatis, 65% (357/552) were male, 56% were Asian/Pacific Islanders, and 70% were 25 years old and under. Of the 88% (488/552) of cases interviewed: 28% never used condoms, 8% had sex with someone of the same sex, 26% never tested for HIV, 46% had sex under the influence of alcohol, and 23% of patients and/or their partners used non-injection drugs (NID). CM was one of the commonly used NID. Data suggests that the population at-risk is 25 years old and under, mostly heterosexual, who may engage in alcohol and/or NID
use. **Recommendations:** Providers should elicit the name and location of sex partners of patients diagnosed with STDs for medical management referral. DOH should continue to assess the role of alcohol and CM use in STD transmission, identify the barriers to HIV testing, and continue to encourage STD/HIV screening.

**Ethnic differences in weight retention after pregnancy in Hawaii**

**Authors:** G. Baruffi, C. Hardy, C. Waslien, S. Uyehara, D. Krupitsky, Department of Public Health Sciences and Epidemiology, University of Hawaii, Honolulu, Hawaii

**Abstract text:** *Issue:* Obesity in the U.S. has become an epidemic. Fifty percent women 25-55 years of age are overweight or obese. Excessive weight gain during pregnancy is a likely contributor to obesity in women. African-American women retain more of excessive maternal weight gain than Caucasians or Hispanics. Little is known of prenatal excessive weight gain and retention in Asian and Pacific Island (API) women. *Description:* To study pregnancy weight gain and retention in a racially mixed, predominantly API population, records for first post-partum (PP) visit of 5,883 women attending the Hawaii WIC Program for 1997-1998 were examined. Weight gain during pregnancy was self-reported. WIC staff measured weight and height PP. *Lessons learned:* By six months PP women had retained on the average more than 9 pounds of weight gained during pregnancy. Asian and Filpino women reported the lowest mean pregnancy weight gain (20.1 lb and 30.0 lb respectively) and the lowest PP weight retention (9.6 lb and 11.0 lb respectively). Samoans and Hawaiians reported the largest weight gain (37.3 lb and 34.1 lb respectively) and PP weight retention (17.5 lb and 12.3 lb respectively). After adjusting for pre-pregnancy BMI, weight gain during pregnancy, PP days, and age, Black and Hawaiian women did not differ from Caucasians in weight retention. All other ethnic groups retained more and Samoans retained the most. *Recommendations:* In this sample of API women there was almost 2/3 lb adjusted PP weight retention for each pound of weight gained during pregnancy. These findings will be useful for developing culturally sensitive counseling to promote appropriate weight gain during pregnancy and PP weight loss.

**Incident command structure, communication systems, and ongoing environmental health measures coupled with surveillance program should be drilled and exercise as normal practices in small islands**

**DISASTER RISK MANAGEMENT**

The 9th Festival of Pacific Arts: Mass gathering or planned disaster? **PANEL**

**Author:** S. J. Kautel, Bureau of Public Health, Ministry of Health, Koror, Palau

**Abstract text:** *Issues:* The Republic of Palau is a small and isolated island country with limited emergency capacity and healthcare resources. Palau biologically harbors the vectors for Dengue Fever, Lymphatic Filariasis, Leptospirosis, and more recently Scrub Typhus. On July 22-31, 2004, 4,000 people came to Palau to attend the 9th Pacific Festival of Arts. *Description:* The ten day gala prompted the Ministry of Health to approach the event as not just a mass gathering event, but a “planned” disaster. Strict measures on food and water safety, waste management, vector control, and epidemiological surveillance were applied for early detect and response. An incident command structure was used to monitor...
and coordinate these activities. A communication system comprised of radios, uniforms, colored coded health information system, and regional communication networks were used to reach regional islands.

**Lessons Learned:** Managing the event as a “planned disaster” using mobile clinic systems and county liaisons prevented over utilization of emergency services. Strict environmental health guidelines controlled the number of food borne related encounters. There were no major injuries and heat prostration among the participants or the workers. Surveillance, warning systems, and the local media provided timely information to the public regarding potential risks posed by the occasion.

**Recommendations:** Incident command structure, communication systems, and ongoing environmental health measures coupled with surveillance program should be drilled and exercise as normal practices in small islands.

Public health emergency operational plans in small island countries

**Author:** P. Marumoto, Bureau of Public Health Services, Ministry of Health, Koror, Palau

**Abstract text:** Issues: Developments of public health emergency operational plans in small island countries have proven that response efforts must be multi-partnerships to provide organized and effective responses in time of emergencies or disaster events. Description: On April 8, 2004, Typhoon Sudal with wind velocity of 125 mph devastated Yap State, Federated States of Micronesia (FSM). The Republic of Palau public health team quickly responded to the disaster. Development of a low tech “Environmental Health Package” of Water Quality education, Toilet installation, Environmental Sanitation, Solid Waste Management, and Vector Control Education and Chemical Application proved effective as a mitigating tool for response. Using household bleach to treat individual water sources proved effective while awaiting aid. Recommendations: Mental health response plans must be an integral part of any public health emergency operational plans to provide crisis interventions but also to strengthen community resilience.

**Community-based mobilization for West Nile virus prevention efforts**

**Authors:** C. J. McKnight, C. Kakimoto, D. Lane, D. Manguchoi, and S. Ramiroz. Bioterrorism Preparedness Program, Kauai District Health Office, Lihue, Hawaii

**Abstract text:** To date Kauai and other Hawaiian islands remain free of West Nile Virus (WNV) while the emerging disease continues to spread throughout the continental US. Description: In August 2004, the Kauai District Health Office in coordination with the State of Hawaii Department of Health began a campaign to educate the public on WNV and seek assistance in the collection of dead birds for testing. Through combined efforts with county agencies and local media, messages were delivered about mosquito elimination tips, personal protection for residents, and dead bird surveillance. Public service announcements were aired on popular radio stations and presentations were given to various community groups. Over a four month period, 43 birds were submitted to the Kauai Vector Control Branch from the public, of which 27 were tested by laboratory analysis for the presence of WNV. No bird or human specimens on Kauai tested positive for the virus. Lessons learned: The radio and community-access television station are effective means to disseminate health information to the public. Kauai residents that participated in surveillance of dead birds were helpful to Health Department goals, submitting a substantial percentage of carcasses (63%) that were suitable for testing and not excluded due to decomposition.

**Recommendations:** West Nile virus prevention efforts should continue as long as the risk of invasion from North America persists. This program is useful in educating the public and enhances the routine mosquito and birds testing overseen by the Vector Control Section.

**NUCLEAR TESTING IN THE PACIFIC**

Impact of U.S. Thermo-Nuclear Weapons testing in the Pacific, the path forward — INVITED PANEL

**Panelists:** James Plasman, Chairman Nuclear Claims Tribunal, Holly Barker PHD Senior Advisor to the Ministry of Foreign Affairs, RMI Embassy Washington DC, Wilfred Aik, Marshallese Physician, Majuro, Marshall Islands, Arthy Nana Director of Health, Kosrae, Federated States of Micronesia, Neal A. Palafax, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

**Author:** N. Palafox, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

**Abstract text:** Issues: The US Pacific Nuclear Testing program has caused cancer, thyroid illness, radiation burns, and miscarriages in the people of the Marshall islands. Marshallese lived and ate in radiation contaminated environments which resulted in adverse health consequences through destruction of culture, alienation from land and undermining traditional lifestyles. Kosraeans and other Micronesians received significant doses of radiation exposure through the cleanup of the nuclear debris, and the fallout reached as far as Guam.
The RMI and Pacific health systems do not have the health infrastructure to adequately handle the health consequences of nuclear testing. Further compensation and medical programs are now under debate through the Changed Circumstance Petition to US Congress. Understanding the implications of the Nuclear Testing Program from a standpoint of health effects and US policy is central to achieving adequate health programs and social justice. Description: The panelists are experts in the nuclear testing history, nuclear claims health effects, and radiation health programs in the Republic of the Marshall Islands. Judge Plasman speaks to the structure and issues of the nuclear claims tribunal and the basis for the Changed Circumstance Petition to US Congress, Wilfred Alik speaks to the history and medical effects of the nuclear testing, Holly Barker relates the story of Marshallino subjects who were studied without consent and the destruction of the cultural fabric, Artly Nena speaks to the concerns of the Kosraeans who participated in the cleanup of nuclear waste, and Neal Palafox speaks about the new NCI and national Academy of Science reports that explain the evidence based health effects of the nuclear testing. Lessons learned: According to 2004-2005 data from the NCI and National Academy of Sciences, the USNWTP in the RMI is associated with significantly more radiation related illness in the RMI and Pacific than originally described. In order to develop the medical expertise and capabilities to deal with the specific and Global health problems of the USNWTP, the Changed Circumstance Petition should be understood and supported. Recommendations: Further studies should be carried out to understand the extent of the health effects from nuclear testing in the Pacific. Appropriate healthcare is needed now, and can be realized through supporting the Changed Circumstance document in the US Congress.

