Native Hawaiian and Pacific Islander Alliance:

Navigating Toward a Native Hawaiian and Pacific Islander National Health Agenda

AAPCHO 20TH Anniversary Gala: Cultivating Traditions of Wellness
March 10, 2008 – Washington, D.C.

Presented by:
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As we navigate and voyage together...

(Asian and Pacific Islander American Health Forum and the NHPI Community Groups)

- Discuss community capacity building, including identifying needs for technical assistance; and

- Laying the foundation for a learning community that will support a national network of Asian American, Native Hawaiian and Pacific Islander communities.
The successful events during our voyage for the Native Hawaiian and Pacific Islander Alliance were:

- 2006 AAPI Health Summit—NHPI Track Session “Navigating Toward a National NHPI Health Agenda” in San Jose, CA.
- 2007 California NHPI Town Hall Meeting in Carson, CA.
- 2007 Pacific Global Health Conference in Honolulu, HI—California NHPI Alliance Session
Status of NHPI Communities

The NHPIs have:

- The highest rates of uninsured, no health care, diabetes, and other chronic diseases
- Are among the lowest representation in health professions; and poorest outcome of cancer detection and treatment.
- Another critical disease we tend to oversee is the “radiation exposure” due to the Nuclear Testing conducted in the Micronesian Islands.
2006 Census Bureau

- California had the second-largest NHPI population at 260,000, followed by Washington with 49,500 and Texas with 43,500.
- California had the largest increase of NHPIs (3,400) from July 1, 2005 to July 1, 2006.
- Utah had the second-largest percentage of NHPIs behind Hawai`i at 1% of the population, followed by Alaska at 0.9%.

The Nation’s Native Hawaiian and Pacific Islander population surpassed the 1 million mark, which makes up .34% of the nation’s population of 299 million.

- 275,000 Hawaii
- 260,000 California (home of the 2nd largest group)
- 49,000 Washington
- 43,500 Texas
In October 2007, the NHPI Health & Well Being Summit concluded with four strategic recommendations.
1. Building an Native Hawaiian and Pacific Islander Advocacy Organization.

Its’ priority areas include:

- Advocate for multiple issues related to the health and human rights that significantly impact NHPI families, children, youth, men, women, seniors, the disabled, and veterans both in Hawai‘i and the U.S. continent.

- Reclaim health for NHPI families and as a community.

- Recognize NHPI expertise in training culturally competent health care givers/providers, and support young NHPIs to participate as future interns.

- Increase opportunities and participation of NHPI communities in developing funding announcements, data collection and at the decision-making levels of government.

- Recognize NHPI expertise in other disciplines.
2. Increasing Resources and Capacity Building.

Its’ priority areas include:

- Identify indigenous leaders and advocates in the NH&PI community to mentor and guide advocacy.
- Identify and strengthen resources (e.g. human, materials and governmental resources.)
- Develop effective communication processes for diverse NH&PI communities.
3. Data Collection, Analysis and Reporting.

Its’ priority areas include:
- Building NH&PI health data.
- OMB Directive 15 enforcement and compliance.
- Data accessibility.
4. Workforce Development

Its' priority areas include:

- Youth
- Mentoring
- Education
- Building NHPI health workforce development pipelines.
- Building Community Health Centers (CHC).
- Strategic planning to sustain the pipelines and CHCs.
“Let us be of one mind, one voice and one heart, to paddle this canoe together, toward a National NHPI Health and Well-Being Agenda.”

Fa’aafet.ai lava!