



Contact: Natalie Ah Soon & Taunuu Ve'e  
Phone: (415) 385-5357 -or- (808) 371-7110  
E-mail: [pacificislandertf@gmail.com](mailto:pacificislandertf@gmail.com)

# PACIFIC ISLANDER PRIORITY RECOMMENDATIONS

Regional Pacific Islander Taskforce, San Francisco - Bay Area  
*Updated March 2020*

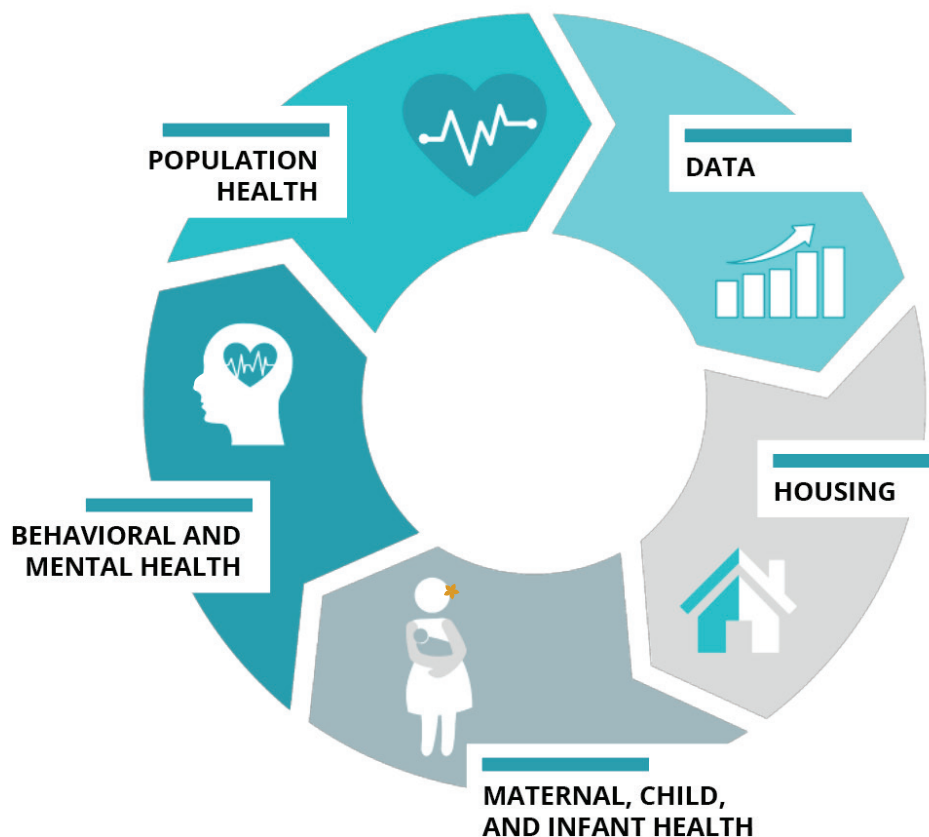
## ABOUT US

The Regional Pacific Islander Taskforce (Taskforce) was formed in 2015 to address the lack of data and reporting on Pacific Islander health disparities in the greater San Francisco, Bay Area. Serving as an advisory council to health departments and tri-county agencies, the Taskforce raises the awareness and visibility of Pacific Islander health and social issues by:

- Educating counties on Pacific Islander history and culture
- Improving regional data collection and reporting on Pacific Islander communities
- Building intergenerational solidarity
- Increasing Pacific Islander civic-engagement participation

## THE PACIFIC ISLANDER LIFECYCLE

The Taskforce adopted a life-course model as a framework that strategically prioritizes housing as a fundamental need and follows a life span to see how the interplay of risk and protective factors influence health through a Pacific Islander's lifetime. The Taskforce focuses on five priority areas which include: housing; mental/behavioral health; maternal, child, and infant health; population health (chronic diseases); and data.