On-going impact of nuclear testing in the Pacific

Author: S. Yamada, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Across the Pacific Islands a frequently asked question is, what were the health effects of the nuclear testing programs? Many suggest that cancer and other diseases in Micronesia has been caused by nuclear testing. The 50-year commemoration of the March 1, 1954 Bravo thermonuclear test rekindled interest in these issues. Description: The author will examine the history of nuclear testing in the U.S.-associated Pacific and what is known about radiogenic diseases as a consequence of nuclear weapon usage from Hiroshima/Nagasaki, the Nevada Test Site, and from the Bravo test to suggest future directions for research and social justice. Lessons Learned: Given the sheer megatonnage of testing that the U.S. conducted in the Pacific, it appears plausible that excess cancer would have occurred in areas of Micronesia other than the Marshall Islands. An excess of pregnancy and birth abnormalities among radiation-exposed women would have been expected. Second generation effects have not been demonstrated in the Hiroshima/Nagasaki cohort. While diseases such as diabetes and hepatitis are not considered to be radiogenic diseases, the social and cultural effects of nuclear testing specifically, and the strategic uses to which Micronesia has been put, have had a role in the social production of disease. Recommendations: A movement for social justice needs to become familiar with the historical precedents. Further research and documentation is needed in these areas.

A movement for social justice needs to become familiar with the historical precedents

PLENARY SESSION:
The Health of Pacificans: Issues in Priority Setting for Healthcare

Author: Sitaleki A. Finau, Professor of Public Health, School of Public Health and Primary Care, Fiji School of Medicine, Private Mail Bag, Suva

Abstract: Priority setting for Healthcare is a challenge in any situation or condition. The primacy of other demands, even within the ministries of diseases, ensures that health is the poor cousin. The special conditions of Pacificans, in their native and newly acquired habitats, have reduce resilience and increased vulnerability to the extent that health status and risk have become security issues to neighboring developed countries.

This paper will identify priority health, not just disease, issues of Pacificans and address the setting of priority for healthcare of Pacificans by pacificans.

The strategy for priority setting must be empowering and sustainable without inappropriate means justifying the end. This means that forces such as globalization, democracy, assimilation, imperialism, educational buccaneering, and migration would take their rightful place among the health issues of the century. So how can so few Pacificans set priorities in such an El Nino climate and design appropriate, effective healthcare against the tide? The answer floats in the mechanisms of priority setting with a sinking premonition.

SOCIAL DETERMINANTS OF HEALTH

Community level correlates of overweight among public school students entering kindergarten in Hawaii


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Abstract text: Issues: The number of overweight children in the U.S. has doubled in the past 20-30 years, with similar patterns occurring throughout the world. The health problems that overweight or obese children and youth develop are similar to problems of overweight or obese adults (e.g. chronic diseases such as type 2 diabetes and cardiovascular diseases). Description: Numerous studies of Pacific populations have illustrated that the problems of dietary related chronic diseases, especially diabetes and obesity, are also pervasive for Pacific Islanders (e.g. Native Hawaiians, Samoans and Micronesians). While recent studies point to a significant problem of childhood and youth overweight in Hawaii, the lack of additional population based information on childhood obesity was the driving force behind the current study. Lessons Learned: Descriptive data on height and weight taken from the required school immunization forms for 6,804 children entering public schools in 2002-2003 were analyzed to calculate BMI (body mass index) scores. The results illustrate that almost one-third of the children entering public schools in Hawaii are either overweight (≥ 95th percentile) or at risk for overweight (between the ≥ 85th to < 95th percentiles). There were some notable differences with the different school complexes, as different school complexes reflect the ethnic and other social characteristics of the communities of which they are a part. Rural communities on Oahu and Oahu’s Neighbor island communities are more likely to have kindergartners entering schools overweight or at risk for overweight. Recommendations: Community level indicators summarized at the school complex level were used to examine community level correlates associated with overweight and at risk for overweight (e.g. ethnicity, income, occupation, education, poverty, immigration and unsafe neighborhoods were examined). The initial results of logistic regression models show that communities with higher proportions in poverty were more likely to have children entering public schools overweight or at risk for overweight.

While there are many challenges to acquiring such data, the KHealth project demonstrate that it can be achieved through carefully planned community mobilization.

Health promotion needs assessment for Korean immigrants in Hawaii

Abstract Authors: H-R. Lee, M-S Kim, S-S. Im, M. Choe, University of Hawaii, Honolulu, Hawaii

1. Abstract text: Issues: Despite improvements in the overall health of the general population over the past decade, there are significant health disparities across diverse populations. An important first step for developing health promotion programs is the documentation of the prevalence of health risk behaviors among the target population. Yet, there is no data on many minority populations due to the lack of adequate sample sizes in major national health surveys. This paper describes the process through which a large-scale health promotion needs assessment was conducted with Korean immigrant population in Hawaii. Description: Funded by the Master Settlement Agreement money, the Korean Health Promotion (KHealth) project aims to establish a minimum infrastructure for health promotion for Korean immigrants in Hawaii. As a first step, the KHealth project mobilized the Korean community and successfully completed a needs assessment to
document the prevalence of health risk behaviors among Korean immigrants in Hawaii. Lessons Learned: Data from the needs assessment established that Koreans in Hawaii are at a greater risk compared to the national average in areas such as smoking, drinking, and access to health care. Recommendations: It is a challenge to address the health needs of a minority population due to limited resources and inadequate infrastructure. An important component of such an infrastructure is acquisition of scientific data. While there are many challenges to acquiring such data, the KHealth project demonstrate that it can be achieved through carefully planned community mobilization.

Healthy Hawaii 2010: quantifying progress toward national objectives

Authors: J. LeClair, M. Hofmann, Hawaii Outcomes Institute, Honolulu, Hawaii

Abstract text: Issues: To stay focused on Hawaii’s public health challenges and help target priorities for public health policy, the health status of the state should be continuously examined and quantified in a consistent way. Healthy People 2010 (HP2010) national objectives were used to quantify the progress of key health indicators for the state of Hawaii, using updated methods for measuring HP2010 progress released by the Centers for Disease Control and Prevention. Description: Using Hawaii Department of Health incidence and prevalence data from the Hawaii Outcomes Institute’s Community Health Profiles project, the authors measured progress by comparing community health outcomes to HP2010 objectives, concentrating on target attainment for indicators not meeting objectives. Year 2000 data was used as a baseline, while year 2002 data was used as a more recent data point. Lessons Learned: Outcome rates, differences between the baseline and more recent rates, and percent of progress achieved toward HP2010 goals were quantified and presented for 3 key health indicators not currently meeting national objectives. The methods presented enable public health programs in Hawaii and the Pacific region to quantify progress made toward public health objectives. Recommendations: Through further enhancement of the methodology and annual collection of public health data, progress measurement will result in an annually updated profile of progress toward HP2010 objectives for the state of Hawaii.

Adequacy of prenatal care: comparison of prenatal care utilization among selected Pacific Island women

Authors: A. Techur-Pedro*, A. Katz**, J. Grove**, P. Holck**, G. Baruffi***; *Hawaii Outcomes Institute, Honolulu, Hawaii; **Department of Public Health Science and Epidemiology, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Low birth weight is one of the leading causes of infant mortality. Important factors are maternal characteristics such as biological (age, race, and/or stature), socioeconomic (level of education, income, employment), and environmental factors (family support, married or unmarried, access to medical care). No recent studies have compared risks factors associated with poor birth outcome among the US affiliated Pacific Islands. Description: This cross-sectional study compares selected maternal risks factors and prenatal care utilization associated with low birth weight among live born infants of selected Pacific Islanders in Palau and other Pacific Islanders in Hawaii. Lessons Learned: Low birth weight rate in Palau is slightly higher than low birth weight rate in Hawaii particularly among Pacific Islanders. No factors including measures of prenatal care services received seemed significantly

Current measures of prenatal care services received do not adequately assess impact on birth outcome
more associated with low birth weight among the Pacific Islanders in Palau and in Hawaii. **Recommendation:** Current measures of prenatal care services received do not adequately assess impact on birth outcome. Developing measures that integrate qualitative measures of adequacy of prenatal care received is needed.

**Primary care development in small Pacific communities**

**Author:** S. J. Kuartel, Bureau of Public Health, Ministry of Health, Koror Palau

**Abstract text:** Issues: Traditional cultures in the Pacific possess the structural and conceptual platform that primary health care can and should utilize, in order for the Pacific Island communities to meet the challenge of transitioning health indicators. Western medicine has diluted and destroyed the platform of traditional medicine for which health could be sought in the Pacific. **Description:** Transitioning health indicators in moving cultures and misplaced concept of health with a backdrop of globalization and blurring borders demand "new" approaches in the development of primary health care in the Pacific. The "new" approaches require that health be "communityized" or handed back as a domain owned by the community rather than health systems. **Lessons Learned:** "Communityization" is a four pronged process that involves facility development, program design and implementation, service provision and evaluation, and human resource development. These processes demand comprehensive community assessments to provide information to implement new approaches for health reforms. **Recommendations:** Primary health care system development in the Pacific must articulate the concept of health, define health, clarifies the vision, formulate the model of care, and evaluate delivery services. Community orientation, focus, and ownership must be the cornerstone of the "communityizing" process. Integrating psychosocial and spiritual health in the development of primary health care provides consistency with the traditional culture platform of the Pacific communities.

