Racism, COVID-19 and the health of Hawai‘i

Rebecca Delafield, PhD
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Hawaii Public Health Association 2020 Annual Meeting
Via Zoom
Racism in Hawai‘i

- Hawai‘i’s racial/ethnic mix is different from other states and shaped by a historical/cultural/political and social realities that are unique
- While the context different from other states, racism still operates here
Do not result from something inherent in people of color, but are health consequences of systemic racism’s pathways of negative impact.

(Faeggin & Bennefield, 2014)

**Critical race theory**

**Key concepts:**
- **Race is socially constructed**
- **Racism is real, ubiquitous**
- **Racism benefits certain groups**, therefore little incentive to dismantle
- **Differential racialization** occurs, racialized identities formed for a purpose (dictated by the dominant group)
- **Identities are not singular, may overlap and conflict**

(Delgado & Stephancic, 2001)

**Applied to health:**
Racial inequalities in health and health care outcomes …

“… do not result from something inherent in [people] of color, but are health consequences of systemic racism’s pathways of negative impact.”

(Faeggin & Bennefield, 2014)
Racial/ethnic health disparities compared to Whites

• Health disparities facing NH/PIs
  • Lower life expectancy from birth
  • Higher infant mortality
  • Greater adolescent pregnancy
  • Higher rates of asthma
  • Higher diabetes
  • Higher hypertension

• Health disparities facing Blacks
  • Lower life expectancy from birth
  • Higher infant mortality
  • Greater adolescent pregnancy
  • Higher rates of asthma
  • Higher diabetes
  • Higher hypertension
Racism, health & health care

Growing body of evidence demonstrating the pathways by which racism impacts health and health care (Bailey et al., 2017)

- **Residential, educational and occupational segregation:** redlining, low-quality schools, racial bias in hiring
- **Environmental and occupational health inequities:** locating hazardous industries or waste sites in or close to marginalized communities
- **Psychosocial trauma:** interpersonal racial discrimination, micro-aggressions
- **Inadequate health care:** barriers to access, provider bias or discrimination
- **State sanctioned violence to peoples and lands:** police violence, use of eminent domain to relocate people of color
“In some ways, I think we forgot about this community.”

– Mayor Caldwell Aug 2020 Press conference on pandemic referencing disparities COVID-19 positive cases in the Pacific Islander communities

Micronesians respond to racist tweets.

Watch later

#BEINGMICRONESIAN
IN HAWAII

Historical Background on Micronesia

• Colonized (starting in 1500s) by the Spanish, Germans, and Japanese
• World War 2 Micronesian islands were strategically important
• After WW2, administered by the U.S. as a strategic trust territory
  • Post-war economic, social and political development
  • 1946-58 Testing of 67 nuclear devices in the Marshall Islands

“There are only 90,000 of them out there,” Henry Kissinger would later say about the relocation of Marshall Islands residents for missile testing. “Who gives a damn?”

History of Micronesia (continued)

- 1986 & 1994 Compact of Free Association (COFA) agreements
- Migration to U.S. for employment, healthcare and educational opportunities unavailable in home islands

(Hawaii Advisory Committee to U.S. Commission on Civil Rights, 2019)
Employment

- Low wage essential workers

<table>
<thead>
<tr>
<th>Race</th>
<th>Median income</th>
<th>% in poverty</th>
<th>Private wage</th>
<th>Food preparation</th>
<th>Grounds, cleaning &amp; maintenance</th>
<th>Sales</th>
<th>Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japanese</td>
<td>76,298</td>
<td>6.6</td>
<td>66.2</td>
<td>5.9</td>
<td>-</td>
<td>11.3</td>
<td>-</td>
</tr>
<tr>
<td>White</td>
<td>68,173</td>
<td>11.4</td>
<td>64.0</td>
<td>7.1</td>
<td>-</td>
<td>11.2</td>
<td>-</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>65,398</td>
<td>15.5</td>
<td>72.6</td>
<td>-</td>
<td>-</td>
<td>10.7</td>
<td>-</td>
</tr>
<tr>
<td>Filipino</td>
<td>76,486</td>
<td>9.4</td>
<td>80.1</td>
<td>9.8</td>
<td>11.5</td>
<td>11.7</td>
<td>-</td>
</tr>
<tr>
<td>Samoan</td>
<td>62,913</td>
<td>20.4</td>
<td>72.9</td>
<td>-</td>
<td>-</td>
<td>10.2</td>
<td>9.9</td>
</tr>
<tr>
<td><strong>Marshallese</strong></td>
<td><strong>32,650</strong></td>
<td><strong>51.1</strong></td>
<td><strong>90.9</strong></td>
<td><strong>13.8</strong></td>
<td><strong>19.5</strong></td>
<td><strong>13.4</strong></td>
<td><strong>10.2</strong></td>
</tr>
<tr>
<td>Tongan</td>
<td>51,932</td>
<td>16.2</td>
<td>78.8</td>
<td>-</td>
<td>20.4</td>
<td>8.4</td>
<td>-</td>
</tr>
</tbody>
</table>