## PURPOSE

Ensure that county agencies are considering Pacific Islander communities in operations. Government funding frequently serves Latino, African-American and Asian populations, and these priority recommendations aim to urge agencies to focus more on the Pacific Islander population by allocating funds to address health needs and creating programs with a Pacific Islander focus.

- Recommendations will lead to better government understanding of Pacific Islander community needs and help government agencies cater more to smaller populations like the Pacific Islander community, in other counties and within government agencies across the nation.
- Create sense of urgency for action across government agencies to address issues and gaps within services and programming that is affecting the Pacific Islander community.
- To make it easier for the Pacific Islander community to influence government processes that affect them, in order to improve quality of life.
- To translate necessary next steps from draft plans into advisory language for all agency partners, including health directors.

## HOUSING

### 1. PACIFIC ISLANDER REPRESENTATION

- Employment:** Anecdotally, there is a lack of Pacific Islanders employed by service agencies that focus on housing. The number of Pacific Islanders employed by agencies that do place-based health work is even fewer. Though the Pacific Islander community is relatively small, Pacific Islanders make up a large proportion of the communities served by the programs and services offered. Housing agencies should, therefore, prioritize employment of Pacific Islanders, in particular for place-based programs with a health focus.
- Pacific Islander Taskforce Role:** The Pacific Islander Taskforce could serve as an information dissemination bridge from housing agencies to the Pacific Islander community, but this does not remove the need for organizations to increase the number of Pacific Islanders that these agencies should aim to employ.
- Pacific Islanders' Role in Decision-Making Process:** For housing agencies to make cost-effective and well-informed decisions about programming that affect the Pacific Islander community, they should involve Pacific Islanders in the process before decisions are made.
- Pacific Islander Representation in Leadership Positions:** Because government housing programs would have a significant effect on Pacific Islander populations, City and county governments should seek Pacific Islander representation on housing-related councils, commissions, workgroups and so forth, in particular when the focus of such bodies is to encourage interagency and/or inter-county collaboration.

## 2. AGENCY ACCOUNTABILITY AND RESPONSIBILITY

- a. **Agency interest:** Housing agencies should integrate Pacific-Islander well-being into their internal thought processes about how and where their work should be done. Agencies should be proactive about investigating community needs, evaluating programming to ensure that it has a positive effect on the Pacific Islander population, and striving to increase their knowledge about the community on an ongoing basis.
- b. **Agency Capacity-Building:** Housing agencies should build their internal capacity to understand and serve the Pacific Islander community and refrain from exclusively relying on the Taskforce to meet those goals. The Taskforce has the capacity to act/serve as an information bridge between agencies and the community, but its role can and should go beyond that as a partnership goal. Complete reliance on the Taskforce to understand the community's needs and share information about agency practices will lead to exhaustion of Taskforce Members' capacity to play those roles. Instead, housing agencies should continuously ask themselves the question, "What role does our agency have to play in improving outcomes for the Pacific Islander community?"
- c. **Training:** City and county housing agencies should create training opportunities for staff to learn about issues facing the Pacific Islander community, such as migration and trauma.
- d. **Cultural Humility Models:** Housing agencies should integrate Pacific Islander cultural models of well-being into the services offered to housing residents in their programs, including art and dance. Services should align in a culturally sensitive way to be most efficient and useful to the Pacific Islander community.

## 3. DATA COLLECTION

- a. **Data collection and sharing:** Housing agencies should increase efforts to identify Pacific Islanders in the public housing system and create effective processes for reaching those not yet identified. Mistrust of the housing system may be a barrier in collecting this information. An agency commitment to rebuilding damaged relationships and trust would help to remove this obstacle.

## 4. FUNDING NEEDS

- a. **Taskforce Investment Funding:** The Pacific Islander Taskforce is meant to serve as a stand-alone advisory body for agencies and local governments. For the Pacific Islander Taskforce to sustain itself and remain an important community and agency resource, agencies and city/county governments should commit to the Taskforce's continued involvement by allocating funding towards the Taskforce's infrastructural goals.
- b. **Pacific Islander Community-Based Organization Investment Funding:** There are very few Pacific Islander-focused community-based organizations. These existing organizations do incredibly important work within the community, and agencies and city/county governments should allocate funding towards these organizations to ensure that they remain a vital community resource.



