

# Micronesians in Hawaii: Promoting Diversity Through Cultural Competency

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## INTRODUCTION

As outlined by the Institute of Medicine (IOM) cultural competency is critical to providing quality patient care and reducing health disparities among our underserved populations (IOM, 2011). In Hawaii, we have a highly diverse population due in part to a long history of migration. Unfortunately, those groups to arrive are often underserved by a system unfamiliar with their unique linguistic and cultural needs. Due to intricate historical relationships, certain Pacific island nations of Micronesia are able to migrate to the US. The primary reason for this migration is due to health reasons and has placed a significant strain on Hawaii's healthcare system (Hezel, 2013). After Micronesian migrants arrive (primarily Marshallese and Chuukese) they often face significant challenges because of limited English language proficiency and significant differences in cultural expectations and communication styles. As a result, they can be perceived as "difficult" by service providers and receive less than optimal healthcare. (Pobutsky, Buenconsejo-Lum, Chow, Palafox, & Maskarinec, 2005).

## OBJECTIVES

1. Conduct a community needs assessment of Kalihi-Palama, a low-income district on the island of Oahu, with includes one of Hawaii's highest populations of Micronesian migrants.
2. Determine social and cultural factors impacting the health of Micronesia
3. Identify practices to promote diversity, foster cultural competency and improve health outcomes

## METHODOLOGY

The project consisted of a literature review, including publically available health indicator datasets, a windshield survey and structured interviews with key community leaders and healthcare providers. Interviewees included:

- **State Representative John M. Mizuno**, House District 28 Kalihi Valley, Kamehameha Heights, portion of Lower Kalihi
- **Dr. David Derauf**, Executive Director of Kokua Kalihi Valley (KKV) Comprehensive Family Services
- **Steksin Diopulos**, YMCA Honolulu Field Supervisor

The Leininger (2002) Transcultural Nursing Theory was utilized as the framework to analyze the healthcare challenges faced by Micronesians in Hawaii.

## RESULTS

Those from Micronesian cultures tend only to seek medical care when the individual is experiencing excessive pain.

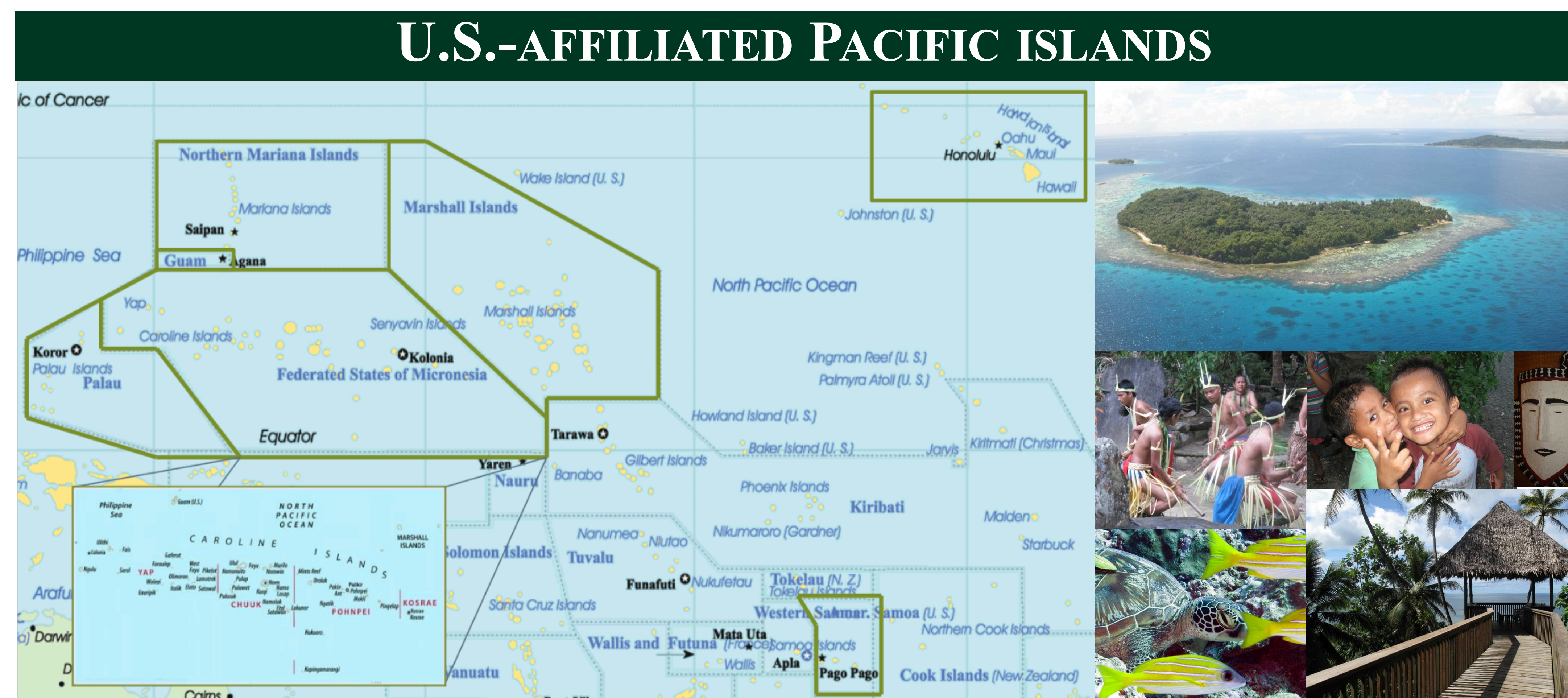
***"The cultural definition and interpretation of illness as 'discomfort' or 'pain' at the 'present moment' is closely related to the health seeking behaviors"*** (Choi, 2008, p.79).