(Dept. Business Economic Development and Tourism, 2018)
Housing

- Large households

<table>
<thead>
<tr>
<th>Race</th>
<th>Renter Avg. household size</th>
<th>Owner Avg. household size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Japanese</td>
<td>2.8</td>
<td>3.1</td>
</tr>
<tr>
<td>White</td>
<td>2.7</td>
<td>3</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>3.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Filipino</td>
<td>4.1</td>
<td>5.2</td>
</tr>
<tr>
<td>Samoan</td>
<td>4.7</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Marshallese</strong></td>
<td><strong>6.2</strong></td>
<td><strong>16.5</strong></td>
</tr>
<tr>
<td>Tongan</td>
<td>5.7</td>
<td>8.3</td>
</tr>
</tbody>
</table>

(Dept. Business Economic Development and Tourism, 2018)
• 1996 Federal government ended eligibility for COFA migrants on Medicaid

• 2009 Lingle administration’s effort to cut state funding for Medicaid for COFA migrants and replace with “Basic Health Hawaiʻi” program:

  “By this time, the pervasiveness of vitriolic and explicitly racist rhetoric in social commentary and media indicated an undeniable level of social animosity that likely made politically acceptable, and even expedient, such a discriminatory policy despite the lack of objective, much less moral, justification.” (Peter et al., 2018)

• 2015 Enrollment into private insurance through the Hawaiʻi Health Connector

• 2017 Healthcare.gov (federally administered)

(McElfish et al., 2019)
Healthcare quality

- Language barriers
  - “The biggest challenge we have is communication ... Without interpreters we were not able to educate them on options that are available for their care.” (quote from Inada et al., 2019)

- Prejudice and bias
  - “… you just hear various comments like they don’t take care of themselves, or they don’t respect our value, whatever those values are. It’s them versus us kind of thing. Putting them in a different population of people really. And that’s where you feel like, “Well, this could lead to bad things.” (quote from Delafield et al., 2020)
# Pre-pandemic inequities

## Structural Racism

<table>
<thead>
<tr>
<th>History of Colonization, Imperialism, Military occupation, Global trade/economics, Contemporary geopolitics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy:</strong> Exclusion from social safety net programs - Medicaid ineligibility</td>
</tr>
<tr>
<td><strong>Social:</strong> Institutional practices that create obstacles that limit access to services - Language access</td>
</tr>
<tr>
<td><strong>Community:</strong> Societal stigmatization of community - Narrative of Micronesians as ‘burden’</td>
</tr>
<tr>
<td><strong>Interpersonal:</strong> experiences of discrimination - <em>Reports of discrimination in healthcare, housing and education</em></td>
</tr>
<tr>
<td><strong>Individual:</strong> Impact of discrimination on health, mental health, and education - Fear, mistrust</td>
</tr>
</tbody>
</table>

## Impacts:
Limits access to resources and reinforces marginalization

## Outcomes:
Inequities in health, education, socioeconomic status, etc.

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Hawai‘i Appleseed Center for Law and Economic Justice, 2011; Hawaii Advisory Committee to U.S. Commission on Civil Rights, 2019; Delafield et al., 2020; Inada et al., 2018; Yamada, 2011; Rita et al., 2020; Okamoto et al., 2008; Hagiwara et al., 2016; Molina et al., 2020
Hawaiʻi COVID-19 by race/ethnicity (Nov. 6)