# MATERNAL, CHILD, AND INFANT HEALTH

## 1. EDUCATION

- a. **Education:** Pacific Islander women view the birth of a baby as a natural event not necessarily requiring medical assistance before the baby is born. There is a critical need for health departments to understand this and educate Pacific Islander women about the importance of seeking prenatal care early on and throughout their pregnancies.
- b. **Training:** Staff at MCAH agencies and provider staff are in need of cultural training to better understand the Pacific Islander community. There is a good mental health model used in San Mateo that should be replicated for MCAH agencies and providers across the Bay Area.
- c. **Awareness of Resources:** Pacific Islander women and families may not be aware of the services, programs of MCAH agencies and providers in the counties. To increase awareness, MCAH agencies should prepare and provide a directory of these services.

## 2. PACIFIC ISLANDER REPRESENTATION

**a. Employment:** There is a lack of Pacific Islanders employed by MCAH service agencies in the counties. Pacific Islander employees to provide education and services would make a great impact on health outcomes by ensuring that the community is comfortable seeking services and the information is translated into language that they understand. Ravenswood Family Health Center in East Palo Alto is a good model for this, as there are 14 Pacific Islander nurses employed there, leading to good utilization of services for Pacific Islanders at that clinic. Alameda County's Prenatal Family Health Consultant position is also a good model. It is important to note that hiring Pacific Islander employees doesn't mean that they would only be able to serve Pacific Islanders. They would be professionally trained and well-qualified to serve others outside the Pacific Islander community, as well.

## 3. AGENCY ACCOUNTABILITY AND RESPONSIBILITY


- a. **Alignment of Services:** Pacific Islander women and families are often connected to each other across county lines. MCAH services and programs should therefore not be siloed - counties should align their services across the counties to better serve Pacific Islander populations.
- b. **Black Infant Health Model:** The evidenced-based Black Infant Health programs in all three counties should be replicated for the Pacific Islander community, as it provides exactly the type of education, services and community-building that would be helpful to Pacific Islander women.
- c. **HOPE-SF Wellness Centers:** In San Francisco, the HOPE-SF Wellness Centers and other MCAH providers should rely on Ravenswood Family Health Center as a model. For example, the wall posters and information is all translated into Pacific Islander languages, making it a welcoming and inviting space for the community.

- d. **Translation:** The Pacific Islander Task is an important advisory body for county governments and agencies. If there is a need for translation services, counties should contact the Taskforce first to be referred to a reputable and trusted translation services for the community.

## 4. DATA COLLECTION

- a. **Demographic Template:** Often times, front line staff at MCAH provider locations do their own assessments of the race of a patient, which often leads to mischaracterization of race. It is important for agencies and providers to standardize the intake process with a template that relies on the self-identification of a client or patient.
- b. **Threshold Languages:** Each county should investigate the proportions of Pacific Islanders in their counties and regularly translate government documents into the Pacific Islander languages that are represented.

## 5. FUNDING NEEDS

- a. **Steady source of funding:** In the past, Pacific Islander MCAH programs have been discontinued due to lack of dedicated funding. This leads to an interruption in services and frustration for the community, which feels it is not being served adequately. Agencies should there dedicate a steady and consistent source of funding for Pacific Islander-focused MCAH programs.
  - b. **Taskforce Investment Funding:** The Pacific Islander Taskforce is meant to serve as a stand-alone advisory body for agencies and local governments. For the Pacific Islander Taskforce to sustain itself and remain an important community and agency resource, agencies and city/county governments should commit to the Taskforce's continued involvement by allocating funding towards the Taskforce's infrastructural goals.
  - c. **Pacific Islander Community-Based Organization Investment Funding:** There are very few Pacific Islander-focused community-based organizations or programs. These existing organizations provide vital work within the community, and agencies and city/county governments should allocate further funding towards these organizations to ensure that they remain a vital community resource.
- 

# ADOLESCENT / YOUTH

**IMPORTANT NOTE:** In accordance with the Taskforce's Life Course Perspective and Social Determinants of Health frameworks, these recommendations apply to all relevant agencies that serve adolescent and youth across the three counties, including health, juvenile justice, education, DCYF, etc. These agencies will collectively be referred to as "Youth and Adolescent agencies" throughout the recommendations.