**Changing local public health priorities: The epidemic of diabetes and syndrome X in the CNMI**

**Authors:** R. Brostrom, CNMI Division of Public Health, Saipan, Commonwealth of the Northern Mariana Islands

**Abstract text:** Issues: The true prevalence of a chronic disease cannot be accurately determined using traditional hospital-records based methods. **Description:** Before 2001, the rate of diabetes among CNMI’s local population was estimated at 10%. CNMI Department of Public Health undertook a novel project to measure diabetes, hypertension, and obesity in an entire island village of more than 1200 residents. All residents, from newborn to age 86 participated in the evaluation. **Lessons Learned:** The results of this cross-sectional study were astounding and helped to reshape the Public Health priorities in the CNMI. Only two other populations have demonstrated a higher incidence of Type II Diabetes worldwide. This presentation quickly reviews the data from the study, and then evaluates the local changes that were made to focus Public Health priorities towards increased chronic disease prevention efforts in the CNMI. CNMI Division of Public Health requested and received a substantial increase in local funding for the Diabetes Prevention and Control Program. **Recommendations:** CNMI Public Health has recommended further expansion of outreach efforts for the Diabetes Prevention and Control Program in the CNMI.

**Diabetes in Native Hawaiians and Pacific people in Hawaii**

**Authors:** J. Furubayashi, M. Nook, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii, Honolulu Hawaii

**Abstract text:** Issues: There is significant disparity in the prevalence of diabetes in Native Hawaiians and Pacific People (Pacific Islanders and Filipinos) in comparison with other ethnic groups in Hawaii. **Description:** The Outreach and Information Dissemination core of the Hawaii EXPORT (Excellence in Partnerships for Community Outreach, Research on Health Disparities, and Training) Center reviewed the status of diabetes in Native Hawaiians and Pacific People in Hawaii. Prevalence, risk factor, medical complication, and economic impact data was examined. **Lessons Learned:** Native Hawaiians and Pacific People have significantly higher prevalence rates of type 2 diabetes in comparison with other ethnic groups in Hawaii. Native Hawaiians and Pacific People also have higher prevalence rates for the risk factors and complications associated with diabetes, such as obesity and end stage renal disease, respectively. The high prevalence of diabetes impacts both the social and economic status of these groups. The reasons for these disparities are complex and not clearly understood. Literature suggests that genetics, acculturation, lifestyle, cultural beliefs, socioeconomic status, and insurance status may be related. **Recommendations:** There is a disparate level of diabetes data specific to Native Hawaiians and Pacific People. To have a better understanding of the scope of the problem of diabetes in Hawaii, future research should collect diabetes data specific to the various age, ethnic, and socioeconomic groups throughout the state.
CDC FUNDING IN PUBLIC HEALTH PREPAREDNESS AND EMERGENCY RESPONSE IN THE PACIFIC - MINI-WORKSHOP

Author and Presenter: J.L. Gilbert, Office of terrorism Preparedness and Emergency Response, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract text:

1. **Issues:** The CDC Cooperative Agreement provides annual federal funding to Hawai'i, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia, the Marshall Islands and the Republic of Palau to develop programs in response to terrorism, public health threats and emergencies. **Description:** This presentation will explain the requirements for receiving funds, instructions on preparing a successful application and requesting technical assistance from CDC. **Lessons learned:** Although this funding has been available for several years, there is considerable variance in how the Pacific jurisdictions use it to improve public health infrastructure. There is also a significant difference among the jurisdictions in understanding how to access the technical assistance available from CDC. **Recommendations:** The Pacific jurisdictions will submit successful applications for federal funding to build program infrastructure for public health preparedness for terrorism, public health threats and emergencies and will receive appropriate CDC technical assistance.

SOCIAL DETERMINANTS OF HEALTH:

**Cultural trauma and obesity**

Abstract Authors: B. Cook*, K. Withy**; "Ka Mauhia Learning Center, Hilo Hawaii; **Hawaii Area Health Education Center, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: **Issues:** The literature frequently ties concerns of weight to lifestyle choices. Why is there such a consistent rate of obesity noted across the disenfranchised populations of the world? Do features related to social history explain some of these commonalities? **Description:** This workshop will present data outlining shared health challenges confronting disenfranchised populations from the United States and the Pacific. For three years a community consortium has worked to express a theoretical paradigm describing the confrontation between cultural health and physical well-being. This workshop will advocate for research in cultural well-being and health and potential public policy changes and program interventions. The authors will summarize common challenges facing disenfranchised populations and factors impacting lifestyle choices.

The current working description of Cultural Trauma Syndrome will be presented. Workshop participants will be asked to contrast their experiences of particular communities of concern with the information presented. **Lessons Learned:** Traumatic cultural change appears to lead populations to similar declines in health and well being. The psycho-social link between culture and health is not well-defined or well-established. **Recommendations:** Additional research interventions programs on this topic are needed to improve the operation of current initiatives, and for the design of future efforts.

**Ethnic by gender differences in cigarette smoking among Asian and Pacific Islanders:**

Abstract Author: J.K. Kaholokula*, K.L. Braun*, S. Kanalupuni**, A. Grandinetti*, H.K. Chang***; **"Imi Hale Program and University of Hawaii, Honolulu, Hawaii; **PASE, Kamehameha Schools, Honolulu, Hawaii; ***PBRC, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: **Issues:** Ethnic-by-gender differences in the initiation and cessation of cigarette smoking have not been well studied among Native Hawaiians, Filipinos, and Japanese. Most cross-ethnic examinations of smoking misallocate early data Asian American and Pacific Islander (API) men and women together. Understanding gender-ethnic differences has important implications for the design of tobacco prevention and cessation programs targeting specific APIs. **Description:** This study examined ethnic-by-gender interactions in predicting the likelihood of having initiated and quit cigarette smoking among 1,156 people of Native Hawaiian, Filipino, Japanese, and Caucasian ancestries. Logistic regression analyses were used to adjust for sociodemographic and psychosocial factors and medical conditions that could bias any observed ethnicity-by-gender differences. **Lessons Learned:** Significant ethnic-by-gender differences were found. Caucasian women were more likely to have initiated smoking compared to women of the other three ethnic groups examined, and Native Hawaiian women were more likely to have initiated smoking compared to Japanese and Filipino women. No significant ethnic differences in smoking initiation were observed for men. No significant ethnic-by-gender differences were observed in predicting the likelihood of quitting smoking. **Recommendations:** Our findings suggest tailoring cessation programs with specific attention to cultural factors associated with differences in cigarette smoking initiation for different ethnic-gender groups. **Race and ethnicity data – developing a common language for public health surveillance in Hawai'i**

Abstract Authors: C.A. Sorensen, E. Prince, B. Wood,
Hawaii State Department of Health, Honolulu, Hawaii

**Abstract text:** Issue: Race and ethnicity information are central to public health surveillance activities and programs. A challenge is that race and ethnicity data are often not standardized in terms of how they are defined or reported. The lack of data conformity results in lost opportunities to provide more complete information for public health planning, program development, and policy.

Description: To accommodate the integration of Dept. of Health race and ethnicity data from disparate data sets, a sample of data sets were analyzed. Results showed that the Department does not employ a standardized method to define, collect, or report race and ethnicity data. Lessons Learned: A model was designed that allows for program-level data to be collected to continue to support community-based planning, yet also provides a process to cluster discrete ethnicity data using a set of standards while ensuring that individual ethnic groups are exclusive to a single aggregated racial group. Recommendation: A second key issue regarding of race and ethnicity data is how the terms are conceptualized. The biological basis of race has no scientific basis as these terms are a product of social and political history. The role of life factors (e.g., nativity, language competency) are being raised as having importance in characterizing the public health of population groups. Health disparities require race and ethnicity data continue to be collected, however these data should be regarded as clues to be mined and not ends in themselves.

**SF-12® summary scores display a complicated pattern when compared to prevalence of chronic health conditions**

**SUMMARY:**

**Author:** N. Aitaota, Papa Ola Lokahi, Honolulu, Hawaii

**Abstract text:**

1. The 3 leading causes of death in the Pacific are NCDs.
2. Lack of NCD Prevention and Control programs designed specifically for the Pacific.
3. Need to share Best Practices and Lessons Learned

**Description:** Presenters from the Pacific will speak to their agency’s NCD Prevention and Control programs and how they modified the best practice models from other communities to fit their own community. Presenters will also share successes and lessons learned.

**Hear our words:** indigenous voices in research and publishing

**Authors:** J.U. Tsark*, S. Kanaiaupuni**; *Papa Ola Lokahi, Honolulu, Hawaii; **Kamehameha Schools – PASE, Honolulu, Hawaii

**Abstract text:**

**Issue:** Questions to Consider:

1. Why should we care about the historical paucity of indigenous publications?
2. What venues exist for indigenous research and researchers in academic and scientific publications? - How can we create space and forum for articulation and advancement of indigenous theories, methodologies, and perspectives?
3. What support do indigenous researchers receive for development of publishable research theories and ideas? - What are effective ways to support the development, submission and dissemination of literature on indigenous research?

**Description:** Presenters will speak to their agency’s efforts to support the publication and dissemination
of indigenous research which will address training, mentorship, blending publishing and community goals, finding appropriate publishing venues and dissemination.