<table>
<thead>
<tr>
<th>Race</th>
<th>Case Count</th>
<th>State Population</th>
<th>Cases</th>
<th>% State Population</th>
<th>Cases per 100K</th>
<th>Total Deaths</th>
<th>Total Deaths %</th>
<th>Deaths per 100K</th>
</tr>
</thead>
<tbody>
<tr>
<td>White **</td>
<td>1417</td>
<td>350,642</td>
<td>14%</td>
<td>25%</td>
<td>404</td>
<td>19</td>
<td>9%</td>
<td>5</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>1682</td>
<td>291,645</td>
<td>17%</td>
<td>21%</td>
<td>577</td>
<td>13</td>
<td>6%</td>
<td>4</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>2885</td>
<td>56,304</td>
<td>29%</td>
<td>4%</td>
<td>5,124</td>
<td>45</td>
<td>21%</td>
<td>80</td>
</tr>
<tr>
<td>Filipino</td>
<td>2137</td>
<td>222,369</td>
<td>21%</td>
<td>16%</td>
<td>961</td>
<td>44</td>
<td>20%</td>
<td>20</td>
</tr>
<tr>
<td>Japanese</td>
<td>732</td>
<td>208,338</td>
<td>7%</td>
<td>15%</td>
<td>351</td>
<td>50</td>
<td>23%</td>
<td>24</td>
</tr>
<tr>
<td>Chinese</td>
<td>268</td>
<td>62,505</td>
<td>3%</td>
<td>4%</td>
<td>429</td>
<td>14</td>
<td>6%</td>
<td>22</td>
</tr>
<tr>
<td>Other Asian</td>
<td>335</td>
<td>51,304</td>
<td>3%</td>
<td>4%</td>
<td>653</td>
<td>16</td>
<td>7%</td>
<td>31</td>
</tr>
<tr>
<td>Black</td>
<td>225</td>
<td>31,557</td>
<td>2%</td>
<td>2%</td>
<td>713</td>
<td>&lt;5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>379</td>
<td>118,087</td>
<td>4%</td>
<td>8%</td>
<td>321</td>
<td>&lt;5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>State overall</td>
<td>10060</td>
<td>1,274,664</td>
<td>100%</td>
<td>100%</td>
<td>789</td>
<td>219</td>
<td>17</td>
<td></td>
</tr>
</tbody>
</table>

**Footnotes:**
- Based on first non-White race listed;
- **White with no other race listed; † Native Hawaiian as any listed race.
- †† Groups with fewer than 5 deaths not shown
- Excludes residents diagnosed out-of-state (n=110), non-residents (n=188), cases with no race information available (n=4,101), cases with NH/PI unspecified race (n=553), and cases with Asian unspecified race (n=688)
- Data from: https://health.hawaii.gov/coronavirusdisease2019/what-you-should-know/current-situation-in-hawaii/#race
Hawaiʻi COVID-19 by race/ethnicity (Nov. 6)

| Race                  | Case Count | State Population | Cases | % State Population | Cases per 100K | Total Deaths | Total Deaths % | Deaths per 100K |
|-----------------------|------------|------------------|-------|--------------------|----------------|--------------|----------------|----------------|----------------|
| White **              | 1417       | 350,642          | 14%   | 25%                | 404            | 19           | 9%             | 5              |
| Native Hawaiian       | 1682       | 291,645          | 17%   | 21%                | 577            | 13           | 6%             | 4              |
| Pacific Islander      | 2885       | 56,304           | 29%   | 4%                 | 5,124          | 45           | 21%            | 80             |
| Filipino              | 2137       | 222,369          | 21%   | 16%                | 961            | 44           | 20%            | 20             |
| Japanese              | 732        | 208,338          | 7%    | 15%                | 351            | 50           | 23%            | 24             |
| Chinese               | 268        | 62,505           | 3%    | 4%                 | 429            | 14           | 6%             | 22             |
| Other Asian           | 335        | 51,304           | 3%    | 4%                 | 653            | 16           | 7%             | 31             |
| Black                 | 225        | 31,557           | 2%    | 2%                 | 713            | <5           | -              | -              |
| Other                 | 379        | 118,087          | 4%    | 8%                 | 321            | <5           | -              | -              |
| State overall         | 10060      | 1,274,664        | 100%  | 100%               | 789            | 219          | 17             |                |
U.S. COVID-19 crude death rate by race/ethnicity (up to Oct 13)