## 1. PACIFIC ISLANDER REPRESENTATION

- a. **Employment:** There is a disproportionately low number of Pacific Islander adults employed by agencies that do school-based and child welfare work compared to the disproportionately high amount of Pacific Islander youth that are in these systems. The Taskforce recommends prioritization of staffing establishments with Pacific Islanders at every level that youth engage e.g. mental health, child welfare, school, juvenile, and vocational systems - in addition to a mandatory hiring quota for Pacific Islanders based on the percentage of populations served. Staff need to be teachers, administrators, counselors, providers, technicians, and not just security guards.
- b. **Family & Community Involvement:** Through research with local committees and advisory boards of San Francisco, the Taskforce suggests the creation of parent councils in collaboration with the respective school districts, representation in leadership positions in decision making groups, and/or family committees in each county to ensure that Pacific Islander voices are at the table to inform programs that serve Pacific Islander children across each county. The Taskforce can support to increase staffing across counties, and build partnerships to increase representation and utilization of existing Pacific Islander agencies.
- c. **Youth Programs:** The Taskforce suggests workforce development programs, specifically for Pacific Islanders from the ages of 18-24 to prepare for college, vocational trades, and employment.

## 2. AGENCY ACCOUNTABILITY AND RESPONSIBILITY

- a. Youth and adolescent agencies need to increase their knowledge about Pacific Islander communities, with respect to each county, into their systems. Therefore, the Pacific Islander Taskforce is recommending the Pacific Islander Cultural Enrichment training rooted in Ethnic Studies. The counties can fulfill this recommendation by providing citywide culturally responsive trainings and/or regional Pacific Islander-focused conferences.

## 3. DATA COLLECTION

- a. Youth and adolescent agencies should increase efforts to disaggregate Pacific Islanders from other racial groups in the child welfare, school, juvenile, and vocational systems data. The lack of data disaggregation.

## 4. FUNDING NEEDS

- a. **Investment:** The Taskforce suggests investment funding for the Taskforce that serves as a stand-alone advisory body, and the very few Pacific Islander-focused community-based organizations and programs that exist to remain as vital community resources.
- b. **Community:** Pacific Islanders would like to have a specific community in each county to host our events, bring in resources and serve our groups. The counties could also create health clinics for the Pacific Islander community.