Promoting health outreach in the Pacific region – PANEL

Authors and Panelists: S. Bazentiale, S. Evensen, H. Heine, F. Liu, Pacific Resources for Education and Learning, Honolulu Hawaii

Abstract text: Issues: This presentation focuses on 3 complementary approaches to improving health literacy outreach in the Pacific region that involves training, capacity building, resource development, and dissemination. Description: The World Health Organization: Distance Learning Project developed user-friendly hybrid online/CD-based courses about the prevention and treatment of Diabetes, HIV/AIDS, TB, and Mosquito Borne Diseases for healthcare professionals. This session will explore challenges in delivering those courses in small island communities with a wide variety of telecommunication infrastructures. The National Library of Medicine: Republic of the Marshall Islands Healthy Information Outreach Project involves the creation of a Consortium of community agencies and other key leaders to address the health needs of communities. Lessons Learned: A survey determined priority issues in lifestyle, personal hygiene and family management. The Consortium will develop or adapt health education materials to address priority issues and will explore effective delivery mechanisms to accommodate the oral tradition of the culture. Recommendations: The National Library of Medicine: HIV/AIDS Prevention in the Pacific Project’s goal is to improve education and access to quality HIV/ AIDS-related health information in the remote and underserved multicultural communities in the Pacific. The project targets librarians, educators, and community health workers on skill building in search for online HIV/AIDS prevention information. A variety of culturally appropriate materials will be produced and distributed via community-based partners.

Community health education using video teleconferencing

Abstract Authors: N. Moore*, K. Withy, Hawaii Area Health Education Center, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii (*Located at Hilo, Hawaii)

Abstract text: Issues: Individuals in rural areas have poor health indicators, lower health literacy, and less access to health information than their urban counterparts. Using existing distance learning modalities, it is possible to provide health education to rural areas across the region. Description: Ke Anuenue AHEC and Hawai‘i/ Pacific Basin AHEC have collaborated with communities across Hawaii, the Republic of the Marshall Islands and the Commonwealth of the Northern Mariana Islands to deliver health education on a weekly basis using video teleconferencing over different networks. The program is named E Ninau Aku I Ke Kauka and a sampling of topics covered includes: How to Read Food Labels; Organ Donation; Teen Pregnancy; Cervical Cancer; Highway Safety; Diabetic Foot Care; Nutrition to Prevent Diabetes Damage; Chronic Renal Failure; Diabetic Medication Information; Melanoma; Alzheimer’s; The different distance learning modalities will be discussed, as will the format for deciding topics. Lessons Learned: Initially it was difficult to interest community members in using the technology provided, however local champions and an incentive program increased participation. Currently 5 rural sites regularly participate in the sessions, but more are expected to join in the future. Participants report significant behavior change as a result of the sessions and have become actively involved in the topics covered. Recommendations: The authors promote distance learning for health education and hope to include additional sites in the ongoing E Ninau Aku I Ke Kauka program.

Developing educational materials for native peoples – PANEL

Authors and Panelists: L. Santos, N. Ailacto, R. Kuhaulua, M. Kulukulualani, J. Lee, Papa Ola Lokai, Honolulu, Hawaii

Abstract text: Issues:
1. Low cancer screening rates and high cancer incidence and mortality rates.
2. Lack of culturally relevant cancer education materials.
3. Need to increase cancer screening KAP to effectuate cancer screening behaviors.
4. Development of inappropriate materials outside the communities without input from communities or knowledge of the indigenous beliefs, customs and practices.

Description: Panelists will speak to their projects on developing culturally relevant cancer education materials for Native Hawaiians and Pacific Islanders, which will include shared community experiences, differing application models, learner verification and complementary research designs and methods.

Cancer & survivorship – needs of California’s Pacific Islander community

Author: J. Young, A. Wong, Asian & Pacific Islander American Health Forum, San Francisco, California

Abstract text: Issues: Cancer is the leading cause
of death among Pacific Islanders, and there is limited understanding of the needs of Pacific Islander cancer patients and survivors. The lack of information makes it difficult for organizations to provide appropriate cancer support services. In response, the focus groups were conducted to better understand the barriers, availability, and access to culturally and linguistically appropriate cancer survivorship/support programs. The recommendations and information gathered will assist in the development of future programs designed for Pacific Islanders living with cancer. **Description:** Through the Pacific Islanders Cancer Educational Forum project, funded by the Lance Armstrong Foundation, focus groups were conducted in California. The Asian and Pacific Islander American Health Forum partnered with Pacific Islander community-based organizations throughout the project. Focus group participants were asked questions about the support services available, challenges and barriers to care, and their recommendation to improving cancer care. **Lessons Learned:** The Focus Group findings will reveal the critical issues around cancer specific to Pacific Islanders and provide a better understanding of how to work with Pacific Islander Communities around cancer survivorship. **Recommendations:** The results and findings will be shared with the community to assist in improving cancer programs for Pacific Islanders. During the second year of the project, educational forums will be held to provide information to Pacific Islander communities.

**THE COMPACT OF FREE ASSOCIATION IMPACT ON THE HEALTH OF THE FREELY ASSOCIATED STATES, HAWAI'I AND GUAM**

**Author:** N. Palafax, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

**Abstract Text:** **Issues:** COFA is a major determinant on the level of health care services that will be available in the FAS. Understanding the level of health funding through the Compact will create a framework for local health policy, jurisdiction and regional health planning. Understanding the implications of the Compact from a standpoint of disparity and equity, is central to achieving social justice. **Description:** The panelists are experts in Pacific Health Policy, COFA, and health services of the US Pacific. Former US Ambassador Bodde speaks to the history, intent and politics of COFA and its unintended consequences. Royline Wada describes the funding sources and issues of accountability. Beth Gesuette describes the CINACT impact on Hawaii. Nena Nenao speaks to the difficulties and barriers with COMPACT implementation in the FSM. Gregory Dever talks about the Belau health system and learning from the present Compact in the FSM and RMI, and Neal Palafax speaks to regional and global implications for health planning, development and disparities. **Lessons learned:** COFA is a political settlement and is not meant to systematically address health care needs in the COFA states. It does not intend to bring a US level of Health Care to the Pacific or resolve health disparities in the region. The design of the COFA, and lack of understanding of its intent has led to unintended consequences including high expectations of US levels of health care, dependency, and lack of administrative infrastructure to deal with the Compact implementation. There will be a direct impact on Hawaii, Guam, and the CNMI as shortfalls of healthcare services in the FSM and RMI has resulted in citizens of these jurisdictions seeking more healthcare services elsewhere. The entire US Pacific region, and the continental US are vulnerable to adverse social and economic effects from relatively low levels of health sector funding in the COFA. **Recommendations:** The people of the RMI and FSM should align their health system operations and expectations to sustainable funding level. The Republic of Belau whose negotiations are upcoming, will learn from the Compact experiences in the FAS. There is much regional and jurisdiction health planning and health policy development that must take place to address attainable levels of health funding.

**U.S. military decolonization and its health impacts:**

**Micronesian migrants in Hawaii**

**Author:** A. Pobutsky, Hawaii State Department of Health, Honolulu, Hawaii

**Abstract Text:** The rapid health transition associated with prior U.S. military activities, monetary aid and ‘development’ in the Federated States of Micronesia has led to an explosion of chronic diseases such as obesity, diabetes, heart disease, and radiation induced and lifestyle associated cancers, along with infectious diseases such as tuberculosis, STD’s and Hansen’s. This rapid (and incomplete) health transition in Micronesia has resulted in demographic changes including high fertility and out-migration, nutritional changes whereby obesity and malnourishment co-exist, and epidemiological changes whereby both chronic and infectious diseases are present. The lack of resources and insufficient health infrastructure resulting from deliberate U.S. ‘de-colonization’ is evidenced by the Compacts of Free Association which are fueling these trends, including out-migration and off-island medical referrals. From an epidemiological perspective, Micronesia is not only a springboard for communicable disease spread to Hawaii from Asia, it is also one recent example of the effects of military colonialism and Americanization on both lifestyles and quality of life. The impact of this migration includes health costs to the State of Hawaii and challenges for the Department of Health (DOH) to garner resources and culturally appropriate means to alleviate the burden of disease among Micronesians. The DOH is using internal cooperation among diverse programs and establishing community based partnerships to assess the health needs and
resources of Micronesian migrants. U.S. policy and monetary efforts are needed to alleviate some of the health infrastructural problems in Micronesia, and/or provided additional reimbursement to the State of Hawaii which is acting as one 'health catchment area' for Micronesians.

COLLABORATIONS/PARTNERSHIP IN RESEARCH & HEALTH

The Ulu Network: Developing and academic-community collaboration for addressing diabetes
Authors: M. Lock, J. Ng-Osorio, K. Nae, Department of Native Hawaiian Health, John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii
Abstract text: Issues: There is significant disparity in the prevalence of diabetes mellitus in Native Hawaiians and Pacific Peoples in comparison with other ethnic groups in Hawaii. Description: The Ulu Network was established three years ago as a community coalition of over 20 health care organizations across Hawaii. The coalition includes: the University of Hawaii, John A. Burns School of Medicine, all federally funded community health centers, and the Native Hawaiian Healthcare System. The Ulu Network is part of a research, training, and education initiative to address diabetes in Native Hawaiians and Pacific Peoples funded through the National Institutes of Health (NIH), National Center of Minority Health and Health Disparities. The NIH funding established a Hawaii EXPORT Center with six core areas. The Outreach and Information Dissemination core area spearheaded the development of the Ulu Network. This coalition was built in three key phases: 1) relationship building through "talk story" and site visits, 2) identification, planning and prioritization of activities, 3) implementation of activities. Two key activities were identified as an initial focus: community health worker training about diabetes and funding of evidence-based diabetes information dissemination projects. Lessons Learned: Coalition building with Pacific communities require significant front-end commitment, flexibility, and most importantly trust. Recommendations: By 2007, community health worker diabetes training will be customized for Native Hawaiians and Pacific People and be available statewide. In addition, twelve evidence-based information dissemination projects will be established.