<table>
<thead>
<tr>
<th>Race</th>
<th>Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>45.4</td>
</tr>
<tr>
<td>White</td>
<td>54.4</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>68.9</td>
</tr>
<tr>
<td>Latino</td>
<td>73.5</td>
</tr>
<tr>
<td>Indigenous</td>
<td>90.0</td>
</tr>
<tr>
<td>Black</td>
<td>108.4</td>
</tr>
</tbody>
</table>

- This pattern is familiar to minority populations
- These disparities are not a result of inherent differences
- Complex pathways - with systemic racism as an “underlying condition” impacting
  - Health and health care access
  - Occupation
  - Economic status
  - Housing

Pandemic amplified by existing inequities:

**STRUCTURAL RACISM**

- History of Colonization, Imperialism, Military occupation, Global trade/economics, Contemporary geopolitics

**Policy:**
- Restricted from health and nutrition supports that are potentially lifesaving

**Social: Institutional**
- Failures to anticipate or respond to needs: Testing access, contact tracing strategies

**Community: Societal**
- Ineffective messaging
- Delay in support to communities: e.g., isolation

**Interpersonal:**
- Compounds explicit and implicit bias and discrimination

**Individual: Impact of**
- Heightens concerns of stigmatization

**Impacts:**
- Impact on access to testing, healthcare and information, and increased confusion and anxiety in community

**Outcomes:** Poorer health outcomes (e.g., higher mortality, severity disease, earlier onset)

- Disparities in COVID-19 cases & deaths
### Community action:

#### STRUCTURAL RACISM

<table>
<thead>
<tr>
<th>Category</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>History of Colonization, Imperialism, Military occupation, Global trade/economics, Contemporary geopolitics</td>
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<td>Societal stigmatization of community</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>Experiences of discrimination in healthcare, housing and educational settings</td>
</tr>
<tr>
<td>Individual</td>
<td>Impact of discrimination on health, mental health, and education</td>
</tr>
</tbody>
</table>

#### RESISTANCE, RESILIENCE, RESOLVE

- **Impacts:** Accessibility, acceptability and quality of health care
- **Outcomes:** Poorer health outcomes (e.g., higher mortality, severity disease, earlier onset)
“With a solid foundation of cultural identity and pride, and with both patience and perseverance, we can rise above the racial noise that has brought so much anguish and pain to our communities here in Hawai‘i and that has broken our confidence in ourselves and our place. Empowered with our cultural, with our roots, we can then establish strong relationships of trust and mutual respect with our host communities, which may lead to a shared future of true prosperity.”

(Peter et al., 2018)
“In some ways, I think we forgot about this community.”

– Mayor Caldwell Aug 2020 Press conference on pandemic referencing disparities COVID-19 positive cases in the Pacific Islander communities

A Micronesian Youth Summit was held at the East-West Center in March
Photo credit: Elyse Butler, Hawaii Business Magazine Health in Hawaii Good, But Not for Everyone, April 2, 2019
Forward

“If we do not address the needs of our most vulnerable groups, our entire community will suffer.” – Dr. David Derauf, KHON2 interview in April 22, 2020

• Communities are answering the call, but cannot do it alone and should not be expected to do it alone

• Allies needed to advance actions that center equity:
  • Mutually respectful and equitable community partnerships
  • Equity in vaccine distribution
  • Equity in economic recovery responses
  • Learn the lessons from this experience

https://www.cdc.gov/publichealthgateway/images/publichealthservices/10-essential-public-health-services.jpg
References


• State of Hawaii. Department of Business Economic Development and Tourism. Demographic, social, economic and housing characteristics for selected race groups in Hawaii. March 2018


• Rita N, Darrah-Orike J, Engel R, Garboden P. Contesting the right to the city under scarcity: the case of Micronesians in Hawai‘i’s public housing. Housing and Society. Published online October 16, 2020;1-24. doi:10.1080/08882746.2020.1765667
Mahalo