## BEHAVIORAL / MENTAL HEALTH

### 1. PACIFIC ISLANDER REPRESENTATION

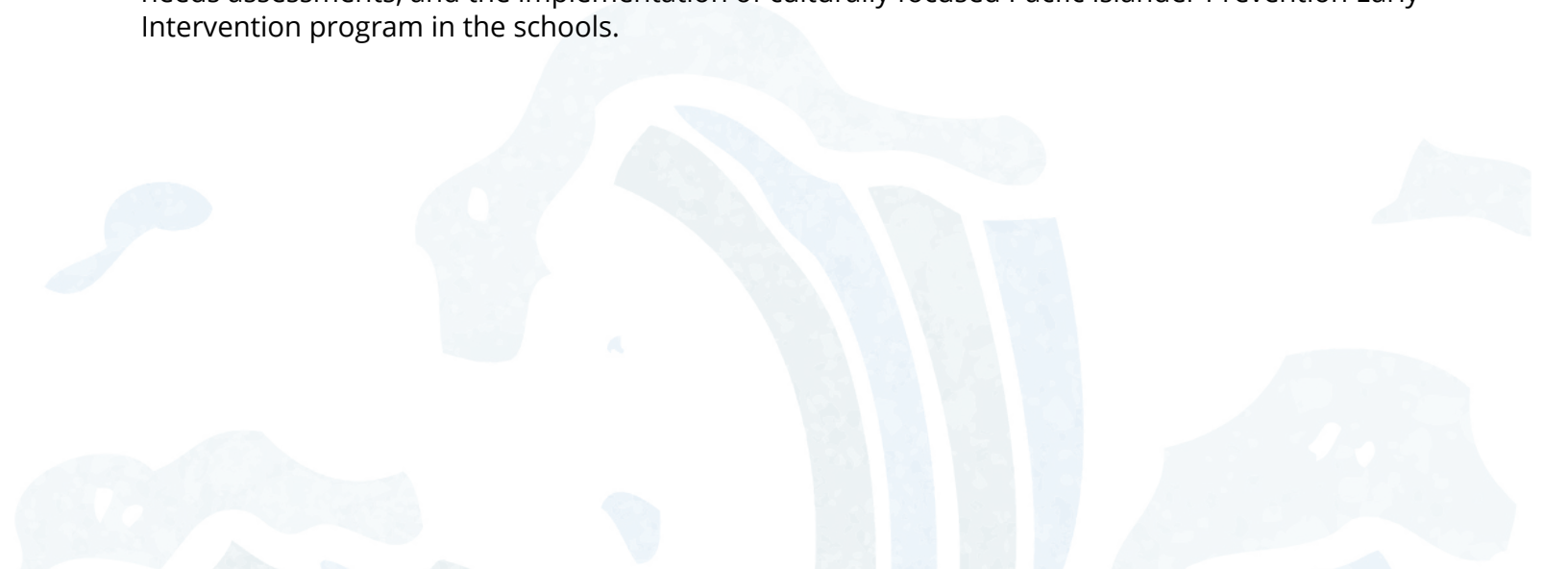
- a. The Taskforce recommends collaborations with PI Clinicians that understand both the American mental health system and the cultural interpretation.
- b. The creation and integration of a Pacific Islander Counseling Team - similar to the Filipino American Counseling Team (FACT) in San Francisco.
- c. Identify existing culturally specific health navigator systems to pilot within each county and work with existing Pacific Islander agencies to create 'one-stop-shop' for Pacific Islander resources.

### 2. AGENCY ACCOUNTABILITY AND RESPONSIBILITY

- a. Implement early intervention and prevention programs to focus on school aged children.
- b. Work in partnership to create a cultural competence training to train staff in each county.

### 3. FUNDING NEEDS

Funding should be guided into researching existing practices and systems, conducting further needs assessments, and the implementation of culturally focused Pacific Islander Prevention Early Intervention program in the schools.





## DATA

1. Regional sampling and oversampling from community clusters with a high concentration of Pacific Islanders to obtain robust data and keep survey costs down;
2. Instead of adjusting for race, stratify and report by race groups for monitoring population health, **indicate** when no NHPI data can be reported, rather than aggregating Asian/Pacific Islander data;
3. Disaggregate by PI ethnic groups following federal and state data standards whenever possible;
4. Pool data across years of data to ensure adequate PI sample for reporting
  - **2011: HHS Data Standards** for PIs (Native Hawaiian, Guamanian or Chamorro, Samoan, and other Pacific Islander)
  - **2011: AB 1088** (Eng) CA guidelines for PIs (Fijian, Guamanian/Chamorro, Native Hawaiian, Samoan, Tongan) (Dept Industrial Relations, Dept of Fair Employment & Housing)
  - **2016: AB 1726** (Bonta) new CA guidelines for PIs (Fijian, Guamanian/Chamorro, Native Hawaiian, Samoan, and Tongan) (Dept of Public Health)
5. Support state and local surveys, healthcare providers, and administered health programs to implement AB 1088 / AB 1726 standards for PIs;
6. Explore Partnerships with Tri-County, BARHII, CA DPH and CHIS on NHPI data activities;
7. Build a PI data infrastructure (PI liaison, cultural humility training, PI field interviewers);
8. Engage communities in the design, planning, implementation, and dissemination of data on race, ethnicity, and language to ensure community participation and relevance;
9. Coordinate with faith-based organizations and community leaders to increase buy-in regarding community outreach efforts; and
10. Linguistically appropriate survey administration (translating and/or interpreting surveys for individuals with LEP, survey materials are culturally relevant).