Tuberculosis in the CNMI: Public and private partnerships protecting public health
Authors: R. Brostrom, S. Schorr, P. Untalan, J. Hofschneider, CNMI Division of Public Health, Saipan, Commonwealth of the Northern Mariana Islands

Abstract text: More than 500 cases of TB have been diagnosed since an Alien Worker Health Program was initiated in 1997. The novel program represents a unique partnership between the public healthcare system and the private clinics in the CNMI. This presentation reviews the overall TB program, including an evaluation of the source of TB infections in the CNMI, including the four major categories of populations in the CNMI: TB from CNMI Chamorros and Carolinians, TB from Filipino contract workers in the CNMI, TB from Chinese contract workers in the CNMI, and TB from Other Pacific Islanders in the CNMI. The slide presentation reviews population sources, evaluates case-finding methodology, and reviews the treatment success rates of the CNMI's unique Alien Worker Health Program. Future recommendations include a study of cost-effectiveness for this program, which costs CNMI employers more than $1 million annually.

Collaborative partnerships for health improvement – the Turning Point Initiative

U.S. policy and monetary efforts are needed to alleviate some of the health infrastructural problems in Micronesia

Abstract Authors: B Berkowitz, B Nicola, University of Washington School of Public Health and Community Medicine; Seattle, Washington
Abstract text: Issues: The use of collaborative partnerships as demonstrated in the Turning Point Initiative improves the public health infrastructure leading to better population health. Description: 21 states and 43 communities have created collaborative partnerships and public health improvement plans to improve population health status as part of the Turning Point Initiative. The Robert Wood Johnson Foundation then funded states to implement one public health improvement goal. States have worked jointly as part of five National Excellence Collaboratives and have produced policy recommendations and practice improvement tools in: Public Health Statute Modernization; Performance Management; Leadership Development; Information Technology; and Social Marketing. Lessons learned: Ten states developed goals in their public health improvement plans focused on increasing local public health capacity; three states focused on data system improvement; five states on education, training, and technical assistance; two states on elimination of health disparities. Five National Excellence Collaboratives produced literature searches, practice tools, background papers, policy recommendations, and training curricula for improved public health practice. Recommendations: Major systems change in states and communities can be facilitated with collaborative multi-sector planning for improved health.
Using a participatory research approach for coalition building in a Pacific Island community

Authors: R. Workman, M. Liberatore, C. Balejadia**, P. Barcinas, K. Cruz, A. David**, M. Ehleit, L. Martinez, J. Quinata, E. Santos***; University of Guam, Mangilao Guam; ***Department of Mental Health & Substance Abuse, Hagatna, Guam; American Cancer Society, Guam Unit, Hagatna Guam; ***Guam Department of Public Health and Social Services, Mangilao, Guam

Abstract text: Issue: The movement to establish smoke-free policy on Guam began in the early 1990s with the Guam Advocates for Smoking Prevention (GASP). GASP evolved into the Coalition for a Tobacco-free Guam during the 1990s, but struggled to become a comprehensive tobacco-control organization. Description: To address this gap, the University of Guam created a Tobacco-control Research Advisory Group (TAG) as part of its Cancer Research Center. TAG is comprised of public and private sector organizations integral to tobacco-control. TAG’s research promotes systematic methods toward local evidence in analyzing tobacco control. After a preparatory work year, TAG sponsored a community forum. Existing data on the prevalence of tobacco use and the effectiveness of current tobacco control interventions was shared with community stakeholders. Tobacco control research priorities were developed to guide policy and program development for reducing tobacco use on Guam. Lessons Learned: TAG’s work grounded community efforts to create tobacco-free environments, including a resolution to become a smoke-free campus at the University of Guam, and a legislative resolution to ban smoking in all restaurants on Guam. TAG’s coordinated effort made Guam’s evidence base on tobacco-related issues more salient through a participatory process. Recommendations: A clearer foundation for tobacco-control research and policy priorities and needs supports future directions in tobacco control in this Pacific Island Community. TAG can serve as a model for other Pacific Island communities.

GLOBALIZATION AND HEALTH

Globalization, inequality and health


Abstract text: Most researchers agree that the generalized phenomenon known as “globalization”—the restructuring of the global economy and the full range of produced affects that result—reflects a process that took off in earnest in the 1960’s and in the subsequent forty or so years has extended in one way or another throughout the world. The impacts of globalization on health have been well studied. It is now commonplace, for example, (if alarming) to both reflect on and organize in anticipation of pandemics that may spread with incredible rapidity through the circuits of global exchange with potentially devastating effects. Equally, the negative health impacts of the increasingly divided world of global haves and have nots is the substance of accepted research to the point that the fact itself has become a datum in the policy development agenda. Description: This paper is an effort to now “take stock” of the generalized notion of globalization and health, to assess where we are in this relationship, and based on what we know of the current dynamics of globalization to suggest where we need to go. This assessment will lead to a set of proposals about what needs to be further researched and what issues need to find their way onto policy agendas, judged in terms of some probable consequences of their not so finding their way. In short, this paper seeks to outline what the next round of globalization will look like and suggest some of the consequences for global public health. Lessons Learned: Having accomplished this much, the paper will then turn directly to implications for the Pacific region as a site of globalization. Recommendations: The paper is macro and speculative, albeit organized around well-established data and contemporary theory. Its purpose is to assist in providing an appreciation of globalizations dynamics, their impacts and possible future dimensions.

Potential population health impacts from the Pacific Island countries trade agreement

Author: H. Stanton, Secretariat for the Pacific Community, Noumea, New Caladonia

Abstract text: In April 2005 Pacific Island Trade Ministers are required to make a decision on whether to include or exclude tobacco and alcohol from the Pacific Island Countries Trade Agreement. Over the last decade public health advocates have become increasingly concerned that free trade agreements provide greater access to goods that are inherently harmful to the objectives of public health. The Secretariat of the Pacific Community worked in collaboration with the several leading agencies to produce a report for the Pacific Islands Forum Secretariat and Ministers of Trade and Health. The report reviewed the current status of tobacco and alcohol use in the Pacific islands and makes recommendations concerning the position that governments need to take if they are to protect the public health interests of populations, communities and individuals.

The presentation will recommend greater awareness
of the multisectoral impact of decisions on trade in products that give rise to differing but serious health risks and the continued exclusion of alcohol and tobacco from the PICTA agreement. In addition, where trade is liberalized, then countries must retain an ability to keep product prices high through appropriately high levels of consumer price indexed tax measures.

Ancient therapies for modern ailments – Kirimitaki island Republic (Republic of Kiribati) pre-experimental pre and post study on impact of juic-fast therapy – noni & coconut juice on chronic disease

Author: R. Kirimaua, Pasifika Health Reform Ministry, Honolulu, Hawaii

Abstract text: Issues. Assess impact of Juica-Fast therapy on Risk Factors of Chronic Diseases (cancer, heart disease, diabetes & obesity). Description: About a hundred locals with at least one chronic disease mentioned above, participated in the pre screening [blood pressure, fasting glucose, cholesterol (HDL), BMI, and hip/ waist ratio]. Sixty-two cut of initial pre screening participants participated in the program including post screening. Program: a minimum of 7 days (boiled water with fresh, ripe noni juice & young coconut) an hour of daily physical exercise (walking & low impact exercise), and attendance to all health lectures. Lessons Learned: Juice-fast therapy using noni & young coconut significantly reduced participants' weight, diastolic blood sugar, and BMI. All participants felt much better about their health. Participants had a better understanding of importance of using natural remedies (usage of noni & coconut and as well as eating & drinking local healthful foods & drinks). Recommendations: Next phase: do a follow-up and train community health workers on how to run the program in strategic locations throughout the Republic.

Alcohol epidemiology in Hawaii: Effects throughout the life span – PANEL

Authors and Panelists: D. Goebert, J. Onoye, S. Baker, S. Nishimura Department of Psychiatry. John A. Burns School of Medicine, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Most studies including ethnicity have aggregated Native Hawaiians and other representative ethnic groups of the Pacific region into the Asian/Pacific Islander category. However, recent studies indicate that alcohol use may vary as a function of ethnicity. Description: This symposium presents the epidemiology of alcohol use in adolescence, pregnancy, and adulthood in Hawaii through research findings on (a) alcohol use, violence, and ethnocultural identity among adolescents, (b) alcohol use and stress among pregnant women, (c) alcohol treatment utilization and preferences and (d) alcohol and drug use diagnoses. Lessons Learned: Preliminary analyses indicate that Pacific Islanders are more likely than Asian youths to endorse alcohol use, with drinking behavior related to violence indicators. While no ethnic differences in alcohol use were found, Pacific Islander women show higher rates of stress and anxiety during the 1st trimester compared to Asian women and Caucasian women, with alcohol use correlated with mental health. Several trends in treatment use and preference by ethnicity were identified such as the use of family treatment, complementary medicine, prayer and marital counseling. Caucasians are more likely to meet criteria for alcohol dependence than Native Hawaiians or Asian Americans.

