

# Unified in Diversity: Special Interest Group Works to Meet Unique Needs of Asian American, Native Hawaiian, and Pacific Islander Communities

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There's no one-size-fits-all approach to increasing access to vaccinations in communities hard hit by the pandemic. That's one of the challenges before the Asian American, Native Hawaiian, and Pacific Islander (AA NHPI) Interest Group, which provides insights and advice to inform communications and activities that advance the mission of the Community Engagement Alliance (CEAL) Against COVID-19.

The group includes representatives of CEAL teams from Arkansas, California, the District of Columbia metro area, Mississippi, New Mexico, New York, Pennsylvania, and Texas. Since March 2021, they have met regularly to share experiences and resources, advocate for their communities, and give each other a sounding board during uncertain times.

Leading the group are Joseph Keawe'aimoku Kaholokula, Ph.D., chair of Native Hawaiian Health in the John A. Burns School of Medicine at the University of Hawai'i at Manoa, and Grace Ma, Ph.D., Director and Professor of the Center for Asian Health at the Lewis Katz School of Medicine at Temple University. While neither is associated directly with a CEAL team, they both have extensive experience in community-engaged research and outreach in these populations.

The interest group work has focused on three areas:

- **Reliable information in native languages:** The group has amassed an inventory of fact sheets and other health information in different languages. The inventory, available to all CEAL teams, saves teams from starting from scratch to develop clear and accurate information in their community's language.
- **Tips for engaging with AA NHPI communities:** The interest group developed tip sheets, available on the CEAL website, on engaging with the different AA NHPI populations. The tips take into consideration the groups' differences and commonalities. Many people in AA NHPI communities live in multigenerational households, work in service industries, and have higher exposure to COVID-19. But they differ, for example, in their sources of information and trust of vaccinations.

- **Untangling data:** The team also published [an article in the special Health Equity issue on AA NHPI in April 2022](#) on the pervasive and arbitrary practice of data aggregation by public health agencies and health-related researchers. The nearly 24 million Asian Americans, Native Hawaiians, and Pacific Islanders represent at least 20 different Asian American ethnicities and 12 NHPI subgroups. They differ by language, culture, immigration history, socioeconomic status, and other factors that affect access to health care and reliable health information and widening health disparities.

Meanwhile, Asian Americans have experienced other challenges. In the face of anti-Asian threats and violence, many avoided public places, including vaccination sites. Communities became even more isolated, which increased the impact of disinformation, Ma says. Without government information in their native languages, people tend to turn to their native language channels for information — much of which is not based in fact. Ma has seen disinformation in Asian languages that incorrectly links vaccination of children to birth defects and cancer.

“For anybody who doesn’t have access to reliable information from the CDC, this disinformation can be devastating,” says Ma. She believes it’s having a serious impact on the delay or hesitancy in the uptake of COVID-19 testing and vaccination, especially among children in low-income Asian American families with limited English proficiency and low literacy.

“What COVID did was to shine a light on pre-existing issues that we haven’t gotten a handle on yet,” says Kaholokula. This includes “inequities we see across different groups that have less to do with genetic and biological predispositions and everything to do with discrimination, access issues, historical issues that have pretty much put them behind the starting line from everyone else.”

“This population is made up of many, many diverse communities negatively impacted by COVID yet each with their own unique challenges,” explains Kaholokula. “The nuances of the data are hidden when these populations are counted together.”

Disaggregated data on COVID-19 show that “Early on in the pandemic, Native Hawaiians weren’t disproportionately being affected by COVID, but the Pacific Islander groups were in Hawaii,” Kaholokula says. That all changed after the vaccine became available. “We saw lower vaccination rates among Native Hawaiians than we did with other Pacific Islanders, for example,” Kaholokula says.

Rates of infection went down among Pacific Islanders but began to rise among Native Hawaiians who were more hesitant to take the vaccine. Kaholokula traces the origins of this hesitancy to the distrust of government seen in many indigenous communities.

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*The Arkansas CEAL research team has focused on reaching the local Marshallese community with opportunities for vaccination.*

**Topic(s):** [Community-Specific Health Disparities](#)

**Program:** Community Engagement Alliance Regional Teams