## POPULATION HEALTH (CHRONIC DISEASES)

### A. EDUCATION

1. **Education:** Pacific Islanders' perception of health and health-seeking behavior is poorly understood by health and health care service providers. There is a critical need for health departments to understand this and to tailor education materials and information to Pacific Islanders about the importance of health promotion, prevention of disease, and early access and utilization of health care services and resources on a regular basis.

2. **Training:** Staff across organizations and agencies central to providing health and health care services need of cultural training to better understand the Pacific Islander community. There PI-identified health educators with graduate degrees to provide cultural trainings, as well as PI-tailored health education tools and curriculums that can be replicated.
3. **Awareness of Resources:** Pacific Islander community may not be aware of the services, programs of health and health care agencies and providers in the counties. To increase awareness, health and healthcare agencies should prepare and provide a directory of population health services to the Pacific Islander community in a clear way that can be easily understood by the community.

## B. PACIFIC ISLANDER REPRESENTATION

1. **Representation:** There is severe lack of representation of Pacific Islanders (PIs) in leadership roles in organizations and agencies central to health, health care services, educational institutions, community-based organizations, financial institutions, and other key entities to influence decision and policy making. It is, thus, necessary to identify and recruit PI-identified leaders to represent the collective voice of PIs.
2. **Employment:** Anecdotally, there is a severe underrepresentation of Pacific Islanders (PIs) across the health, health services, and health research field. The number of Pacific Islanders employed by agencies that provide health and health-related services and resources are not sufficient to support the high number of PIs burdened by chronic health conditions. Though the PI community is relatively small, a significant portion of the PI population is impacted by chronic health conditions and programs and services offered are lacking. Health agencies should, therefore, prioritize staffing these agencies with PIs, in particular at every level of the healthcare system ensuring continuum of care from the womb to older years. We are therefore suggesting intentional outreach campaigns, targeted recruitment, employee and management development, and employee support programs for PIs. In addition, internal policy changes are required in the counties' hiring processes to grant PIs with access, such the waiver assistance program used for African American, Chinese and Latino population recruitment. A mandatory hiring quota for PIs based on the percentage of populations served would also ensure that PIs will be employed in county positions to continually service our population.
3. **Workforce development programs:** A workforce development program for Pacific Islanders to interest them in exploring and entering the helping field. There should be collaboration with each county school district to commit to educating Pacific Islander youth on these three tracks: college, vocational trade, or employment.
4. **Pacific Islander Task Force Role:** The Pacific Islander Task Force could serve as the link we need to increase staffing across the counties, connect PIs to resources, and build the partnerships needed to help all PIs achieve optimal health outcomes and thus, quality of life. As suggested above, we need more employment opportunities for our PI community, to increase our representation in serving our own communities within these pivotal agencies. The members are community experts and advocates who could provide culturally and linguistically appropriate trainings to counties.