Development of a food system program to improve healthy food options in Hawaii

Authors: E. Daniggelis*, V. Ramirez*, N. Davison*, J. Gittelsohn**, R. Novotny*

*University of Hawaii, Honolulu, Hawaii; Johns Hopkins School of Public Health, Baltimore, Maryland

Abstract text: Issues: Obesity, diabetes and related chronic diseases are diet-related health problems with high rates in Native Hawaiians and Pacific Islanders. The Healthy Foods Hawaii project addresses key components of the food system (producers, distributors, retailers, consumers) to increase availability and affordability of healthy food options to local communities, and to promote them to consumers. Formative research, conducted in two rural low income communities in Hawai‘i, included in-depth interviews with storeowners, distributors, food producers, community leaders and members; and a food source survey. Description: Participatory community workshops were held to share the formative research findings and to design intervention materials and activities. Participants identified potential target foods and prioritized foods they considered most unhealthy for adults and children. A list of healthier alternatives was generated, identifying specific healthy food behavior changes, and developing messages to promote these modifications. Various channels of media dissemination were discussed. The Healthy Foods Hawaii intervention, beginning summer 2005, will be carried out on the islands of Oahu and Hawaii. It will have six phases, each promoting specific foods and behaviors, with key messages, and using a variety of materials/approaches: cooking demonstrations, taste tests, recipes, posters, flyers and shelf labels. Networking and collaboration among local stores, producers and distributors will be facilitated.
Incorporating adult learning theory into a cancer education curriculum for Guam

Author: J. Rarick, National Cancer Institute’s Cancer Information Service, Pacific Region, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: The application of evidence-based strategies to reduce the burden of cancer in Pacific islands is hampered by several factors, including a lack of health resources, barriers to access of health services, and health beliefs/practices that prevent or delay utilization of recommended cancer screening/detection modalities. Didactic lecture formats for cancer education do not make allowance for the incorporation of local knowledge and experience that is critical for problem solving on the key issues for reducing cancer risk and increasing survivorship. Description: An advisory Group on Guam has worked in collaboration with the Cancer Information Service Pacific Region to adapt an adult education curriculum called cancer 101 for use on Guam. The Advisory group has developed a pilot Training of Trainers that uses the principles of adult learning theory to create a more culturally appropriate problem solving educational model

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Lifestyle and health characteristics of Samoan women in Hawaii

Authors: Y. Vijayadeva, R. Novotny, YG. Daida, J. Grove, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Women who enter prenatal care late (after the first 12 weeks of pregnancy) or not at all are at greater risk of developing undetected complications of pregnancy. Description: Using data from Hawaii’s Pregnancy Risk Assessment Monitoring System 2000 to 2002 birth cohort, this study examined whether lack of insurance prior to pregnancy was a significant barrier to women accessing first trimester prenatal care. A linear regression model adjusting for pregnancy intendedness, maternal age, race, education, marital status, poverty and place of residence estimated the independent impact of lack of insurance on delay of entry into prenatal care. Lessons learned: Uninsured women started prenatal care an average of 19 days later than women with insurance (p< 0.001). Women with less than a high school education started care nearly 14 days later than women with more than 12 years of schooling (p< 0.001). Women living in Honolulu County tended to start prenatal care earlier than their counterparts in Hawaii, Kauai, and Maui Counties (11, 19, & 22 days respectively) (p< 0.001). Recommendations: Efforts should be made to educate women about QUEST eligibility. Access to insurance coverage was not the only barrier to early entrance into prenatal care therefore public health should address the other barriers to care too.

POSTER PRESENTATIONS

The ocean medicine foundation – bringing the promise of medical informatics to the islands

Author: A. Newman, Ocean Medicine Foundation, Palo Alto, California

Abstract text: Issues: The Ocean Medicine Foundation is a nonprofit organization dedicated to improving health outcomes for unserved and underserved individuals on islands throughout the world. Residents of islands around the world have lower standards of living, shorter life expectancies and more chronic illness than their counterparts in developed nations. They are also more subject to environmental disasters and epidemics, poor levels of nutrition, and minimal medical care. Healthcare providers on islands lack current medical information and supplies, and frequently need training on newer methods of diagnosis and therapy. Description: The Ocean Medicine Foundation uses the tools of medical informatics to directly impact the practices of medical care and public health by island health care providers. Support by the foundation includes access to electronic libraries and internet search engines to help doctors/providers stay abreast of current treatment plans and guidelines for therapy in areas where current libraries or books do not exist. Training on program use and an epidemic database which enables health providers to share early information about disease outbreaks is also included. The foundation works in public health and ocean science to improve understanding of the leading causes of morbidity, mortality and most common medical problems for men, women and children on each island and to provide links to available sources of world data online.
Impact of lack of Insurance on early entry into prenatal care in Hawaii

Abstract Authors: N. Quadri*, C. Prince*, L. Song*, R. Schwalberg**, L. Fuddy*
Family Health Services Division, Hawaii State Department of Health, Honolulu, Hawaii; **Health Systems Research, Inc., Portland, Maine.

Abstract text: Issues: Women who enter prenatal care late (after the first 12 weeks of pregnancy) or not at all are at greater risk of developing undetected complications of pregnancy. Description: Using data from Hawaii's Pregnancy Risk Assessment Monitoring System 2000 to 2002 birth cohort, this study examined whether lack of insurance prior to pregnancy was a significant barrier to women accessing first trimester prenatal care. A linear regression model adjusting for pregnancy intendedness, maternal age, race, education, marital status, poverty and place of residence estimated the independent impact of lack of insurance on delay of entry into prenatal care. Lessons learned: Uninsured women started prenatal care an average of 19 days later than women with insurance (p < 0.001). Women with less than a high school education started care nearly 14 days later than women with more than 12 years of schooling (p < 0.001). Women living in Honolulu County tended to start prenatal care earlier than their counterparts in Hawaii, Kauai, and Maui Counties (11, 19, & 22 days respectively) (p < 0.001). Recommendations: Efforts should be made to educate women about QUEST eligibility. Access to insurance coverage was not the only barrier to early entrance into prenatal care therefore public health should address the other barriers to care too.

Perceptions of multi-ethnic Asian and Pacific Islander youth regarding tobacco use initiation


Abstract text: Issue: This qualitative study explored risk and protective factors associated with tobacco use initiation among middle school youth. Description: Focus groups were conducted with Native Hawaiian, Pacific Islander, and Filipino middle school students to explore attitudes and perceptions about tobacco use initiation. The results of the focus groups were used to create a youth-focused tobacco prevention drama for multi-ethnic students. Lessons Learned: Focus group discussions were analyzed and compared with survey results to extract common themes regarding tobacco use initiation among participants.

Themes from the focus groups include: coping with stress and peer pressure; influence of family members in decisions about smoking; immediate and long-term health consequences of tobacco use; developing refusal skills; and developing skills to help family members and friends toward tobacco cessation. Recommendations: Results from the focus groups were utilized to guide the development of a youth tobacco prevention play, which will be performed for multi-ethnic middle school students across the state of Hawaii in 2005.

A comparison of birthweight outcomes between U.S. and foreign born Asian Indian, Chinese, Filipino, and Japanese Mothers

Abstract Authors: D. Hayes*, S. Lukacs**, K. Schoendorf**; *National Center for Health Statistics, Hyattsville, Maryland; **U.S. Centers for Disease Control and Prevention, Atlanta, Georgia

Abstract text: Issue: The US Asian population consists of subgroups with different age distributions, socioeconomic status, and cultural practices. This study examined the birthweight of Asian Indian, Chinese, Filipino, and Japanese infants to evaluate the heterogeneity of the US Asian population. Methods: 313,981 singleton births from the 1998-2001 US NCHS files were analyzed by maternal nativity for very low birthweight (VLBW, <1500g) and moderately low birthweight (MLBW, 1500-2499g). Multiple logistic regression was used to control for maternal age, marital status, education, and parity. Results: Overall, Chinese mothers had the lowest rates of VLBW (0.5%) and MLBW (3.5%). Filipino mothers had the highest rate of VLBW (1.1%). Asian Indians had the highest rate of MLBW (6.9%). Each Asian subgroup had higher rates of VLBW and MLBW among US born compared to foreign born mothers. After controlling for maternal characteristics, the higher rate of VLBW among infants of US born mothers remained significant only for Japanese infants (adjusted OR 1.69). Nativity differences in MLBW persisted only for Chinese infants (adjusted OR 1.50). Lessons Learned: This study shows how birthweight varies by Asian subgroup and by maternal nativity. The difficulty of defining a population by race adds to the difficulty of examining disparities in birth outcomes. Recommendations: Further research identifying reasons for differences in the effect of nativity on birthweight could help reduce disparities and improve the health of the global community.

Pennsylvania learning content management system

Authors: L. Mactavish, L. Cameron, Pennsylvania Department of Health, Harrisburg, Pennsylvania
Abstract text: The Pennsylvania Department of Health is committed to preparing the Nation’s public health workforce. The Department implemented an Internet-based workforce-training and information-sharing tool, the Learning Content Management System, which houses topics such as incidents of bioterrorism, outbreaks of infectious disease, and other public health emergencies. The administrators recognize these preparedness efforts cannot be successful without the cooperation and information sharing among partners. This training system provides the medium to educate and disseminate information to the public health workforce regarding critical preparedness issues and at no cost. End users include anyone involved in preparing for or responding to an emergency. Authorized users have unlimited access and view content from National and State experts, as well as complete training and share information at home or the workplace. Additional features include an e-Library, conferencing, file exchange, chat area, the ability to generate reports, and print certificates for accreditation purposes. As a result of Pennsylvania’s implementation of the System, the benefits to the U.S. Pacific region are obvious. The public health workforce has access to free and easy to use training programs, which ultimately reduces training costs that arise from travel expenses, travel time and lost hours in the office. This complements classroom learning; communication, training and information sharing can be enhanced. Pennsylvania is an advocate of expanding these innovative methods of distance learning and information sharing. The administrators are ready to pursue any partnering initiatives.