This cultural interpretation of illness combined with Micronesians placing a high value on tolerating pain causes individuals to avoid seeking medical care until they are unable to tolerate the discomfort. As a result, Micronesian patients tend to not utilize preventative care and present late in the course of their illnesses (Yamada and Pobutsky, 2009). Additionally, once the pain is relieved patients often do not continue treatment, pursue follow-up care, or take prescribed medication (Choi, 2008).

The tendency to avoid preventative care is reflected by data from Hawaii Health Matters which lists the Micronesian population within the category of "other pacific islander". Only 53.6% of "other pacific islanders" received a routine checkup in the past year compared to 67.7% of the overall population (Hawaii Health Matters, 2015).

Those members of Hawaii's Micronesian community who do not speak English often face additional barriers to healthcare. These individuals often rely on family and friends to schedule and travel to appointments. The lack of interpreters and transportation due to language barriers may contribute to the tendency of Micronesian patients to present late in the course of their illness (Yamada and Pobutsky, 2009).

Another factor that may prevent Micronesians from seeking timely medical care is the community's belief that some illnesses have supernatural causes, attributing physical and mental illness to black magic or having been cursed (Choi, 2008). Additionally, a lack of health literacy can lead to a reduced ability to appreciate the long-term implications of avoiding care.



The highlighted areas are commonly referred to as the U.S.-affiliated Pacific Islands (USAPI). These include: The Territory of American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Yap, Chuuk, Pohnpei and Kosrae), the Territory of Guam, the Republic of the Marshall Islands, and the Republic of Palau. Although American Samoa is part of the USAPI this territory is culturally Polynesian not Micronesian.

## CONCLUSION

In order to promote diversity and foster cultural competency it is critical that nurses understand the impact culture has on a community's health practices. Effective practices include providing culturally and linguistically appropriate health education materials and services while improving community engagement in capacity building (Pobutsky et al., 2005). Building relationships with organizations established in the community, such as religious institutions, can improve participation in preventative medical services, including those for health screening and delivery of immunizations. In order to develop these relationships, efforts must be made to establish and maintain ongoing rapport with the community.

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