## C. SERVICES

1. **Alignment:** Pacific Islander community is often connected to each other across county lines. Health and healthcare services and programs should therefore not be siloed - counties should align their services across the counties to better serve Pacific Islander populations.
2. **Healthy Heart SF** is a physical activity campaign for African Americans and Latinos in SF that was designed to be accessible, culturally relevant, and convenient. This campaign should be extended to and replicated in all three counties for the Pacific Islander community, as it provides exactly the type of education, services and community-building that would be achieve optimal health outcomes and quality of life for Pacific Islanders.
3. **Pacific Islander Clinic:** The counties should create health clinics for the Pacific Islander community. In San Francisco, the HOPE-SF Wellness Centers and other MCAH providers should rely on Ravenswood Family Health Center as a model. For example, the wall posters and information is all translated into Pacific Islander languages, making it a welcoming and inviting space for the community.
4. **Dedicate a community space to Pacific Islanders:** San Francisco District 10 area is currently being revamped and it has also been a long standing community to the Pacific Islanders. Like many other communities, Pacific Islanders have an abundance of pride and would like a specific community space to host our events, bring in resources, work and serve our own community.
5. **Translation:** The Pacific Islander Task is an important advisory body for county governments and agencies. If there is a need for translation services, counties should contact the Task Force first to be referred to a reputable and trusted translation services for the community.
6. **Cultural Humility Models:** Health and healthcare services must integrate Pacific Islander cultural models of well-being into their population health programs and resources, including cultural protocols. Services should align in a culturally sensitive way to be most efficient and useful to the Pacific Islander community.

## D. DATA

1. **Demographic Template:** Often times, health and healthcare provider locations do their own assessments or demographic data collection of a patient, which often leads to mischaracterization of race/ethnicity. It is important for agencies and providers to standardize the intake process with a template that relies on the self-identification of a client or patient.
2. **Threshold Languages:** Each county should investigate the proportions of Pacific Islanders in their counties and regularly translate government documents into the Pacific Islander languages that are represented.

## E. FUNDING NEEDS

1. **Funding Allocation:** Data on Pacific Islanders is often unreported because of statistical unreliability to make meaningful interpretation. Thus, there is often a lack of meaningful justification for funding for Pacific Islander health concerns, even though PIs are burdened by disproportionately high rates of chronic health issues. Agencies should therefore allocate funds based on populations most impacted by health disparities, not by population volume.
2. **Taskforce Investment Funding:** The Pacific Islander Taskforce is meant to serve as a stand-alone advisory body for agencies and local governments. For the Pacific Islander Taskforce to sustain itself and remain an important community and agency resource, agencies and city/county governments should commit to the Taskforce's continued involvement by allocating funding towards the Taskforce's infrastructural goals and sustainability.
3. **Pacific Islander Community-Based Organization Investment Funding:** There are very few Pacific Islander-focused community-based organizations or programs. These existing organizations provide vital work within the community, and agencies and city/county governments should allocate further funding towards these organizations to ensure that they remain a vital community resource.

## F. AGENCY ACCOUNTABILITY AND RESPONSIBILITY

1. **Agency interest:** Organizations and agencies central to health, health care services, educational institutions, community-based organizations, financial institutions, and other key entities that influence decision and policy making should integrate Pacific Islander well-being into their internal thought processes about how and where their work should be done. Agencies should be proactive about investigating community needs, hiring more individuals from the community, effectively evaluating programming to ensure that it has a positive effect on the Pacific Islander population. Lastly, aforementioned organizations and agencies must strive to increase their knowledge about the Pacific Islander community on an ongoing basis and challenge themselves to improve their existing systems.

## ACKNOWLEDGMENTS

The Pacific Islander Taskforce would like to thank the following agencies and people who were key players in the execution of this project:

Barbara Garcia, *Director of Health for the City & County of San Francisco*  
 Colleen Chawla, *Director of Health Care Services Agency of Alameda County*  
 Louise Rogers, *Chief of San Mateo County Health Systems*  
 Rebecca Gebhart, *Former Interim Director of Health Care Services of Alameda County*

Pacific Islander Taskforce: Leafa Taumoepeau, Patsy Tito, Sisilia Fifita, Maata Misinale, Jennifer Awa, Sarah Wongking, Fa'auuga Moliga, Milika Funaki, Levalasi Loi-On, Nani Wilson, Neo Veavea, Lafu Seumanu, Natalie Ah Soon, Winston Tseng, Taunuu Ve'e, Mavis Asiedu-Frimpong, Manufou Liaiga-Anoa'i, Loa Niumeitolu, Anna Naufahu, Gaynor-Ann Siataga, Ursula-Ann Siataga, Rena Ilasa, Lalotoga Asoau.