Variations in incidence of hormonal cancers among Filipino women in Hawaii by birthplace
Authors: J.F. Yamamoto, L.R. Wilkens, C. Yoshizawa, L.N. Kolonel, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii
Abstract text: Issues: Early studies demonstrated that cancer rates among Filipinos in Hawaii differed from those in the Philippines. However, no comparisons were made between different generations of Filipinos in Hawaii. Description: In this study, the authors compared cancer incidence rates between first and second generation Filipino women in Hawaii. Incidence rates for cancers of the breast, endometrium, ovary, cervix and thyroid were computed over three time periods, 1975-1982, 1983-1990 and 1991-2000. Cancer counts came from the Hawaii Tumor Registry. The rates were then compared to 100,000 women and adjusted to the World Standard Population. Lessons Learned: Breast cancer rates for first and second generation Filipino women, respectively, were as follows: 25 and 37 (1975-1982 p=0.4); 52 and 58 (1983-1990; p=0.5); 60 and 125 (1991-2000; p<0.001). Uterine and ovarian cancer showed a similar pattern with higher rates in the second generation women for all three time periods. Cervical cancer rates were higher for second generation women for the last two time periods. Thyroid cancer rates were significantly increased for first over second generation women for the first two time periods (24 and 12, p=0.05; 33 and 15, p=0.01), but nearly equal in the

Themes from the focus groups include: coping with stress and peer pressure; influence of family members in decisions about smoking; immediate and long-term health consequences of tobacco use

Meeting public health continuing education needs: the Pacific Public Health Training Center
Authors: M. Freipl, J. Casken, K. Chickering, D. Dyjack, J. Oxendine, J. McDonnell, and R. Seidman; Freipl, *University of California at Los Angeles; **University of Hawaii; ***Loma Linda University, Los Angeles, California; ****University of California at Berkeley; *****San Diego State University, San Diego California
Abstract text: This presentation summarizes the existing and ongoing training activities in Hawaii and California provided by the Pacific Public Health Training Center (PPTH). The PPTH is a combined effort of the UCLA, UC Berkeley, San Diego State University, Loma Linda University, and the University of Hawaii. As one of 14 PHTCs nationwide funded by the Health Resources and Services Administration, the PPTH has offered training by its faculty and community partners to public health professionals since 2001. The Center’s goal is to develop and support public health training opportunities that are consistent with Health People 2010 objectives. The primary focus for training is to work with the existing public health workforces to strengthen their understanding of public health issues and to improve their performance in core public health functions and delivery of essential services. The PPTH offered a total of 64 training sessions to 4535 individuals in 2004. This presentation describes the types of training provided by the PPTH, highlighting those that have already occurred in Hawaii. The PPTH has offered a number of face-to-face trainings on such topics as Proposal Writing, Childhood Obesity, Core Functions of Public Health, Cultural Competence, and Foodborne Illness. There is also a growing inventory of online courses available, including a 12-part course on Public Health Principles. The presentation will conclude with a discussion of lessons learned for providing effective training to public health professionals, a description of future training, and details on how interested public health organizations and professionals may arrange for training by the PPTH in these and other topics.
Does the submission of written documentation accurately predict the success of a physical activity program?

Authors: M. Inada, C. Nigg, J. Battista, J. Chang, M. Yamashita, R. Chung, Department of Public Health Sciences, University of Hawaii, Honolulu, Hawaii

Abstract text: Authors followed 13 A+ after school sites trained in the Fun 5 physical activity program who agreed to implement the program and complete written documentation on these activities. Over a 6 month period authors compared the submission of the required written documentation, a monthly Group Activity Leader Log Sheet and Personal Best Day Form, and the amount of time students were physically active during an A+ after school session. Physical activity data was collected by trained individuals using the System of Observation for Fitness Instruction Time (SOFIT) during site visits. Authors found a correlation between submitting written documentation and exhibiting a 5% or greater increase in student physical activity during the A+ after school session. However, effects found were small. Upon completion of this presentation participants will be able to form ideas on the usefulness of requiring their program's participants to complete written documentation. They will have more information to help address the issue of weighing the efforts of programs supervisors to manage and program participants to complete written documentation and it's ability to help foster the success of a program.

Diet and weight patterns of Chinese, Japanese, Korean and White adults in LA County and Hawaii

Authors: S.K. Lee, L.R. Wilkens, J.F. Yamamoto, R. Novotny, B.E. Henderson, L.N. Koneal, Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: Obesity varies across ethnic groups, but the underlying causes are largely unknown. This study compares weight and diet between 3 Asian ethnic groups and whites in Hawaii and Los Angeles. Description: Random samples of adults, aged 40-84, residing in HI and LA, and of the ethnicities of interest were selected from driver's license files. A mailed questionnaire, sent in 1988, asked about weight, height, diet, and other lifestyle factors. This was a pilot study for the Multiethnic Cohort. Here data are presented on 2408 men and women from four ethnic groups: Koreans (n=259), Chinese (n=474), Japanese (n=942), and whites (n=733). This is one of the first reports for Koreans living in the U.S. Lessons learned: The body mass index was similar between the Asian groups, but was higher among Whites: the age-adjusted mean for Koreans, Chinese, Japanese, and Whites respectively were 24.2, 24.1, 24.7 and 25.9 (men) and 23.2, 22.6, 23.1 and 24.8 (women). Whites had the highest consumption of calories as well as contribution of calories from fat and saturated fat. Korean men and women respectively had the lowest calories (1780, 1508), % calories from fat (29.7, 28.4), and % calories from saturated fat (9.0, 8.3). However, Koreans had the highest percentage of fat from saturated fat among the Asian groups (30.6, 29.1). Recommendations: Further analyses will examine relationships between length of residence in the US, physical activity, dietary intake and obesity among 3 Asian ethnic groups and Whites.

Characteristics contributing to an enduring prostate cancer support group in an Asian and Pacific Islander community

Authors: D.S. Matsunaga*, C.C. Gotay**;
*Kalili-Palama Health Center, Honolulu, Hawaii; **Cancer Research Center of Hawaii, University of Hawaii, Honolulu, Hawaii

Abstract text: Issues: While many cancer survivors address cancer-related concerns through contact with fellow patients in support groups, few reports have focused on the experience of Asians and Pacific Islanders. Description: This presentation summarizes results of semi-structured interviews with 24 participants in a well-established prostate cancer support group in Hawaii, most of whom were of Asian or Pacific ancestry. Lessons learned: The men described the benefits of group participation to include camaraderie, receiving information, enhancing their coping ability, and being able to discuss medical experiences. Interviewees attributed the success of the group to peer leadership, participation of peer-professionals, and widespread member participation in a variety of activities. The support group contributed to the larger community through specific events for wives and other family members, interactions outside the meetings, and tailoring of activities to reflect multicultural preferences for communication. The experiences of members of this support group contrast with others reported in the literature. Distinct features of this group may stem from the values and norms of its close-knit, multi-ethnic, predominantly API community. Recommendations: The findings imply that for prostate support groups, one size does not fit all men and communities, and tailoring support groups to the intended participants is critical.
Quantifying Health Disparities in Hawaii
Authors: J. LoClair, M. Hofman, Hawaii Outcomes Institute, Honolulu, Hawaii
Abstract text: Issues: One of the main goals of the Healthy People 2010 (HP2010) initiative is to eliminate health disparities among population subgroups. To help focus these efforts, the existence and extent of disparities between population groups in the state of Hawaii should be brought to the attention of the public health community. Description: Using disparity measurement guidelines released by the Centers for Disease Control and Prevention, the authors calculated absolute and relative rate differences and percentiles in incidence and prevalence rates among population groups to highlight disparities among these groups. Lessons Learned: Health disparities in subgroups of the population for three key community health indicators appearing in the Hawaii Outcome Institute's Community Health Profile project were measured and presented relative to the subgroup with the most favorable rate as a reference. Year 2002 data from the Hawaii Department of Health was used. Recommendations: Health disparity measurement among selected groups should also include tracking progress over time in eliminating the disparity. Alternative techniques for measuring and tracking the progress of disparity elimination should be explored and applied to a greater extent of the community outcomes appearing in the Community Health Profile project.

Advancing oral health by educating California's youth
Authors: I. Han, J. Horg, UCLA School of Dentistry, Los Angeles, California
Abstract text: Asian Dental Care (ADC) celebrates its 30th anniversary in 2005 as a student-based organization serving thousands of children from Chinatown and other underserved communities in the Los Angeles area. ADC is dedicated to overcoming the barriers of access to care for children by providing continuous care and reinforcements of proper oral hygiene education throughout their development. Unfortunately, tooth decay remains as one of the most prevalent diseases affecting disadvantaged and minority children. The main goal of ADC is to raise the standard of health in the socioeconomically disadvantaged populations of Asian descent. Quality dental care, including cleanings, oral exams, fillings, stainless steel crowns, and pulpotomies, is provided by UCLA dental students at the Venice Dental Clinic for our pediatric patients. ADC links the resources of UCLA with the needs of the community by holding elementary school visits and community health fairs. A partnership between ADC and the community enables us to host health fairs where oral screenings and hygiene instructions are given and oral health is emphasized. In addition, comprehensive dental treatment is provided at the Venice Dental Center monthly at a low cost. Continuation of the program for the past 30 years has ensured that necessary care, including recalls, is provided to the active and rotating patient pool. Through early intervention by education and dental treatment, ADC's vision is to reduce the impact of oral disease and increase the importance of oral hygiene in the underserved communities. ADC recognizes that maintaining optimal oral health is integral to the overall health status of a patient. ADC has become a reliable mainstay for the Asian community and the primary dental care and education provider for children in the Los Angeles area. Together ADC and the community can help eliminate health disparities, and thus increase quality and years of healthy life.

Top 10 causes of death: final data for 2000 to 2002 in Hawaii
Authors: A. Techur-Pedro, Hawaii Outcomes Institute, Honolulu, Hawaii
Abstract text: Issues: This report summarizes the final 2000-2002 data on Hawaii State top 10 leading causes of death and death rates according to demographic and medical characteristics such as age, sex, race/ethnicity, and Hawaii State residency status. Trends including infant and maternal mortality are described. Description: This report presents descriptive tabulations of information collected by Vital Statistics, a Hawaii State Department of Health Office of Health Status Monitoring division. Lessons learned: By age groups, the important increase in death rate was noted for those less than 1 year old. However, the 10 leading causes of death in the last 3 years have remained the same. Heart disease continued to be the leading cause of death and malignant neoplasm remained the second leading cause of death in Hawaii with lung cancer and colorectal cancer as the leading and second leading cancer specific cause of death. Some of the death rates have continued to meet the Healthy People 2010 goal. Recommendations: Although heart disease and malignant neoplasm were the top leading causes of death for the period of 2000-2002 together and by individual years, each cause-specific death rate have been decreasing over the last three years. The increase in the overall age-adjusted death rate for the State of Hawaii is mostly associated with the increasing pattern of death in those less than 1 year old. Moreover, other age-adjusted death rates of causes of death increased or remained the same such as unintentional injury death, suicide, and septicemia.
Overweight/obesity and self-reported general health: are Polynesians at higher risk?
Authors: M. Ochner*, F. Reyes-Salvai**, E. Ford, R. Jiles; "Behavioral Surveillance Branch, Division of Adult and Community Health, U.S. Centers for Disease Control and Prevention, Atlanta, Georgia; Hawaii State Department of Health, Honolulu, Hawaii

Abstract text: Issue: Examining the association between overweight/obesity and general health status among Polynesians compared to non-Polynesians in Hawaii.

Overweight and obese individuals have documented poorer health-related quality of life than those with a normal body mass index in the general US population. The objectives of this study were to examine the relationship between fair/poor general health status among overweight and obese Polynesian individuals compared to overweight and obese individuals of all other races in Hawaii and also to look at this relationship by gender. Using pooled data from the 2001-2003 Hawaii Behavioral Risk Factor Surveillance System, the authors examined predictors of fair/poor health status with logistic regression. Bivariate analyses indicated that Polynesians (n=2,143) were significantly more obese than non-Polynesians (38% vs. 13%; p<0.05).

After age-adjustment these overweight Polynesians were more likely than other overweight individuals to report having fair/poor health status (14% vs. 10%; p<0.05). Among Polynesians, respondents who were diabetic (OR 3.97; 95% CI 2.58-6.12), physically inactive (OR 1.72; 95% CI 1.18-2.05), and less educated (less than HS, OR 3.77; 95% CI 1.95-7.30) had elevated odds of reporting fair/poor health. Despite Polynesians being significantly more obese than the rest of the population, their weight, age, and smoking status did not elevate their odds for fair/poor health unlike non-Polynesians. These findings show a major health risk among an underserved and under-recognized Polynesian population in the US. Culturally-specific health interventions should target this group in Hawaii and the rest of the US.

Aloha on empty: an analysis of the health and wellbeing of multiracial Native Hawaiians
Authors: S. Kanoaiaupuni*, N. Malone*, J. Tsark**, Kamehameha Schools, Honolulu, Hawaii; Papa Ola Lokahi, Honolulu, Hawaii

Abstract text: Issues: The national buzz surrounding U.S. health disparities recognizes grave inequities in mortality, morbidity, and overall wellbeing by race and ethnicity. In this paper, we examine health disparities with particular attention to differences in health status and wellbeing by multi-racial composition. Among our hypotheses is the expectation that multi-racial combinations associated with the darker skin color and phenotype of Pacific peoples are correlated with poorer health outcomes.

Description: Our study is based on analyses of a unique source of data on Native Hawaiians, an indigenous minority group of the United States. We examine the data for evidence of the hypothesis that multi-racial combinations associated with the darker skin color and phenotype of Pacific peoples are correlated with poorer health outcomes and test whether these differences in wellbeing are explained by socioeconomic attributes or by the use of traditional and Native Hawaiian healing practices and medicines.

Lessons Learned: Preliminary findings from analyses conducted thus far suggest greater wellbeing for lighter Native Hawaiians in several key health outcomes as assessed by multiracial comparisons between White-Native Hawaiians and Pacific Islander- and Filipino-Native Hawaiians. We argue that these findings are consistent with prior research documenting mortality differentials for part-Hawaiians and full-blooded Native Hawaiians.

Recommendations: Based on our analyses, our study will set our some key policy issues and implications that are critical to address national racial/ethnic health disparities, with specific application to the state of Hawaii, and to the case of indigenous Hawaiians.

Prevention of prematurity: ten times healthier babies project
Author: V. Beck, West Kauai Medical Center, Waima, Hawaii

Abstract text: Issues: Participation in prenatal care reduces prematurity. Description: West Kauai Medical Center utilized a March of Dimes community grant to improve outreach to rural, high risk women. A multi-track outreach project increased participation in prenatal care. Emphasis was on entry to care by ten weeks, completing at least ten prenatal visits, and prenatal vitamin use. Three preterm births were prevented.

Lessons Learned: Cultural competence requires penetrating women’s networks and adapting the format for accessibility. Women find value in health care appointments, when they are validated and feel that their community appreciates how challenging it is to be pregnant. Communities can learn that it is in their interest to prevent prematurity beyond the dramatic physical and social costs to the family. The high costs of preterm birth justify investing in relatively low cost prenatal care enhancement programs.

Recommendations: Health maintenance organizations should invest in face to face, personal contact educational efforts, as women learn best in the oral tradition.
Health care providers need support from the entire community to fulfill on their mission. Key first visits should be allocated sufficient time and support staff to make the initiating visits more pleasurable for women. Even low literacy women understand the value of books, and share them with others, making information available in the community.

Women of Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI) who come to Hawaii to give birth: user perspective on quality of care

Authors: L. Arakaki, S. Anderson, L. Yoda, Kahihi-Palama Health Center, Honolulu, Hawaii

Abstract text: Issue: Community Health Centers in Hawaii reported a rising number of women coming to give birth in Hawaii. Most of these women enter prenatal care late, often in their last trimester. Infant mortality rates in FSM and RMI are greater than that of the State of Hawaii. Description: Perceptions of birth outcomes in FSM and RMI were collected from patients seeking prenatal care in a community health center in Hawaii. Prenatal care and birth outcome data from FSM, RMI and Hawaii were collected and analyzed. FSM and RMI comprise of many islands with diverse culture, language, and beliefs. This study explores differences in birth outcomes and prenatal care services received by Pacific Islanders in FSM, RMI and Hawaii. Lessons learned: Pregnant women perceive prenatal care in Hawaii is superior to care in FSM and RMI. A significant difference between FSM, RMI and Hawaii prenatal care services was that Hawaii provided comprehensive screening and treatment for Sexually Transmitted Disease (STD) during pregnancy. Barriers prevented STD screening and treatment in FSM and RMI prenatal care services, which may have contributed to higher infant mortality rates. Recommendations: Further studies on knowledge, attitudes and practices of FSM and RMI women and prenatal care providers regarding barriers to prenatal care system improvements. Collaboration with FSM and RMI health care providers to advocate for STD screening and treatment in prenatal care.

Kulia Na Mamo: Social determinants of HIV risk and HIV prevention needs among Mahuwhahine

Authors: L. A. Ellingson*, A. Hawelu**; *California State University, Chico, Chico, California; **Kulia Na Mamo, Honolulu, Hawaii

Abstract text: The purpose of this study was to explore the social determinants of HIV risk, current efforts toward harm reduction, HIV prevention needs, and community assets among Hawaii’s Mahuwhahine (Native Hawaiian or Polynesian male-to-female transgendered persons). Sixty-five personal or focus group interviews were conducted and 128 anonymous surveys completed providing information about sexual and drug use risk behaviors, participants’ efforts towards reducing the likelihood of HIV infection, perceived impact of HIV on themselves and their community, and specific HIV prevention needs. Findings include: 1) heightened HIV risk via participation in sex work industry; prevalent drug use, inconsistent condom use, and unprotected anal and oral sex; 2) the need for culturally competent Mahuwhahine HIV prevention and treatment services; and 3) strong sub-cultural community cohesion. Implications include utilizing current assets to expand HIV prevention education focusing on younger Mahuwhahine, including further development of and maintenance of target agency’s employment/career development program to provide alternatives to survival on sex industry work and drug dealing; creation and support of culturally-oriented community building events, and creation and support of Mahuwhahine transitional housing for homelessness and addiction recovery.